## **990**

Department of the Treasury

Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

► Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 2018, and ending 20 D Employer identification number C Name of organization B Check if applicable THE NEW YORK WOMEN'S FOUNDATION, INC. 13-3457287 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 39 BROADWAY 2300 (212) 514-6993 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended NEW YORK, NY 10006 G Gross receipts \$ 24,169,678. Application pending F Name and address of principal officer: ANA OLIVEIRA H(a) Is this a group return for Yes Χ Nο subordinates' 39 BROADWAY SUITE 2300, NEW YORK, NY 10006 No H(b) Are all subordinates included? Yes X | 501(c)(3) Tax-exempt status: 501(c) ( 4947(a)(1) or If "No," attach a list. (see instructions) Website: ► WWW.NYWF.ORG H(c) Group exemption number NY Form of organization: | X | Corporation L Year of formation: 1987 M State of legal domicile: Association Other > Summary 1 Briefly describe the organization's mission or most significant activities: THE NEW YORK WOMEN'S FOUNDATION CREATES AN EQUITABLE AND JUST FUTURE FOR WOMEN AND FAMILIES BY UNITING A CROSS Governance CULTURAL ALLIANCE THAT IGNITES ACTION (SEE COMPLETION IN SCHEDULE O) if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 31. Activities & 31. Number of independent voting members of the governing body (Part VI, line 1b) 43. 5 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 75. Total number of volunteers (estimate if necessary) 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 34,270. **b** Net unrelated business taxable income from Form 990-T, line 38 **Current Year** Prior Year 20,383,875. Contributions and grants (Part VIII, line 1h) 21,539,452. 0. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 496,308. 465,213. 10 12,209 22,260. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20,892,392. 22,026,925. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 8,000,000. 11,018,825. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 3,558,360. 3,987,251. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 214,600. 208,800. **b** Total fundraising expenses (Part IX, column (D), line 25) 2,082,189. 2,305,553. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13,855,149. 17,520,429. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,506,496. 7,037,243. Revenue less expenses. Subtract line 18 from line 12 s or **Beginning of Current Year End of Year** 24,984,734. 31,499,419. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 625,673. 3,632,717. 21 24,359,061. 27,866,702. 22 Net assets or fund balances. Subtract line 21 from line 20, Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Type or print name and title Print/Type preparer's name Date Preparer's signature Check Paid CANDICE METH self-employed P01306891 Preparer Firm's EIN ▶ 13-1639826 Firm's name ►EISNERAMPER LLP **Use Only** Firm's address ▶750 THIRD AVENUE NEW YORK, NY 10017-2703 212-949-8700 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)

THE NEW YORK WOMEN'S FOUNDATION, INC. 13-3457287 Form 990 (2018) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: 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. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?..... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. ) (Expenses \$ 13,639,459. including grants of \$ 11,018,825. ) (Revenue \$ 4a (Code: 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. THE FOUNDATION WORKS TO ACHIEVE THIS MISSION THROUGH GRANT-MAKING AND PUBLIC EDUCATION. **4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) (Expenses \$ including grants of \$ ) (Revenue \$ **4c** (Code:

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$

**4e** Total program service expenses ► 13,639,459.

218419

) (Revenue \$

Form 990 (2018)

Part IV Checklist of Required Schedules Page 3

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	4	Х	
2	complete Schedule A	2	X	4
3	Did the organization required to complete <i>Scriedule B</i> , <i>Scriedule of Contributors</i> (see instructions)?		- 21	+
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		
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		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	-		
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		
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		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		
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		
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
1	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	X	
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		
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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	X	
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	·	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
5	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		
6	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		
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		Х	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Λ	
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.	Х	
_	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
9	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		
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	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	
A	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_
		_	990	۵

Form 990 (2018) Page **4** 

Part	V 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity 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,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
9	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
D	Schedule L, Part IV	28b		х
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		21
C		200		Х
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			Х
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	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,			7.7
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			7.7
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		3.7	
_	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			_ X
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Page 5 Form 990 (2018)

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 43			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (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 in Schedule O	3b	Х	
	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
h	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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	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		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		- 25
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	140		
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.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.			

THE NEW YORK WOMEN'S FOUNDATION, INC. 13-3457287 Page 6 Form 990 (2018) 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 in 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 31 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 in Schedule O. 31 Enter the number of voting members included in 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, or 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 **b** 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 Х 8b 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 X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X X 13 13 X 14 14 Did the organization have a written document retention and destruction policy?............ 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? 15a Х 15b

with a taxable entity during the year?

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?

#### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed  $\triangleright$  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

Upon request

Other (explain in Schedule O)

19 Describe in 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** (2018)

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X

16a

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

L	Check this box if neither the organization nor	any related	l organization compensate	ed any current offic	er, director, or trus	stee.

<u> </u>						<u>'</u>				
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, unless person is both a officer and a director/truste emplor or linstit of director director.		Position do not check more than one ox, unless person is both an fficer and a director/trustee)			an tee)	(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
		0 0	stee			nsated				
(1)KWANZA BUTLER	3.00									
CO-CHAIR	0.	Х		Х				0.	0.	0.
(2)JANET RICCIO	3.00									
CO-CHAIR	0.	Х		Х				0.	0.	0 .
(3)YVONNE MOORE	3.00									
VICE CHAIR	0.	Х		Х				0.	0.	0 .
(4)JEANNE MULLGRAV	3.00									
SECRETARY	0.	Х		Χ				0.	0.	0
(5)GRAINNE MCNAMARA	3.00									
TREASURER	0.	Х		Χ				0.	0.	0
(6)ANDREA BATISTA-SCHLESINGER	3.00									
BOARD MEMBER	0.	Х						0.	0.	0
(7)LORRAINE CORTES VAZQUEZ	3.00									
BOARD MEMBER	0.	Х						0.	0.	0
(8)VIRGINIA DAY	3.00									
BOARD MEMBER	0.	Х						0.	0.	0
(9)JENNIFER GIACOBBE	3.00									
BOARD MEMBER(UNTIL 6/2018)	0.	Х						0.	0.	0
(10)CATHY ISAACSON	3.00									
BOARD MEMBER	0.	Х						0.	0.	0
(11)CAROLYN ROSSIP MALCOLM	3.00									
BOARD MEMBER	0.	Х						0.	0.	0
(12)TRACEY SCHUSTERMAN	3.00									
TREASURER (UNTIL 9/2018)	0.	Х		Х				0.	0.	0
(13)ELBA MONTALVO	3.00									
BOARD MEMBER	0.	Х						0.	0.	0
(14)MARGARET MORRISON	3.00									
BOARD MEMBER	0.	X						0.	0.	0

Form **990** (2018)

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Form 990 (2018) Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than content of tor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fr org and	(F) stimated nount of other pensatic om the anization d related anization	on n
15) FRAN BARRETT	3.00					8						
BOARD MEMBER	0.	X						0.	0.			0.
16) PRISCILLA PAINTON	3.00	21							0.			
BOARD MEMBER	0.	X						0.	0.			0.
17) MICHELE O. PENZER	3.00	21						0.	0.			
BOARD MEMBER	0.	X						0.	0.			0.
18) MERBLE REAGON	3.00	21						0.	0.			
BOARD MEMBER	0.	Х						0.	0.			0.
19) KAREN REYNOLDS SHARKEY	3.00							0.				
BOARD MEMBER(UNTIL 6/2018)	0.	Х						0.	0.			0.
20) HYATT BASS	3.00											
BOARD MEMBER	0.	Х						0.	0.			0.
21) IRMA RODRIGUEZ	3.00											
BOARD MEMBER	0.	Х						0.	0.			0.
22) JEAN SHAFIROFF	3.00											
BOARD MEMBER(UNTIL 6/2018)	0.	Х						0.	0.			0.
23) CELESTE SMITH	3.00											
BOARD MEMBER(UNTIL 6/2018)	0.	Х						0.	0.			0.
24) STEPHANIE WANG-BREAL	3.00											
BOARD MEMBER	0.	Х						0.	0.			0.
25) HELENE BANKS	3.00											
BOARD MEMBER	0.	Х						0.	0.			0.
1b Sub-total	•						▶	0.	0.			0.
c Total from continuation sheets to Part VII, S	ection A						<b>&gt;</b>	1,357,815.	0.	1	16,2	11.
d Total (add lines 1b and 1c)							<b>&gt;</b>	1,357,815.	0.	1	16,2	11.
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose	liste				o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office	er, directo	r, or	tru	uste	e,	key e	emp	oloyee, or highes	t compensated			
employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	livid	ual						3		X
<b>4</b> For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	. It	f "Yes	3,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or												

#### **Section B. Independent Contractors**

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.

for services rendered to the organization? If "Yes," complete Schedule J for such person

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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 ▶

Form **990** (2018)

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Form 990 (2018) Page

Part VII Section A. Officers, Directors, Tr (A)	(B)	<u> </u>		(0				(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	ition more	n ooth highest compensated employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org and	stimated nount of other pensation om the anization d related anization	if ion on d
6) KAREN CHOI	3.00					ä						
BOARD MEMBER	0.	Х						0.	0.			0
7) MARY CARACAPPA	3.00											
BOARD MEMBER	·	Х						0.	0.			0
8) EILEEN KELLY	3.00											
BOARD MEMBER	0.	Х						0.	0.			0
9) ELIZABETH WANG	3.00											
BOARD MEMBER	0.	Х						0.	0.			0
0) ELIZABETH DE LEON BHARGAVA	3.00											
BOARD MEMBER	0.	Х						0.	0.			C
1) ANNE DELANEY	3.00											
BOARD MEMBER	·	Х						0.	0.			C
2) MIGNON ESPY EDWARDS	3.00											
BOARD MEMBER	0.	Х						0.	0.			C
3) TILOMA JAYASINGHE	3.00											
BOARD MEMBER	0.	Х						0.	0.			C
4) DANIELLE MOSS	3.00											
BOARD MEMBER	0.	Х						0.	0.			C
5) AYO ROACH	3.00											
BOARD MEMBER	0.	Х						0.	0.			C
6) LOLA WEST	3.00											
BOARD MEMBER	0.	Х						0.	0.			C
1b Sub-total					l							
c Total from continuation sheets to Part VII. S	Section A		• • •		• •							
d Total (add lines 1b and 1c)	-						•					
2 Total number of individuals (including but not						e) who	re	ceived more than	\$100.000 of			
reportable compensation from the organization	n 🕨	11	_			,			•			
											Yes	N
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										4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y										5		Х
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

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

(A)	(B)		•		C)			(D)	ed Employees (c	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	ition more	o on the state of	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 organization
7) 111 01 111111	40.00	tee	ustee			ensated				
7) ANA OLIVEIRA PRESIDENT & CEO	40.00			Х				295,647.	0.	20,7
3) JOHN EMMERT CFO (UNTIL 6/2018)	40.00			Х				148,830.	0.	25,0
9) NANCY GUIDA	40.00							110,030.		2370
VP OF COMMUNICATIONS ) LORRAINE STEPHENS	0. 40.00					Х		186,664.	0.	20,7
VP STRATEGIC PLANNING	0.					Х		196,532.	0.	11,9
OP OF PROGRAMS	40.00					х		175,370.	0.	10,9
) ANNA MARIE ALMEIDA	40.00									
VP OF DEVELOPMENT	0.					Х		197,727.	0.	15,4
) MADELINE HOLDER DIRECTOR OF INDIVIDUAL GIVING	40.00					Х		157,045.	0.	11,1
b Sub-total							<b>&gt;</b>			
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							<b>▶</b>	coived more than	\$100,000 of	
reportable compensation from the organizatio		11		u a					Ψ100,000 OI	1
Did the organization list any former office employee on line 1a? If "Yes," complete Sched										Yes 3
For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	0,0	00?	<sup>i</sup> If	"Yes	," (	complete Schedu	le J for such	4 X
Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on f	fron	n any	uni	related organization	on or individual	5
Section B. Independent Contractors	zs, comple	16 901	i <del>c</del> uu	iie J	101	SuCII	per.	3011		ן ט

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  $\blacktriangleright$ 

Page 9

#### Part VIII Statement of Revenue

(B) Total revenue Related or Unrelated Revenue exempt business excluded from tax function revenue under sections revenue 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1b 2,107,530. c Fundraising events d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, 19,431,922 and similar amounts not included above . | 1f 31,520. g Noncash contributions included in lines 1a-1f: \$ \_ Total. Add lines 1a-1f 21,539,452 Program Service Revenue **Business Code** 2a b f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, 156,803 156,803 0. Income from investment of tax-exempt bond proceeds . 5 0. (i) Real (ii) Personal 6a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7a Gross amount from sales of 2,155,421. assets other than inventory **b** Less: cost or other basis 1,847,011. and sales expenses . . . . 308,410. c Gain or (loss) 308,410. 308,410. Gross income from fundraising Other Revenue 2,107,530. events (not including \$ \_\_\_ of contributions reported on line 1c). 295,742 See Part IV, line 18 . . . . . . . . . . . a **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 . . . . . . . . . a 0. **b** Less: direct expenses c Net income or (loss) from gaming activities.\_... 10a Gross sales of inventory, less returns and allowances Ω b Less: cost of goods soldb Net income or (loss) from sales of inventory, Miscellaneous Revenue **Business Code** ADMINISTRATIVE FEE 900099 22,260. 22,260 11a b **d** All other revenue 22,260. e Total. Add lines 11a-11d 22,026,925 22,260. 465,213. Total revenue. See instructions.

13-3457287

## 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).

000	Check if Schedule O contains a response or note to any line in this Part IX										
			(B)								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service	(C) Management and	( <b>D</b> ) Fundraising						
			expenses	general expenses	expenses						
1	Grants and other assistance to domestic organizations	11,018,825.	11,018,825.								
_	and domestic governments. See Part IV, line 21	11/010/010/	11/010/0101								
2	Grants and other assistance to domestic	0.									
_	individuals. See Part IV, line 22	<b>.</b>									
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,										
3	trustees, and key employees	490,313.	223,030.	92,421.	174,862.						
6	Compensation not included above, to disqualified	,	,	•	<u> </u>						
•	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	0.									
7	Other salaries and wages	2,880,490.	1,310,240.	542,945.	1,027,305.						
	Pension plan accruals and contributions (include			•	<u> </u>						
0	section 401(k) and 403(b) employer contributions	168,495.	76,648.	31,761.	60,086.						
۵	Other employee benefits	228,096.	103,768.	42,998.	81,330.						
10	Payroll taxes	219,857.	100,007.	41,441.	78,409.						
	Fees for services (non-employees):	-		·							
	Management	0.									
	Legal	38,200.		38,200.							
	Accounting	52,525.		52,525.							
	Lobbying	0.									
	Professional fundraising services. See Part IV, line 17	208,800.			208,800.						
	Investment management fees	51,551.		51,551.							
	Other. (If line 11g amount exceeds 10% of line 25, column										
Ŭ	(A) amount, list line 11g expenses on Schedule O.).	1,096,491.	423,730.	589,648.	83,113.						
12	Advertising and promotion	100.	100.								
13	Office expenses	235,286.	35,896.	39,795.	159,595.						
14	Information technology	153,937.	73,009.	24,086.	56,842.						
15	Royalties	0.									
16	Occupancy	310,259.	154,317.	50,539.	105,403.						
17	Travel	156,063.	32,312.	17,630.	106,121.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	0.									
19	Conferences, conventions, and meetings	4,703.	974.	531.	3,198.						
20	Interest	0.									
21	Payments to affiliates	0.									
22	Depreciation, depletion, and amortization	27,975.	13,914.	4,557.	9,504.						
23	Insurance	0.									
24	Other expenses. Itemize expenses not covered										
	above (List miscellaneous expenses in line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.)	22.25	10.075	2 504	T 406						
u	REPAIRS AND MAINTENANCE	22,065.	10,975.	3,594.	7,496.						
~	DUES AND SUBSCRIPTIONS	51,600.	25,576.	8,357.	17,667.						
_	MISCELLANEOUS EXPENSE	93,398.	30,468.	36,817.	26,113.						
_	EQUIPMENT RENTAL	11,400.	5,670.	1,857.	3,873.						
	All other expenses	17,520,429.	13,639,459.	1,671,253.	2,209,717.						
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	11,320,429.	13,039,439.	1,0/1,200.	2,203,111.						
-0	organization reported in column (B) joint costs										
	from a combined educational campaign and fundraising solicitation. Check here										
	following SOP 98-2 (ASC 958-720)	0.									
		٠.			Form <b>990</b> (2018)						

Form 990 (2018) Page **11** 

## Part X Balance Sheet

2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from the disqualified persons (as defined under section 4658(f)(11), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of sections 501(c)(s) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b 269 , 210. 8   10c, 114. 9   63, 91 10restments - publicity traded securities 11 Investments - publicity traded securities 12 Investments - publicity traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses. 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV for schedule D 21 Total assets. Add lines 17 through 25. 22 Total liabilities (including federal income tax, payables to related third parties. 23 Secured mortgages and notes payable to uncelated third parties. 24 Unsecured notes and loans payable to uncelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties. 26 Total liabilities. Add lines 17 through 25. 27 Total assets. Add lines 17 through 25. 28 Total liabilities. Add lines 33 and 34. 29 Total liabilities of compensated employees. 30 Capital stock or trust princ		וונא						
Cash - non-interest-bearing   2, 295, 622			Check if Schedule O contains a response o	r note	to any line in this Pa	art X		<u></u>
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule I. 6 Loans and other receivables from the disqualified persons (as defined under section 4586(f)(11)), persons described in section 4586(c)(16), and contributing employers and sponsoning organizations (see instructions). Complete Part II of Schedule I. 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 327, 832. 10b Less: accumulated depreciation 1 (bib 269, 210 68, 109 10c 58, 62 11 Investments - other securities. See Part IV, line 11 0. 13 11 Intangible assets 11 Intangible assets 12 Investments - program-related. See Part IV, line 11 0. 13 11 Intangible assets 13 Investments - program-related See Part IV, line 11 0. 14 1 Intangible assets 14 Grate assets. See Part IV, line 11 0. 14 1 Intangible assets 15 Other assets. See Part IV, line 11 0. 14 1 Intangible assets 16 Total assets. Add lines 1 through 15 (must equal line 34) 24, 984, 734, 16 31, 499, 41 17 Accounts payable and account depenses — 38, 68, 000 18 3, 003, 50 19 Deferred revenue 2 22 500 19 53, 50 19 53, 50 19 19 Earrow or custodial account liability. Complete Part IV of Schedule D 0. 20 12 22 10 23 Secured mortgages and notes payable to unrelated third parties 0. 22 10 22 10 23 10 24 10								
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from their disqualified persons (as defined under section 4588(f)(11)), persons described in section 4588(f)(3)(6), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees heneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 269 210. 68.109. 10c 58.62 1 Investments - publicly traded securities 1 Investments - publicly traded securities 1 Investments - program-related. See Part IV, line 11. 0. 13. Investments - program-related. See Part IV, line 11. 0. 13. Investments - program-related. See Part IV, line 11. 0. 13. Investments - program-related. See Part IV, line 11. 0. 13. Investments - program-related. See Part IV, line 11. 0. 13. Investments - program-related. See Part IV, line 11. 0. 13. Investments - program-related. See Part IV, line 11. 0. 13. Investments - program-related See Part IV, line 11. 0. 13. Investments - program-related. See Part IV, line 11. 0. 13. Investments - program-related See Part IV, line 11. 0. 13. Investments - program-related See Part IV, line 11. 0. 13. Investments - program-related See Part IV, line 11. 0. 13. Investments - program-related See Part IV, line 11. 0. 13. Investments - program-related See Part IV, line 11. 0. 13. Investments - program-related See Part IV, line 11. 0. 13. Investments - program-related See Part IV, line 11. 0. 13. Investments - program-related See Part IV		1	Cash - non-interest-bearing			2,295,622.	1	5,850,507.
3 Pledges and grants receivable, net		2	Savings and temporary cash investments			10,817,107.	2	3,169,451.
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L 6 Loans and other receivables from current and former officers, directors, strustees, key employees, and highest compensated employees and spanning organizations of section 4856(I)(I)), persons described in section 4856(I)(I)(I), persons described in section 4856(I)(II), persons described in section 4856(I)(I)(I), persons described in section 4856(I)(I), persons described in section 4856(I)(I), persons described in section 4856(I)(I), persons described in section 4856(I), persons described in 4856(I), persons described in 4856(I), persons described in 4856(I), person described in 4856(I), per		3		1,497,967.	3	12,524,042.		
S   Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.		4	Accounts receivable, net	6,119.	4	0.		
Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 5016(s)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Tother assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and displaying and other payables to unrelated third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and displaying and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 27 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 28 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 39 Permanently restricted net assets 30 Sagnazions that follow SFAS 117 (ASC 958), check here  30 Capital stock or trust principal, or current funds 31 Taylarion complete lines 31 Investificated net assets 30 Capital stock or trust principal, or current funds 31 Zateined earnings, endowment, accumulated fund funders.		5	Loans and other receivables from current and f					
Complete Part II of Schedule L 6 Loars and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 5016(s)(9) voluntary employees' beneficiary organizations (see instructions), Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10b Less: accumulated depreciation. 10c Load, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets, Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Take exempt bond liabilities 20 Taxe exempt bond liabilities 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and diquified persons. Complete Part II of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and diquified persons. Complete Part II of Schedule D 22 Content I labilities not included on lines 17-24). Complete Part X of Schedule D 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 36 Total liability (mortgages and notes payable to unrelated third parties 37 Total liability expenses and diverses the payables to related third parties 38 Temporarily restricted net assets 39 Temporarily restricted net assets 39 Temporarily restricted net assets 39 Temporarily restricted net ass			trustees, key employees, and highest co					
4956(f)(f)), persons described in section 4958(c)(3)(B), and contributing employers and sponsaring agrinizations of section 501c(s)(9) voluntary employers beneficiary organizations (see instructions). Complete Part II of Schedule L						0.	5	0.
and sponsoring organizations of section 501(c)(6) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 0. 7  Notes and loans receivable, net 0. 8  Prepaid expenses and deferred charges 106,1114 9 63,91  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1. 10b 269,210. 68,109. 10c 58,62  11b Investments - publicly traded securities 9,076,202. 11 8,734,20  12 Investments - publicly traded securities 9,076,202. 11 8,734,20  12 Investments - program-related. See Part IV, line 11 0. 13  14 Intangible assets 15 0. 14  15 Other assets. See Part IV, line 11 1. 1,117,494. 15 1,098,68  16 Total assets. Add lines 1 through 15 (must equal line 34) 24,984,734. 16 31,499,41  17 Accounts payable and accrued expenses 68,000. 18 3,003,50  19 Deferred revenue 20 13 22,500. 19 53,50  20 Tax-exempt bond liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 0. 21  21 Escrow or custodial account liability. Complete Part IV of Schedule D 0. 21  22 Cons and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 0. 21  23 Secured mortgages and notes payable to unrelated third parties 0. 23  24 Unsecured notes and loans payable to unrelated third parties 0. 24  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities or included on lines 17-24). Complete Part X of Schedule D 121  26 Total liabilities. Add lines 17 through 25. 128,87  27 Unrestricted net assets 19,74,477,61  28 Temporarily restricted net assets 19,74,775,59  29 Permanently restricted net assets 19,799,595  29 Permanently restricted net assets 19,799,595  20 Capital stock or trust principal, or current funds 19,1799,595  30 Capital stock or trust principal, or current funds 19,1799,595		6						
organizations (see instructions). Complete Part II of Schedule L								
7 Notes and loans receivable, net   0.7	"		organizations (see instructions). Complete Part II of Sche	dule L		0.	6	0.
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 327,832.  b Less: accumulated depreciation. 10b 269,210. 68,109, 10c 58,62 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 17 Accounts payable and accrued expenses. 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 21 Secured mortgages and notes payable to unrelated third parties 22 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 23 Complete Part II of Schedule L 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25. 27 Total liabilities. Add lines 17 through 25. 28 Temporarily restricted net assets 29 Permanently restricted net assets 3,381,229. 28 8,589,49 29 Permanently restricted net assets 19,178,237. 27 17,477,61 20 Capital stock or trust principal, or current funds 21 Escretarings, endowment, accumulated income, or other funds 21 Paid-in or capital surplus, or land, building, or equipment fund 21 Retained earnings, endowment, accumulated income, or other funds 22 Retained earnings, endowment, accumulated income, or other funds 23 Retained earnings, endowment, accumulated income, or other funds	ets	7				0.	7	0.
9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  10a 327,832.  b Less: accumulated depreciation.  10b 269,210.  68,109, 10c 58,62  11 Investments - publicly traded securities  9,076,202.  11 Investments - publicly traded securities  9,076,202.  11 Investments - program-related. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  17 Accounts payable and accrued expenses.  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D  21 Unsecured notes and loans payable to unrelated third parties  22 Other liabilities not included on lines 17-24). Complete Part X of Schedule D  23 Secured mortgages and notes payable to unrelated third parties  0 Organizations that follow SFAS 117 (ASC 958), check here	ASS	8				0.	8	0.
b Less: accumulated depreciation.   10a   327,832.   10b   269,210.   68,109.   10c   58,62   11   Investments - publicly traded securities.   9,076,202.   11   8,734,20   12   17   18   18   19   19   19   19   19   19	•	9				106,114.	9	63,913.
b Less: accumulated depreciation.   10b   269,210.   68,109.   10c   58,62		10 a	Land, buildings, and equipment: cost or					
11   Investments - publicly traded securities   9,076,202. 11   8,734,20     12   Investments - other securities. See Part IV, line 11   0. 12     13   Investments - program-related. See Part IV, line 11   0. 13     14   Intangible assets   0. 14     15   Other assets. See Part IV, line 11   1,117,494   15   1,098,68     16   Total assets. Add lines 1 through 15 (must equal line 34)   24,984,734   16   31,499,41     17   Accounts payable and accrued expenses   387,696   17   446,83     18   Grants payable   38,000   18   3,003,50     19   Deferred revenue   22,500   19   53,50     19   Deferred revenue   22,500   19   53,50     20   Tax-exempt bond liabilities   0. 20     21   Escrow or custodial account liability. Complete Part IV of Schedule D   0. 21     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   0. 22     23   Secured mortgages and notes payable to unrelated third parties   0. 23     24   Unsecured notes and loans payable to unrelated third parties   0. 24     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   147,477   25   128,87     26   Total liabilities. Add lines 17 through 25   625,673   26   3,632,71     27   Organizations that follow SFAS 117 (ASC 958), check here								
12   Investments - other securities. See Part IV, line 11   0   12		b	Less: accumulated depreciation	10b	269,210.		10c	
13   Investments - program-related. See Part IV, line 11   0. 13     14   Intangible assets   0. 14     15   Other assets. See Part IV, line 11   1,117,494   15   1,098,68     16   Total assets. Add lines 1 through 15 (must equal line 34)   24,984,734   16   31,499,41     17   Accounts payable and accrued expenses   387,696   17   446,83     18   Grants payable   68,000   18   3,003,50     19   Deferred revenue   22,500   19   53,50     20   Tax-exempt bond liabilities   0. 20     21   Escrow or custodial account liability. Complete Part IV of Schedule D   0. 21     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   0. 22     23   Secured mortgages and notes payable to unrelated third parties   0. 24     24   Unsecured notes and loans payable to unrelated third parties   0. 24     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   147,477   25   128,87     26   Total liabilities. Add lines 17 through 25   625,673   26   3,632,71     30   Organizations that follow SFAS 117 (ASC 958), check here		11				9,076,202.		8,734,203.
14   Intangible assets   0 . 14   1,098,68   15   Other assets. See Part IV, line 11   1,117,494   15   1,098,68   16   Total assets. Add lines 1 through 15 (must equal line 34)   24,984,734   16   31,499,41   17   Accounts payable and accrued expenses   68,000   18   3,003,50   18   3,003,50   19   Deferred revenue   22,500   19   53,50   19   Deferred revenue   22,500		12						0.
15 Other assets. See Part IV, line 11		13	Investments - program-related. See Part IV, line 11					0.
16			Intangible assets	- 1		0.		
17		15	Other assets. See Part IV, line 11				_	
18 Grants payable		16						
Deferred revenue 22,500. 19 53,50  Tax-exempt bond liabilities 0. 20  Tax-exempt bond liabilities 0. 20  Escrow or custodial account liability. Complete Part IV of Schedule D 0. 21  Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0. 22  Secured mortgages and notes payable to unrelated third parties 0. 23  Unsecured notes and loans payable to unrelated third parties 0. 24  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 1. 147,477. 25 128,87  Total liabilities. Add lines 17 through 25. 625,673. 26 3,632,71  Organizations that follow SFAS 117 (ASC 958), check here Accomplete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets 19,178,237. 27 17,477,61  Temporarily restricted net assets 19,178,237. 27 17,477,61  Temporarily restricted net assets 1,799,595. 29 1,799,595  Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32								
Tax-exempt bond liabilities								
Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  29 Permanently restricted net assets  30 Capital stock or trust principal, or current funds  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Retained earnings, endowment, accumulated income, or other funds								
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Retained earnings, endowment, accumulated income, or other funds 32			Tax-exempt bond liabilities					0.
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25.  Corganizations that follow SFAS 117 (ASC 958), check here of Degrate Innes 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 3,381,229, 28 8,589,49  29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32						0.	21	0.
24 Unsecured notes and loans payable to unrelated third parties 0. 24  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 147,477. 25 128,87  26 Total liabilities. Add lines 17 through 25 625,673. 26 3,632,71  Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 19,178,237. 27 17,477,61  28 Temporarily restricted net assets 3,381,229. 28 8,589,49  Permanently restricted net assets 1,799,595. 29 1,799,595  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  29 Permanently restricted net assets 30 through 34.  Capital stock or trust principal, or current funds 30  Paid-in or capital surplus, or land, building, or equipment fund 31  Retained earnings, endowment, accumulated income, or other funds 32	ies	22						
24 Unsecured notes and loans payable to unrelated third parties 0. 24  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 147,477. 25 128,87  26 Total liabilities. Add lines 17 through 25 625,673. 26 3,632,71  Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 19,178,237. 27 17,477,61  28 Temporarily restricted net assets 3,381,229. 28 8,589,49  Permanently restricted net assets 1,799,595. 29 1,799,595  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  29 Permanently restricted net assets 30 through 34.  Capital stock or trust principal, or current funds 30  Paid-in or capital surplus, or land, building, or equipment fund 31  Retained earnings, endowment, accumulated income, or other funds 32	bii					0	00	0.
Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here organizations that follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958), check	Lia	22						0.
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25			Unacquired notice and loons noveble to unrelated to	bird n	a parties			0.
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D						0.	24	0.
of Schedule D  26 Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  4 Retained earnings, endowment, accumulated income, or other funds  32 Retained earnings, endowment, accumulated income, or other funds  32 Total liabilities. Add lines 17 through 25.  3 128,87  3 26 3,632,71  3 17,477,61  3 19,178,237.  27 17,477,61  3 17,477,61		23		-				
Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Capital stock or trust principal, or current funds  Capital stock or trust principal, or current funds  Retained earnings, endowment, accumulated income, or other funds  Capital stock or trust principal, or current funds  Retained earnings, endowment, accumulated income, or other funds			•			147.477.	25	128,873.
Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 3,381,229, 28 8,589,49  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32		26	Total liabilities Add lines 17 through 25					3,632,717.
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Retained earnings, endowment, accumulated income, or other funds	_		Organizations that follow SFAS 117 (ASC 958),	check			20	
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Retained earnings, endowment, accumulated income, or other funds	ces		complete lines 27 through 29, and lines 33 and	34.		10 1=0 00=		10 400 550
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Retained earnings, endowment, accumulated income, or other funds	ılan							
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Retained earnings, endowment, accumulated income, or other funds	Ã		Democratiky restricted net assets					
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Retained earnings, endowment, accumulated income, or other funds	Pun	29				1,799,595.	29	1,799,595.
31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32			complete lines 30 through 34.		chere ► and			
J2 Retained carnings, endowners, accumulated income, or other fands	ets	30	Capital stock or trust principal, or current funds				30	
J2 Retained carnings, endowners, accumulated income, or other fands	SS		Paid-in or capital surplus, or land, building, or equ	ipmen	t fund			
91	ř.		Retained earnings, endowment, accumulated inco	me, c	or other funds			
	Net	33	Total net assets or fund balances			24,359,061.	33	27,866,702.
Total liabilities and net assets/fund balances 24,984,734. 34 31,499,41	_	34	Total liabilities and net assets/fund balances	<u></u>		24,984,734.	34	31,499,419.

Form **990** (2018)

Page 12 Form 990 (2018)

OIIII J	70 (2010)				ı uş	JC
Part	XI Reconciliation of Net Assets					$\overline{}$
	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		22,0		
2	Total expenses (must equal Part IX, column (A), line 25)	2		17,5		
3	Revenue less expenses. Subtract line 2 from line 1	3			06,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		24,3		
5	Net unrealized gains (losses) on investments	5		-9	38,8	355.
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 in Schedule O)	9		_	60,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		27,8	66,7	02.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ıin			
	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	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	iaht			
	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in			
va	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	erao	the			
~	required audit or audits explain why in Schedule O and describe any stens taken to undergo such au	_		3h		

#### 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.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

THE NEW YORK WOMEN'S FOUNDATION, INC. 13-3457287 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2018

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) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,895,028.	19,096,674.	5,897,892.	20,383,875.	21,539,452.	71,812,921.	
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	4,895,028.	19,096,674.	5,897,892.	20,383,875.	21,539,452.	71,812,921.	
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)						43,326,820.	
6	Public support. Subtract line 5 from line 4						28,486,101.	
	tion B. Total Support					Г		
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total	
7	Amounts from line 4	4,895,028.	19,096,674.	5,897,892.	20,383,875.	21,539,452.	71,812,921.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	152,800.	150,731.	217,348.	218,681.	156,803.	896,363.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1		167,263.	38,296.	12,209.	22,260.	240,028.	
11	Total support. Add lines 7 through 10						72,949,312.	
12	Gross receipts from related activities, etc. (s	see instructions)				12	267,183.	
13	First five years. If the Form 990 is forganization, check this box and stop here							
Sec	tion C. Computation of Public Sup	port Percenta	ge					
14	Public support percentage for 2018 (li		-			14	39.05 <b>%</b>	
15	Public support percentage from 2017					15	46.25 <b>%</b>	
16a	331/3% support test - 2018. If the org						.	
	box and <b>stop here.</b> The organization q	•		•				
b	<b>33</b> 1/3% <b>support test - 2017.</b> If the org	=						
	this box and <b>stop here</b> . The organization	•		_				
17a	10%-facts-and-circumstances test - 2							
	10% or more, and if the organization							
	Part VI how the organization meets t			-				
	organization							
b	10%-facts-and-circumstances test - 2	•						
	15 is 10% or more, and if the orga						-	
	Explain in Part VI how the organization				-	-		
40	supported organization							
18	Private foundation. If the organization							
	instructions						<u> •                                 </u>	

Schedule A (Form 990 or 990-EZ) 2018 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			, i	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(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						
Ŭ	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						
h	received from disqualified persons  Amounts included on lines 2 and 3						
b	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.)						
Sec	tion B. Total Support		T	I	I		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
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						
12	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 five years. If the Form 990 is for	or the organiza	tion's first soco	nd third fourth	or fifth tax v	par as a section	501(c)(3)
14	organization, check this box and <b>stop here</b> .	ū	•		•		` ^ ` /
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16							% %
_	Public support percentage from 2017 Sche					16	<u> </u>
	tion D. Computation of Investment			10 policer (0)		17	
17	Investment income percentage for 2018 (lin					17	<u>%</u>
18	Investment income percentage from 2017 S					18	<u>%</u>
19 a	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi		_				
b	331/3% support tests - 2017. If the orga				•		
	line 18 is not more than 331/3 %, check		-	•		• • •	
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see instr	uctions >

JSA 8E1221 1.000 Schedule A (Form 990 or 990-EZ) 2018 Page **4** 

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 10b below.
  - b 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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Part	Supporting Organizations (continued)		<b>V</b>	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations		V	NIa
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> 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 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			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	<u> </u>		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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			•
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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	tructi	ons).	
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI identify</b></i>			
	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		
b	Did the activities described in (a) 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 <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2018

Part 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	a trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
	•	(B) Current Year	
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
		. ,	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functionally	y integra	ated Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **7** 

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions	Current Year						
1	Amounts paid to supported organizations to accomplish ex							
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed					
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	<b>Total annual distributions.</b> Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in <b>Part VI</b> ). See instructions.							
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2018							
а	From 2013							
b	From 2014							
С	From 2015							
d	From 2016							
е	From 2017							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2018 distributable amount							
i	Carryover from 2013 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from							
	Section D, line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2018 distributable amount							
C	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2018, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in <b>Part VI</b> . See instructions.							
6	Remaining underdistributions for 2018. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
7	Part VI. See instructions.							
7	Excess distributions carryover to 2019. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
a	Excess from 2014							
b	Excess from 2015							
C	Excess from 2016							
d	Excess from 2017							

Schedule A (Form 990 or 990-EZ) 2018

Excess from 2018.

Schedule A (Form 990 or 990-EZ) 2018 Page **8** 

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

SCHEDULE A, PART II - OTHER INCOME								
SCHEDULE A, PART II - OTHER INCOME								
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL		
ADMINSTRATIVE FEE AND MISC INC		167,263.	38,296.	12,209.	22,260.	240,028.		
TOTALS		167,263.	38,296.	12,209.	22,260.	240,028.		

## 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

2018

**Employer identification number** 

THE NEW YORK WOMEN'S FOUNDATION, INC. 13-3457287 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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

Employer identification number 13-3457287

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	FOUNDATION FOR A JUST SOCIETY  C/O THE NEW YORK WOMEN'S FOUNDATION  39 BROADWAY, NY, NY 10006	\$500,000.	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	HYATT BASS  C/O THE NEW YORK WOMEN'S FOUNDATION  39 BROADWAY, NY, NY 10006	\$9,753,000.	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	ANNE DELANEY  C/O THE NEW YORK WOMEN'S FOUNDATION  39 BROADWAY, NY, NY 10006	\$ 800,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  ART FOR JUSTICE FUND  C/O THE NEW YORK WOMEN'S FOUNDATION	Total contributions	Person X Payroll Noncash (Complete Part II for
	Name, address, and ZIP + 4  ART FOR JUSTICE FUND  C/O THE NEW YORK WOMEN'S FOUNDATION  39 BROADWAY, NY, NY 10006  (b)	\$ 600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4  ART FOR JUSTICE FUND  C/O THE NEW YORK WOMEN'S FOUNDATION  39 BROADWAY, NY, NY 10006  (b)  Name, address, and ZIP + 4  CBS, INC.  C/O THE NEW YORK WOMEN'S FOUNDATION	\$ 600,000.	Person Payroll Noncash (Complete Part II for noncash 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 II	Noncash Property	(see instructions)	Use duplicate copie	es of Part II if additiona	I space is needed
CII G III	140116a3111 10pc1ty	1300 111311 401101137.	. Use auplicate copi		i space is riceacu.

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

Name of organization 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

#### **SCHEDULE D** (Form 990)

# 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number

THE	NEW YORK WOMEN'S FOUNDATION, INC.	13-3457287
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds 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 held in	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	f a historically important land area
	Protection of natural habitat Preservation o	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	
	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 on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	<del></del>
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	ervation easements during the year
-	Assemble for a second in a second in a second in the secon	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
8	▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of sectio	n 170/h)//)/P)/i)
0		
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and	evnence statement and
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re-	evenue statement and balance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educ public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the control of the footnote to its financial statements.	ation, or research in furtherance of
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re-	
b	works of art, historical treasures, or other similar assets held for public exhibition, educ	
	public service, provide the following amounts relating to these items:	anon, or receasor in runnerance or
	(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	:
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

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

Schedule D (Form 990) 2018

	rt    Organizations Maintaini	ing Collections of	Δrt Historical Tre	asures or C	other Similar Ass	ets (continu		age Z
3	Using the organization's acquisition							of ite
3	collection items (check all that app		iller records, checi	carry or the i	ollowing that are a	a significant	use c	טו ונס
_	Public exhibition	uy).	d Disame	ar ayahanga n	rograma			
a				or exchange p	iogianis			
b	Scholarly research	rations	e Other					
C	Preservation for future gene		and amplete have				:-	D
4	Provide a description of the organ	nization's collections	and explain now t	ney further tr	ne organization's e	xempt purpo	se in	Part
_	XIII.	11. 14			4			
5	During the year, did the organization							٦
	assets to be sold to raise funds rath		nined as part of the o	organization's	collection?	Yes	<b>.</b>	No
Рa	rt IV Escrow and Custodial A		-" F 000 F	)				
	Complete if the organiza	ation answered "Ye	s" on Form 990, F	art IV, line 9	, or reported an a	mount on F	orm	
	990, Part X, line 21.							
1 a	Is the organization an agent, truste							٦
	included on Form 990, Part X?					Yes	·	No
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following tak	ole:				
	<b>D</b> • • • • • •				An	nount		
	Beginning balance							
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
	Did the organization include an am							No
	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanation	has been prov	vided on Part XIII .	<u> </u>		
Pa	rt V Endowment Funds.				_			
	Complete if the organiza							
		(a) Current year	(b) Prior year	(c) Two years t	, , ,		ır years	
1a	Beginning of year balance	9,387,065.	8,722,395.	8,596,4	9,645,0	)50. 9,	459,	292.
b	Contributions							
	Net investment earnings, gains,							
	and losses	-538,476.	1,123,917.	578,9		385.	597,	789.
d	Grants or scholarships	454,829.	459,247.	453,0	037. 648,7	720.	412,	031.
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
q	End of year balance	8,393,760.	9,387,065.	8,722,3	395. 8,596,4	45. 9,	645,	050.
2	Provide the estimated percentage	of the current year e	end balance (line 1g	column (a)) he	eld as:			
a	Board designated or quasi-endown	nent ▶ 70.6300	%	σοια (ω),				
b	Permanent endowment ▶ 21.4		_					
С	Temporarily restricted endowment							
	The percentages on lines 2a, 2b, a		00%.					
3a	Are there endowment funds not in	· · · · · · · · · · · · · · · · · · ·		are held and	administered for the			
	organization by:	•	9				Yes	No
	(i) unrelated organizations					3a(i)		X
	(ii) related organizations					3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate							X
4	Describe in Part XIII the intended	J	•					
	rt VI Land, Buildings, and Equ	uipment.						
	Complete if the organize	atīon answered "Ye			I1a. See Form 99			
	Description of property	(a) Cost or (invest		or other basis (	(c) Accumulated depreciation	(d) Book v	alue	
1a	Land	,	,	/				
h	Buildings							
	Leasehold improvements			89,888.	52,488.		37,4	100.
Ч	Equipment.			237,944.	216,722.		21,2	
<u>и</u>	Other				-,		-,-	
	I. Add lines 1a through 1e. (Column		1 990 Part X colum	n (B) line 10c	)		58,6	522.
. <b>.</b> . u		. , s, oqual i om	. 200, . are zi, ooranii	. ,=,,	/		/ \	

Schedule D (Form 990) 2018 Page 3

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Part VII Investments - Other Securities.  Complete if the organization answered	"Vos" on Form 000	Part IV line 11h S	oo Form 000 Part V line 12
(a) Description of security or category	(b) Book value		Wethod of valuation:
(including name of security)	(.,		end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(E)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.  Complete if the organization answered	"Yes" on Form 990	Part IV, line 11c. S	ee Form 990, Part X, line 13.
(a) Description of investment	(b) Book value		Method of valuation:
		Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990	Part IV, line 11d. S	ee Form 990, Part X, line 15.
(a) Des	cription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lii	ne 15.)		
Part X Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	Part IV, line 11e or	11f. See Form 990, Part X,
1. (a) Description of liability	(b) Book valu	)	
(1) Federal income taxes			
(2) DEFERRED RENT LIABILITY	128,	73.	
_ (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (b) must equal Form 000, Part V, cal. (P) line 35.)	<b>▶</b> 128,8	73	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	120,0	,	

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018 Page **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.	า.	
1	Total revenue, gains, and other support per audited financial statements	1	21,201,289.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	-774,085.
3	Subtract line 2e from line 1	3	21,975,374.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 51,551.		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	51,551.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	22,026,925.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	17,693,648.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	224,770.
3	Subtract line 2e from line 1	3	17,468,878.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 51,551.		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	51,551.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	17,520,429.
Part			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa		
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. FOR THE FOUNDATION, THESE PROVISIONS COULD BE APPLICABLE TO THE INCURRENCE OF UNREALTED BUSINESS INCOME TAX

("UBIT"), ATTRIBUTABLE TO THE DISALLOWED TRANSPORTATION FRINGE BENEFITS.

NONETHELESS 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 XII, LINE 2D

LOSS ON UNCOLLECTIBLE RECEIVABLES OF \$60,000 IS INCLUDED IN EXPENSES PER THE AUDITED FINANCIAL STATEMENTS BUT INCLUDED AS A RECONCILING ITEM TO NET ASSETS PER RETURN.

#### 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.

OMB No. 1545-0047
2018
Open to Public

Attach to Form 990 or Form 990-EZ. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest instructions. Inspection Internal Revenue Service Name of the organization Employer identification number THE NEW YORK WOMEN'S FOUNDATION, INC. 13-3457287 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Χ Internet and email solicitations Solicitation of government grants Χ Phone solicitations С Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, X Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be

				I	I	T.
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of outions?	(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						
ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			<b></b>	2,193,666.	208,800.	2,013,666.
List all states in which the organiz registration or licensing. CT,NJ,NY,	ation is registered	or license	d to solicit			

compensated at least \$5,000 by the organization.

Page 2 Schedule G (Form 990 or 990-EZ) 2018

		events with gross receipts gre	(a) Event #1	(b) Event #2 GALA	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	1,628,472.	565,194.	209,606.	2,403,272
ď		Less: Contributions	1,479,281.	468,247.	160,002.	2,107,530
	3	Gross income (line 1 minus line 2)	149,191.	96,947.	49,604.	295,742
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Expe	7	Food and beverages	149,191.	96,947.	49,604.	295,742
Direct Expenses	8	Entertainment				
	9	Other direct expenses				
		D'action A LLI's				
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu ne 10 from line 3. colu	mn (d) umn (d)		295,742
	11	Net income summary. Subtract li  Gaming. Complete if the org	ne 10 from line 3, coluanization answered "	umn (d)	<u> </u>	
Pa	11	Net income summary. Subtract li	ne 10 from line 3, coluanization answered "	umn (d)	<u> </u>	reported more than  (d) Total gaming (add col. (a) through col. (c))
	11 rt	Net income summary. Subtract li  Gaming. Complete if the org	ne 10 from line 3, colu anization answered " e 6a. (a) Bingo	yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue	11 rt   1	Net income summary. Subtract li  Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu anization answered " e 6a. (a) Bingo	yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue	11 rt   1	Net income summary. Subtract li  Gaming. Complete if the org \$15,000 on Form 990-EZ, lin  Gross revenue	ne 10 from line 3, colu anization answered " e 6a. (a) Bingo	yes" on Form 990, F	Part IV, line 19, or	reported more than
Expenses Revenue	11 rt I 2 3	Net income summary. Subtract li  Gaming. Complete if the org \$15,000 on Form 990-EZ, lin  Gross revenue  Cash prizes	ne 10 from line 3, colu anization answered " e 6a. (a) Bingo	yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue	11 rt   1 2 3 4	Subtract li  Gaming. Complete if the org \$15,000 on Form 990-EZ, lin  Gross revenue  Cash prizes  Noncash prizes	ne 10 from line 3, colu anization answered " e 6a.  (a) Bingo	yes" on Form 990, F	Part IV, line 19, or  (c) Other gaming	reported more than  (d) Total gaming (add col. (a) through col. (c))
Expenses Revenue	11 rt 1 2 3 4 5	Net income summary. Subtract li  Gaming. Complete if the org \$15,000 on Form 990-EZ, lin  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	ne 10 from line 3, colu anization answered " e 6a. (a) Bingo	yes" on Form 990, F	Part IV, line 19, or  (c) Other gaming	reported more than  (d) Total gaming (add col. (a) through col. (c))
Expenses Revenue	11	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	ne 10 from line 3, coluanization answered "e 6a.  (a) Bingo  Yes % No	yes" on Form 990, F  (b) Pull tabs/instant bingo/progressive bingo  Yes% No	Part IV, line 19, or  (c) Other gaming  Yes%  No	reported more than  (d) Total gaming (add col. (a) through col. (c))
Expenses Revenue	11 1 2 3 4 5 6 7	Gaming. Complete if the org \$15,000 on Form 990-EZ, ling Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses.	ne 10 from line 3, coluanization answered "e 6a.  (a) Bingo  Yes %  No  es 2 through 5 in colu	yes" on Form 990, F  (b) Pull tabs/instant bingo/progressive bingo  Yes% No  mn (d)	Part IV, line 19, or  (c) Other gaming  Yes%  No	reported more than  (d) Total gaming (add col. (a) through col. (c))
Expenses Revenue	11 2 3 4 5 6 7 8	Gaming. Complete if the org \$15,000 on Form 990-EZ, ling Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add ling  Net gaming income summary. Summa	ne 10 from line 3, coluanization answered "e 6a.  (a) Bingo  Yes	yes" on Form 990, F  (b) Pull tabs/instant bingo/progressive bingo  Yes% No  mn (d)	Part IV, line 19, or  (c) Other gaming  Yes%  No	reported more than  (d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	11 2 3 4 5 6 7 8	Gaming. Complete if the org \$15,000 on Form 990-EZ, ling Gross revenue  Cash prizes  Noncash prizes  Noncash prizes  Other direct expenses  Volunteer labor  Direct expense summary. Add ling  Net gaming income summary. Summary is the organization licensed to consider the state of the organization licensed to consider the state of the organization licensed to consider the organization licensed the organizat	ne 10 from line 3, coluanization answered "e 6a.  (a) Bingo  Yes	yes" on Form 990, F  (b) Pull tabs/instant bingo/progressive bingo  Yes% No  mn (d)	Part IV, line 19, or  (c) Other gaming  Yes%  No	reported more than  (d) Total gaming (add col. (a) through col. (c))

11 Does the organization conduct gaming activities with nonmembers?   Yes   No     12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity     13	Sched	ule G (Form 990 or 990-EZ) 2018 Page <b>3</b>
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		
a The organization's facility b An outside facility 13a	13	
b An outside facility		
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?		
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 ▶ \$  c If "Yes," enter name and address of 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 ►		
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 ►		
Name ►  Gaming manager compensation ► \$  Description of services provided ►  Director/officer		
Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer	16	Gaming manager information:
Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer		
Director/officer		Name
Director/officer		Coming manager companyation N C
Director/officer		Gaming manager compensation > \$
Director/officer		Description of services provided ▶
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?  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		
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? Yes No  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information		
<ul> <li>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 ► \$</li> <li>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</li> </ul>	~	
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	h	
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	
(see instructions).		Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
		(see instructions).

Schedule G (Form 990 or 990-EZ) 2018

NY 10019

#### ATTACHMENT 1

990	SCHEDULE	C	DART	Т –	HICHECT	DATD	FUNDRAISER
220.		σ,	PARI		LIGHESI	PAID	LONDKATSEK

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
PRASAD CONSULTING & RESEARCH 20 SUTTON PLACE SOUTH NEW YORK NY 10022-4165	RESEARCH	Х		28,800.	
CATHY MCNAMARA, INC.  1325 SIXTH AVENENUE FL 27 NEW YORK	FUNDRAISER	X	2,193,666.	180,000.	2,013,666.

### **SCHEDULE I** (Form 990)

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

OMB No. 1545-0047 2018

**Open to Public** Inspection

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

Part I General Information on Grants and	d Assistanc	<u></u>								
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and										
the selection criteria used to award the grants or assistance?										
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.										
					ploto if the organiz	ation answered "V	os" on Form 000			
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	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) AFRICAN REFUGE INC										
185 PARK HILL AVE.,STE LB	01-0873188	501 (C) (3)	130,000.		FMV		ECONOMIC SECURITY			
(2) RESTAURANT OPPORTUNITIES CENTERS UNITED										
275 7TH AVE, STE 1703 NEW YORK, NY 10001	01-0939141	501 (C) (3)	10,000.		FMV		ECONOMIC SECURITY			
(3) RESTAURANT OPPORTUNITIES CENTERS UNITED										
275 SEVENTH AVE, STE 1703	01-0939141	501 (C) (3)	10,000.		FMV		ANTI-VIOLENCE AND SA			
(4) DAMAYAN MIGRANT WORKERS ASSOCIATION, INC.										
406W 40TH STREET 3RD FL NEW YORK, NY 10018	03-0481206	501 (C) (3)	30,000.		FMV		ECONOMIC SECURITY			
(5) FIERCE										
2427 MORRIS AVENUE BRONX, NY 10468	03-0518774	501 (C) (3)	60,000.		FMV		ECONOMIC SECURITY			
(6) WOMANHOOD PROJECT										
641 GRAND AVE, APT. 2B BROOKLYN, NY 11238	04-3323467	501 (C) (3)	40,000.		FMV		ECONOMIC SECURITY			
(7) GIRLS FOR GENDER EQUITY										
25 CHAPEL ST,STE 1006 BROOKLYN, NY 11201	04-3697166	501 (C) (3)	40,000.		FMV		ECONOMIC SECURITY			
(8) GIRLS FOR GENDER EQUITY										
25 CHAPEL ST,STE 1006 BROOKLYN, NY 11201	04-3697166	501 (C) (3)	15,000.		FMV		ECONOMIC SECURITY			
(9) GIRLS FOR GENDER EQUITY										
25 CHAPEL STREET, BROOKLYN, NY 11201	04-3697166	501 (C) (3)	150,000.		FMV		ANTI-VIOLENCE AND SA			
(10) 'THE 'ME TOO.' MOVEMENT										
45 W. 139TH STREET NEW YORK, NY 10037	04-3697166	501 (C) (3)	500,000.		FMV		ECONOMIC SECURITY			
(11) AUDRE LORDE PROJECT, INC										
147 W 24TH ST, 3RD FLOOR NEW YORK, NY 10011	06-1502452	501 (C) (3)	75,000.		FMV		ECONOMIC SECURITY			
(12) EQUALITY LABS										
248 W 35TH ST,FL 10 NEW YORK, NY 10001	11-3451703	501 (C) (3)	20,000.		FMV		ANTI-VIOLENCE AND SA			
2 Enter total number of section 501(c)(3) and	government	organizations lis	ted in the line 1 tab	ole		▶				
3 Enter total number of other organizations list	ed in the line	1 table				<u></u>				

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

Schedule I (Form 990) (2018)

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

OMB No. 1545-0047
2018

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

of grant funds in the nd Domestic Gov 5,000. Part II can b	e United States.	e' eligibility for the grants		X Yes No
of grant funds in the nd Domestic Gov 5,000. Part II can b	e United States.	nplete if the organiza		
of grant funds in the nd Domestic Gov 5,000. Part II can b	e United States.	nplete if the organiza		
5,000. Part II can b			ation answered "Y	" <b>-</b> 000
1	· · · · · · · · · · · · · · · · · · ·	additional space is n	eeded.	es" on Form 990,
(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
30,000.		FMV		HEALTH, SEXUAL RIGH
30,000.		FMV		ECONOMIC SECURITY
40,000.		FMV		ECONOMIC SECURITY
130,000.		FMV		ECONOMIC SECURITY
130,000.		FMV		ECONOMIC SECURITY
25,000.		FMV		ECONOMIC SECURITY
30,000.		FMV		ECONOMIC SECURITY
10,000.		FMV		ANTI-VIOLENCE AND S
130,000.		FMV		ECONOMIC SECURITY
60,000.		FMV		ANTI-VIOLENCE AND S
60,000.		FMV		ANTI-VIOLENCE AND S
10,000.		FMV		ECONOMIC SECURITY
· · · · · · · · · · · · · · · · · · ·	30,000.  30,000.  40,000.  130,000.  25,000.  30,000.  10,000.  60,000.  10,000.	(d) Amount of cash grant (e) Amount of non-cash assistance  30,000.  40,000.  130,000.  25,000.  30,000.  10,000.  60,000.	(d) Amount of cash grant         (e) Amount of noncash assistance         (f) Method of valuation (book, FMV, appraisal, other)           30,000.         FMV           40,000.         FMV           130,000.         FMV           25,000.         FMV           30,000.         FMV           30,000.         FMV           60,000.         FMV           60,000.         FMV	(d) Amount of cash grant         (e) Amount of noncash assistance         (f) Method of valuation (book, FMV, appraisal, other)         (g) Description of noncash assistance           30,000.         FMV           40,000.         FMV           130,000.         FMV           25,000.         FMV           30,000.         FMV           10,000.         FMV           60,000.         FMV           10,000.         FMV

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

Schedule I (Form 990) (2018)

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

OMB No. 1545-0047
2018

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

Open to Public Inspection

Schedule I (Form 990) (2018)

Department of the Treasury Internal Revenue Service

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

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				•	
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	s or assistand	e?					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>(b)</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) GLOBAL ACTION PROJECT							
130 W. 25TH ST. #2C NEW YORK, NY 10001	11-3425000	501 (C) (3)	40,000.		FMV		ECONOMIC SECURITY
(2) GROUNDSHIFT							
248 W. 35TH ST, 10TH FL NEW YORK, NY 10001	11-3451703	501 (C) (3)	10,000.		FMV		ECONOMIC SECURITY
(3) LATINO LEADERSHIP INSTITUTE, INC.							
440 EAST 117 ST, SUITE 5B NEW YORK, NY 10035	11-3478120	501 (C) (3)	60,000.		FMV		ECONOMIC SECURITY
(4) LATINO LEADERSHIP INSTITUTE, INC.							
440 EAST 117 ST, SUITE 5B NEW YORK, NY 10035	11-3478120	501 (C) (3)	10,000.		FMV		ECONOMIC SECURITY
(5) NEW IMMIGRANT COMMUNITY EMPOWERMENT							
7129 ROOSEVELT AVE, 2ND FL	11-3560625	501 (C) (3)	30,000.		FMV		ECONOMIC SECURITY
(6) NEW IMMIGRANT COMMUNITY EMPOWERMENT							
7129 ROOSEVELT AVE, 2ND FL	11-3560625	501 (C) (3)	130,000.		FMV		HEALTH, SEXUAL RIGH
(7) NEW IMMIGRANT COMMUNITY EMPOWERMENT							
7129 ROOSEVELT AVE, 2ND FL	11-3560625	501 (C) (3)	10,000.		FMV		ECONOMIC SECURITY
(8) MIXTECA ORGANIZATION, INC							
245 23 STREET 2 FL BROOKLYN, NY 11215	11-3561652	501 (C) (3)	30,000.		FMV		ANTI-VIOLENCE AND S.
(9) MIXTECA ORGANIZATION, INC							
245 23 STREET 2 FL, BROOKLYN, NY 11215	11-3561652	501 (C) (3)	130,000.		FMV		ECONOMIC SECURITY
(10) ARAB AMERICAN ASSOCIATION OF NEW YORK							
7111 5TH AVENUE BROOKLYN, NY 11209	11-3604756	501 (C) (3)	60,000.		FMV		ANTI-VIOLENCE AND S.
(11) SADIE NASH LEADERSHIP PROJECT							
4 W. 43RD ST, SUITE 502 NEW YORK, NY 10036	11-3633912	501 (C) (3)	100,000.		FMV		ANTI-VIOLENCE AND S.
(12) MASA-MEXED, INC.							
2770 THIRD AVENUE,1ST FLOOR BRONX, NY 10455	11-3640210	501 (C) (3)	60,000.		FMV		ANTI-VIOLENCE AND S
<ul> <li>Enter total number of section 501(c)(3) and</li> <li>Enter total number of other organizations list</li> </ul>	·	· ·				<b>.</b>	

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

OMB No. 1545-0047 2018

**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.

Inspection ► Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number THE NEW YORK WOMEN'S FOUNDATION, INC. 13-3457287

Part   General Information on Grants and	d Assistanc	e					
1 Does the organization maintain records to see			•				
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	e United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	<b>/ernments.</b> Con	nplete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	oe duplicated if	additional space is r	ieeded.	
(a) Name and address of organization or government	<b>(b)</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) MASA-MEXED, INC.							
2770 THIRD AVE,1ST FI BRONX, NY 10455	11-3640210	501 (C) (3)	40,000.		FMV		ECONOMIC SECURITY
(2) EN GARDE ARTS, C/O LUCILLE LORTEL FOUNDATIO							
322 8TH AVE, 21ST FI NEW YORK, NY 10001	11-5347056	501 (C) (3)	15,000.		FMV		ECONOMIC SECURITY
(3) MOUNT SINAI HOSPITAL							
ONE GUSTAVE L. LEVY PL NEW YORK, NY 10029	13-1624096	501 (C) (3)	10,000.		FMV		ANTI-VIOLENCE AND SA
(4) WELFARE RIGHTS INITIATIVE							
HUNTER COLLEGE,695 PARK AVE, RM. HN 302	13-1988190	501 (C) (3)	60,000.		FMV		ANTI-VIOLENCE AND SA
(5) ROBERT F KENNEDY CENTER FOR JUSTICE AND HUM							
88 PINE STREET NEW YORK, NY 10005	13-2522784	501 (C) (3)	160,000.		FMV		ECONOMIC SECURITY
(6) FUND FOR THE CITY OF NEW YORK							
121 6TH AVE # 6 NEW YORK, NY 10013	13-2612524	501 (C) (3)	30,000.		FMV		ECONOMIC SECURITY
(7) QUEER DETAINEE EMPOWERMENT PROJECT							
505 8TH AVE,#1212 NEW YORK, NY 10018	132612524	501 (C) (3)	60,000.		FMV		ECONOMIC SECURITY
(8) RISE							
224 W. 30TH ST. #804 NEW YORK, NY 10001	13-2612524	501 (C) (3)	130,000.		FMV		ECONOMIC SECURITY
(9) NEW AMERICAN LEADERS							
25 WEST 39TH ST,14TH FL NEW YORK, NY 10018	13-2612524	501 (C) (3)	150,000.		FMV		ECONOMIC SECURITY
(10) BLACK AGENCY EXECUTIVES INC							
475 RIVERSIDE DR. STE 1244	13-2658548	501 (C) (3)	10,000.		FMV		ANTI-VIOLENCE AND SA
(11) LATINOJUSTICE PRLDEF							
99 HUDSON STREET, NEW YORK, NY 10013	13-2722664	501 (C) (3)	70,000.		FMV		ECONOMIC SECURITY
(12) LATINOJUSTICE PRLDEF							
99 HUDSON STREET NEW YORK, NY 10013	13-2722664	501 (C) (3)	10,000.		FMV		ECONOMIC SECURITY
2 Enter total number of section 501(c)(3) and							
3 Enter total number of other organizations list	ed in the line	1 table	<u></u>	<u> </u>	<u> </u>	<u> </u>	

Schedule I (Form 990) (2018)

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

OMB No. 1545-0047 2018

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number 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 the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-(g) Description of (c) IRC section (d) Amount of cash 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government (1) GRACE AND MATTIE FILMS, LLC 125 W. 109TH ST, APT. 7D BROOKLYN, NY 10025 13-2740460 501 (C) (3) 10,000. FMV ECONOMIC SECURITY (2) RAISE 99 HUDSON ST,12TH FL NEW YORK, NY 10013 13-2855641 501 (C) (3) 40,000. FMV ECONOMIC SECURITY (3) BEYOND THE BOX 13-2969182 501 (C) (3) 432 E 149TH STREET BRONX, NY 10455 10,000. FMV ECONOMIC SECURITY (4) ASSET FUNDERS NETWORK 1500 BROADWAY, 7TH FL NEW YORK, NY 10036 13-3001403 501 (C) (3) 20,000. FMV ECONOMIC SECURITY (5) COMMUNITY RESOURCE EXCHANGE 42 BROADWAY 20TH FL NEW YORK, NY 10004 13-3048638 501 (C) (3) 35,000. FMV ECONOMIC SECURITY (6) COMMUNITY FUNDS INC (NEW YORK COMMUNITY TRU 13-3062214 909 THIRD AVE, 22ND FL, NEW YORK, NY 10022 501 (C) (3) 15,000 FMV ANTI-VIOLENCE AND SA (7) COMMUNITY FUNDS INC (NEW YORK COMMUNITY TRU 13-3062214 501 (C) (3) 909 THIRD AVE, 22ND FL, NEW YORK, NY 10022 25,000 FMV ECONOMIC SECURITY (8) WOMEN'S JUSTICE NOW 150 WEST 28TH ST., STE 304 13-3083202 501 (C) (3) 60,000 FMV ANTI-VIOLENCE AND SA (9) WOMEN'S JUSTICE NOW 150 W. 28TH ST., SUITE 304 501 (C) (3) 10,000. FMV ECONOMIC SECURITY (10) CAUSE EFFECTIVE 505 EIGHTH AVE STE 1212 NEW YORK, NY 10018 13-3083978 501 (C) (3) 85,000. FMV SPECIAL INITIATIVES (11) HETRICK-MARTIN INSTITUTE 13-3104537 |501 (C) (3) 10,000. 2 ASTOR PL, 3RD FL NEW YORK, NY 10003 FMV SPECIAL INITIATIVES (12) HETRICK-MARTIN INSTITUTE 2 ASTOR PLACE, 3RD FL NEW YORK, NY 10003 13-3104537 | 501 (C) (3) 40,000. SPECIAL INTITATIVES 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) (2018)

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

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

OMB No. 1545-0047
2018

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

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization						Employer identificati	on number
THE NEW YORK WOMEN'S FOUNDATION, I	NC.					13-345728	37
Part I General Information on Grants and	d Assistance	е				•	
<ol> <li>Does the organization maintain records to su the selection criteria used to award the grants</li> <li>Describe in Part IV the organization's proced</li> </ol>	s or assistand	e?					X Yes No
Part IV, line 21, for any recipient the		-			additional space is n		es" on Form 990,
(a) Name and address of organization or government	<b>(b)</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 ST, 3RD FL NEW YORK, NY 10038	13-3149200	501 (C) (3)	150,000.		FMV		SPECIAL INITIATIVES
(2) NEW YORK CITY GAY & LESBIAN ANTI-VIOLENCE P							
116 NASSAU ST, 3RD FL NEW YORK, NY 10038	13-3149200	501 (C) (3)	10,000.		FMV		SPECIAL INITIATIVES
(3) NEW YORK CITY GAY & LESBIAN ANTI-VIOLENCE P							
116 NASSAU STREET, 3RD FL	13-3149200	501 (C) (3)	150,000.		FMV		SPECIAL INITIATIVES
(4) UNITED WOMEN FIREFIGHTERS							
219 W. 19TH ST NEW YORK, NY 10011	13-3157272	501 (C) (3)	60,000.		FMV		SPECIAL INITIATIVES
(5) GRADUATE CENTER FOUNDATION							
365 FIFTH AVENUE NEW YORK, NY 10016	13-3219419	501 (C) (3)	15,000.		FMV		SPECIAL INITIATIVES
(6) THE NEW SCHOOL							
66 W. 12TH STREET NEW YORK, NY 10011	13-3297197	501 (C) (3)	15,000.		FMV		SPECIAL INITIATIVES
(7) BLK PROJECK							
928 INTERVALE AVE BRONX, NY 10459	13-3385032	501 (C) (3)	40,000.		FMV		SPECIAL INITIATIVES
(8) COMMUNITY HEALTH PROJECT (DBA: CALLEN-LORDE							
356 WEST 18TH STREET, NEW YORK, NY 10011	13-3409680	501 (C) (3)	30,000.		FMV		SPECIAL INITIATIVES
(9) URBAN JUSTICE CENTER COMMUNITY DEVELOPMENT							
123 WILLIAM ST,16TH FL NEW YORK, NY 10038	13-3442022	501 (C) (3)	30,000.		FMV		SPECIAL INITIATIVES
(10) CAAAV: ORGANIZING ASIAN COMMUNITIES							
55 HESTER STREET NEW YORK, NY 10002	13-3526938	501 (C) (3)	40,000.		FMV		SPECIAL INITIATIVES
(11) VIOLENCE INTERVENTION PROGRAM							
PO BOX 1161 - TRI-BOROUGH STATION	13-3540337	501 (C) (3)	100,000.		FMV		SPECIAL INITIATIVES
(12) VIOLENCE INTERVENTION PROGRAM							
PO BOX 1161 - TRI-BOROUGH STATION	13-3540337	501 (C) (3)	20,000.		FMV		SPECIAL INITIATIVES
<ul> <li>2 Enter total number of section 501(c)(3) and g</li> <li>3 Enter total number of other organizations list</li> <li>For Paperwork Reduction Act Notice, see the Instruction</li> </ul>	ed in the line	1 table				<b>&gt;</b>	edule I (Form 990) (2018)

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

OMB No. 1545-0047 2018

Schedule I (Form 990) (2018)

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

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificati	ion number
THE NEW YORK WOMEN'S FOUNDATION, 1	INC.					13-345728	37
Part I General Information on Grants and	d Assistanc	е					
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	s or assistand dures for mor	ce?	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	additional space is n	ieeded.	
1 (a) Name and address of organization or government	<b>(b)</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) CORO NEW YORK LEADERSHIP CENTER							
42 BROADWAY, SUITE 2001, NEW YORK, NY 10004	13-3571610	501 (C) (3)	125,000.		FMV		SPECIAL INITIATIVES
(2) CORO NEW YORK LEADERSHIP CENTER							
42 BROADWAY, SUITE 2001, NEW YORK, NY 10004	13-3571610	501 (C) (3)	10,000.		FMV		SPECIAL INITIATIVES
(3) NEW YORK IMMIGRATION COALITION							
131 W. 33RD ST,STE 610 NEW YORK, NY 10001	13-3573409	501 (C) (3)	150,000.		FMV		SPECIAL INITIATIVES
(4) NEW YORK IMMIGRATION COALITION							
131 W. 33RD ST,STE 610 NEW YORK, NY 10001	13-3573409	501 (C) (3)	7,500.		FMV		SPECIAL INITIATIVES
(5) SAKHI FOR SOUTH ASIAN WOMEN							
P.O. BOX 1333, CHURCH STREET STATION	13-3593806	501 (C) (3)	40,000.		FMV		SPECIAL INITIATIVES
(6) DOMINICAN WOMEN'S DEVELOPMENT CENTER							
519 W. 189TH ST.,GROUND FL	13-3593885	501 (C) (3)	10,000.		FMV		SPECIAL INITIATIVES
(7) A CALL TO MEN							
250 MERRICK ROAD,#813 ROCKVILLE, NY 11570	13-3615533	501 (C) (3)	100,000.		FMV		SPECIAL INITIATIVES
(8) HUMAN SERVICES COUNCIL OF NEW YORK							
130 E. 59TH ST NEW YORK, NY 10022	13-3620059	501 (C) (3)	15,000.		FMV		SPECIAL INITIATIVES
(9) JEWS FOR RACIAL AND ECONOMIC JUSTICE (JFREJ							
330 7TH AVENUE, SUITE 1901	13-3694790	501 (C) (3)	60,000.		FMV		CAPACITY BUILDING
10) NEW ECONOMY PROJECT							
121 W. 27TH STREET, STE 804	13-3842270	501 (C) (3)	60,000.		FMV		CAPACITY BUILDING
(11) YOUNG WOMEN OF COLOR HIV/AIDS COALITION							
116-51 224TH ST, CAMBRIA HEIGHTS	13-3848582	501 (C) (3)	40,000.		FMV		CAPACITY BUILDING
(12) BROTHERHOOD/SISTER SOL, INC.							
512 WEST 143 ST NEW YORK, NY 10031	13-3857387	501 (C) (3)	75,000.		FMV		CAPACITY BUILDING
<ul> <li>Enter total number of section 501(c)(3) and</li> <li>Enter total number of other organizations list</li> </ul>	·						

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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

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

Open to Public Inspection

Schedule I (Form 990) (2018)

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 the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-(g) Description of (c) IRC section (d) Amount of cash 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government (1) COMMUNITY VOICES HEARD 115 EAST 106TH ST., 3RD FL. 13-3901997 501 (C) (3) 30,000. FMV CAPACITY BUILDING (2) VOICES OF COMMUNITY ACTIVISTS & LEADERS, IN 80A FOURTH AVENUE NEW YORK, NY 11217 13-4094385 501 (C) (3) 130,000. FMV CAPACITY BUILDING (3) VOICES OF COMMUNITY ACTIVISTS AND LEADERS 80A FOURTH AVENUE BROOKLYN, NY 11217 13-4094385 501 (C) (3) 10,000. FMV CAPACITY BUILDING (4) GIRLS EDUCATIONAL AND MENTORING SERVICES INC. 20 WEST 148TH STREET, GROUND FLOOR 13-4150972 501 (C) (3) 20,000. FMV CAPACITY BUILDING (5) DEBT COLLECTIVE 46 WEST 36 ST, 6TH FL NEW YORK, NY 10018 13-4188834 501 (C) (3) 60,000. FMV CAPACITY BUILDING (6) HOUSING PLUS SOLUTIONS INC. 13-4200638 4 W. 43RD ST, 2ND FL NEW YORK, NY 10036 501 (C) (3) 80,000 FMV CAPACITY BUILDING (7) NYU, FELLOWSHIP FOR EMERGING LEADERS IN PUB 13-5562308 295 LAFAYETTE ST, 2ND FL NEW YORK, NY 10012 501 (C) (3) 25,000 FMV CAPACITY BUILDING (8) CORRECTIONAL ASSOCIATION OF NEW YORK 22 CORTLANDT ST, 33RD FL NEW YORK, NY 10007 13-5562324 501 (C) (3) 35,000 FMV CAPACITY BUILDING (9) UNITED NEIGHBORHOOD HOUSES OF NEW YORK, INC 45 BROADWAY, SUITE 2210 NEW YORK, NY 10006 501 (C) (3) 15,000. FMV CAPACITY BUILDING (10) NEW YORK FOUNDATION 150 W. 30TH ST, STE 1401 NEW YORK, NY 10001 13-5626345 501 (C) (3) 10,000. FMV CAPACITY BUILDING (11) TRUTHWORKER THEATRE COMPANY 13-6206608 501 (C) (3) 40,000. 484 1ST ST BROOKLYN, NY 11215 FMV CAPACITY BUILDING (12) NEW YORK STATE TENANTS & NEIGHBORS INFORMAT 255 WEST 36TH ST,STE 505 NEW YORK, NY 10018 14-1761209 501 (C) (3) 130,000 STRATEGIC DISCRETION 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 

JSA 8E1288 1 000

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

2018

Schedule I (Form 990) (2018)

OMB No. 1545-0047

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

**Open to Public** Inspection ► Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury 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 the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-(g) Description of (c) IRC section (d) Amount of cash 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government (1) NEW YORK STATE TENANTS & NEIGHBORS INFORMAT 255 W. 36TH ST, STE 505 NEW YORK, NY 10018 14-1761209 501 (C) (3) 10,000. FMV STRATEGIC DISCRETION (2) VIBE THEATER EXPERIENCE 1000 DEAN ST, STE 232 BROOKLYN, NY 11238 20-0482372 501 (C) (3) 80,000. FMV STRATEGIC DISCRETION (3) ALIGN: THE ALLIANCE FOR A GREATER NEW YORK 50 BROADWAY, 29TH FL, NEW YORK, NY 10004 20-0559291 501 (C) (3) 60,000. FMV STRATEGIC DISCRETION (4) ANCIENT SONG DOULA SERVICES 7 MARCUS GARVEY BLVD.STE 436 20-2015286 501 (C) (3) 25,000. FMV STRATEGIC DISCRETION (5) TRINITY HEALING CENTER, INC 7304 5TH AVE PMB#272 BROOKLYN, NY 11209 20-3235905 501 (C) (3) 60,000. FMV STRATEGIC DISCRETION (6) ADHIKAAR FOR HUMAN RIGHTS AND SOCIAL JUSTIC 20-3384725 7107 WOODSIDE AVENUE WOODSIDE, NY 11377 501 (C) (3) 30,000 FMV STRATEGIC DISCRETION (7) AMERICAN INDIAN COMMUNITY HOUSE OF NY 501 (C) (3) 39 ELDRIDGE ST,4TH FL NEW YORK, NY 10003 23-7088777 40,000 FMV STRATEGIC DISCRETION (8) OMEGA INSTITUTE FOR HOLISTIC STUDIES 150 LAKE DRIVE, RHINEBECK 23-7233306 501 (C) (3) 11,700. FMV STRATEGIC DISCRETION (9) BRANDWORKERS PO BOX 1257 LONG ISLAND CITY, NY 11101 501 (C) (3) 60,000. FMV STRATEGIC DISCRETION (10) LAUNDRY WORKERS CENTER 80 BROAD ST, SUITE 613A NEW YORK, NY 10004 26-0798625 501 (C) (3) 60,000. FMV STRATEGIC DISCRETION (11) RESILIENCE ADVOCACY PROJECT 26-1758248 501 (C) (3) 50,000. 147 PRINCE STREET BROOKLYN, NY 11201 FMV STRATEGIC DISCRETION (12) CIVICALLY RE-ENGAGED WOMEN 31-69 49TH ST, STE 2D WOODSIDE, NY 11377 26-2090212 501 (C) (3) 25,000. STRATEGIC DISCRETION 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . 

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

OMB No. 1545-0047
2018

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.

Open to Public Inspection

Name of the organization						Employer identificat	ion number
THE NEW YORK WOMEN'S FOUNDATION,	INC.					13-345728	37
Part I General Information on Grants and	d Assistanc	е				•	
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	s or assistand	e?					X Yes No
Part IV, line 21, for any recipient the		_			additional space is n		es" on Form 990,
Name and address of organization or government	<b>(b)</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) WESTCHESTER SQUARE PARTNERSHIP, INC. (DBA:S							
2348 WATERBURY AVE 1ST FLOOR	26-3123969	501 (C) (3)	30,000.		FMV		STRATEGIC DISCRETION
(2) NEW YORK STATE YOUTH LEADERSHIP COUNCIL							
168 CANAL ST, FL 6 NEW YORK, NY 10013	26-3599242	501 (C) (3)	10,000.		FMV		STRATEGIC DISCRETION
(3) NEW YORK STATE YOUTH LEADERSHIP COUNCIL							
168 CANAL ST FL 6 NEW YORK, NY 10013	26-3599242	501 (C) (3)	120,000.		FMV		STRATEGIC DISCRETION
(4) COMMUNITY CONNECTIONS FOR YOUTH, INC.							
369 E. 149TH ST,7TH FL, BRONX, NY 10455	26-4482112	501 (C) (3)	130,000.		FMV		STRATEGIC DISCRETION
(5) COMMUNITY CONNECTIONS FOR YOUTH, INC.							
369 EAST 149TH ST,7TH FL BRONX, NY 10455	26-4482112	501 (C) (3)	10,000.		FMV		STRATEGIC DISCRETION
(6) COMMUNITY CONNECTIONS FOR YOUTH, INC.							
369 EAST 149TH STREET,7TH FL	26-4482112	501 (C) (3)	40,000.		FMV		STRATEGIC DISCRETION
(7) RACE TRACK CHAPLAINCY OF AMERICA METROPOLIT							
P.O. BOX 37191 ELMONT, NY 11003	27-0485424	501 (C) (3)	30,000.		FMV		STRATEGIC DISCRETION
(8) FLANBWAYAN HAITIAN LITERACY PROJECT							
208 PARKSIDE AVE 2ND FL, BROOKLYN, NY 11226	27-0974276	501 (C) (3)	40,000.		FMV		STRATEGIC DISCRETION
(9) LILLY AWARDS FOUNDATION							
C/O THE DRAMATISTS GUILD,1501 BROADWAY, STE	27-0987854	501 (C) (3)	30,000.		FMV		STRATEGIC DISCRETION
(10) BLACK WOMAN'S BLUEPRINT							
P.O. BOX 24713 BROOKLYN, NY 11202	27-1308862	501 (C) (3)	130,000.		FMV		STRATEGIC DISCRETION
(11) BLACK WOMEN'S BLUEPRINT							
P.O. BOX 24713 BROOKLYN, NY 11202	27-1308862	501 (C) (3)	15,000.		FMV		STRATEGIC DISCRETION
(12) BLACK WOMAN'S BLUEPRINT							
P.O. BOX 24713 BROOKLYN, NY 11202	27-1308862	501 (C) (3)	80,000.		FMV		STRATEGIC DISCRETION
2 Enter total number of section 501(c)(3) and	government o	organizations lis	sted in the line 1 tal	ble			
3 Enter total number of other organizations list	ed in the line	1 table	<u> </u>			<u></u> . <b>&gt;</b>	
For Paperwork Reduction Act Notice, see the Instruct							nedule I (Form 990) (2018)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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Open to Public Inspection

Schedule I (Form 990) (2018)

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 the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-(g) Description of (c) IRC section (d) Amount of cash 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government (1) BLACK WOMAN'S BLUEPRINT P.O. BOX 24713 BROOKLYN, NY 11202 27-1308862 501 (C) (3) 150,000 FMV STRATEGIC DISCRETION (2) BLACK ALLIANCE FOR JUST IMMIGRATION 660 NOSTRAND AVE BROOKLYN, NY 11216 27-1911378 501 (C) (3) 25,000. FMV STRATEGIC DISCRETION (3) GENERATION CITIZEN, INC. 110 WALL STREET, 5TH FL NEW YORK, NY 10005 27-2039522 501 (C) (3) 150,000. FMV STRATEGIC DISCRETION (4) GENERATION CITIZEN, INC. 110 WALL STREET, 5TH FL NEW YORK, NY 10005 27-2039522 501 (C) (3) 6,000 FMV STRATEGIC DISCRETION (5) FUTURO MEDIA GROUP 361 W. 125TH ST,6TH FL NEW YORK, NY 10027 27-2077349 501 (C) (3) 70,000. FMV STRATEGIC DISCRETION (6) DARI PROJECT C/O NATIONAL QUEER ASIAN PACIF 27-2114866 217 W. 18TH ST, BOX 1277 NEW YORK, NY 10011 501 (C) (3) 5,500 FMV STRATEGIC DISCRETION (7) JAHAJEE SISTERS: EMPOWERING INDO-CARIBBEAN 27-2848254 501 (C) (3) 221 EAST 10TH ST, #1 NEW YORK, NY 10029 60,000 FMV STRATEGIC DISCRETION (8) JAHAJEE SISTERS: EMPOWERING INDO-CARIBBEAN 221 EAST 10TH ST, #1 NEW YORK, NY 10029 27-2848254 501 (C) (3) 40,000 FMV STRATEGIC DISCRETION (9) BROWN GIRL RECOVERY 780 CONCOURSE VILLAGE WEST, APT 9J 30-0044814 501 (C) (3) 40,000. FMV STRATEGIC DISCRETION (10) ACTIVE CITIZEN PROJECT INC. 336 W. 37TH ST., STE 1040 NEW YORK, NY 10018 30-0558873 501 (C) (3) 15,000. FMV STRATEGIC DISCRETION (11) BELMONT CHILD CARE ASSOCIATION, INC. 31-1646091 30,000. 2150 HEMPSTEAD TURNPIKE GATE 6, BELMONT PAR 501 (C) (3) FMV STRATEGIC DISCRETION (12) BELMONT CHILD CARE ASSOCIATION, INC. 2150 HEMPSTEAD TURNPIKE GATE 6, BELMONT PAR 31-1646091 501 (C) (3) 50,000. STRATEGIC DISCRETION 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . 

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047
2018

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

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Open to Public Inspection

Schedule I (Form 990) (2018)

Name of the organization						Employer identificat	tion number
THE NEW YORK WOMEN'S FOUNDATION, INC.							87
Part I General Information on Grants and	d Assistanc	е				'	
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> <li>Part II Grants and Other Assistance to D</li> </ol>	s or assistand dures for mo	ce?	of grant funds in th	e United States.			X Yes No
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can	be duplicated if	additional space is n	eeded.	
(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) JUSTICE COMMITTEE							
3440 79TH ST.,#3G JACKSON HEIGHTS, NY 11372	36-4576355	501 (C) (3)	130,000.		FMV		STRATEGIC DISCRETION
(2) NATIONAL ASIAN PACIFIC AMERICAN WOMEN'S FOR							
1730 RHODE ISLAND AVE NW, SUITE 210	36-4799986	501 (C) (3)	60,000.		FMV		STRATEGIC DISCRETION
(3) DRUM - DESIS RISING UP & MOVING							
72-18 ROOSEVELT AV, 2ND FL	38-3652741	501 (C) (3)	130,000.		FMV		STRATEGIC DISCRETION
(4) DRUM - DESIS RISING UP & MOVING							
72-18 ROOSEVELT AVENUE, 2ND FLOOR, JACKSON	38-3652741	501 (C) (3)	40,000.		FMV		STRATEGIC DISCRETION
(5) IGNITE							
510 16TH ST., OAKLAND CALIFORNIA, NY 94612	38-3819049	501 (C) (3)	150,000.		FMV		STRATEGIC DISCRETION
(6) WOMEN'S FOUNDATION OF MINNESOTA							
105 5TH AVE S STE 300,	41-1635761	501 (C) (3)	10,000.		FMV		STRATEGIC DISCRETION
(7) WOMEN'S FOUNDATION OF MINNESOTA							
105 5TH AVE S, SUITE 300	41-1635761	501 (C) (3)	55,000.		FMV		COMMUNITY SUPPORT
(8) FOSTERING PROGRESSIVE ADVOCACY FOUNDATION I							
2006 AMSTERDAM AVE, SUITE 5A	45-0592133	501 (C) (3)	60,000.		FMV		COMMUNITY SUPPORT
(9) MOVEMENT FOR JUSTICE IN EL BARRIO							
232 EAST 11TH ST NEW YORK, NY 10003	45-0927557	501 (C) (3)	30,000.		FMV		COMMUNITY SUPPORT
(10) SOLEDAD O'BRIEN & BRAD RAYMOND FOUNDATION							
134 W. 26TH ST, STE 1150 NEW YORK, NY 10001	45-2440475	501 (C) (3)	10,000.		FMV		COMMUNITY SUPPORT
(11) CIDADAO GLOBAL \ GLOBAL CITIZEN							
PO BOX 4183, SUNNYSIDE NEW YORK, NY 11104	45-2978709	501 (C) (3)	30,000.		FMV		COMMUNITY SUPPORT
(12) ATLAS DIY							
462 36TH STREET BROOKLYN, NY 11232	45-4316117	501 (C) (3)	75,000.		FMV		COMMUNITY SUPPORT
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations list</li></ul>	•	•					

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

OMB No. 1545-0047 2018

Schedule I (Form 990) (2018)

**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

THE NEW YORK WOMEN'S FOUNDATION,	LNC.					13-345728	3 7
Part I General Information on Grants and	d Assistanc	е					
Does the organization maintain records to si	ubstantiate th	e 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 grant			_	_			X Yes No
2 Describe in Part IV the organization's proced							
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Con	nplete if the organiz	ation answered "Y	es" on Form 990.
Part IV, line 21, for any recipient the		_					
	1	1		· · · · · · · · · · · · · · · · · · ·	·		1
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) THEATRE OF THE OPPRESSED NYC							
758 8TH AVENUE, SUITE 300 NEW YORK, NY 10036	45-4815944	501 (C) (3)	50,000.		FMV		COMMUNITY SUPPORT
(2) NEW YORK CITY URBAN DEBATE LEAGUE							
25 BROADWAY, 12TH FL NEW YORK, NY 10004	45-5249743	501 (C) (3)	25,000.		FMV		COMMUNITY SUPPORT
(3) COOPERATIVE ECONOMICS ALLIANCE OF NY CITY							
12651 SAN PABLO AVE #5473	46-1323531	501 (C) (3)	60,000.		FMV		COMMUNITY SUPPORT
(4) AFRICAN COMMUNITIES TOGETHER							
127 W. 127TH ST,SUITE 324	46-1689772	501 (C) (3)	130,000.		FMV		COMMUNITY SUPPORT
(5) UNITED WE DREAM NETWORK INC.							
1900 L ST NW, SUITE 900	46-2216565	501 (C) (3)	40,000.		FMV		COMMUNITY SUPPORT
(6) W.O.W PROJECT							
26 MOTT ST. NEW YORK, NY 10013	46-2236078	501 (C) (3)	30,000.		FMV		COMMUNITY SUPPORT
(7) RESPECTABILITY							
11333 WOODGLEN DRIVE, SUITE 102	46-2840232	501 (C) (3)	60,000.		FMV		COMMUNITY SUPPORT
(8) PRIDE CENTER OF STATEN ISLAND, INC.							
25 VICTORY BLVD., 3RD FL	46-3358895	501 (C) (3)	60,000.		FMV		HILDEGARD
(9) HIGHER HEIGHTS LEADERSHIP FUND							
147 PRINCE STREET, SUITE 36	46-3554404	501 (C) (3)	60,000.		FMV		HILDEGARD
(10) HIGHER HEIGHTS LEADERSHIP FUND							
147 PRINCE STREET, SUITE 36	46-3554404	501 (C) (3)	130,000.		FMV		HILDEGARD
(11) LATINAS ON THE VERGE OF EXCELLENCE L.O.V.E.							
23-90 29 ST #2, QUEENS NEW YORK, NY 11105	46-3732667	501 (C) (3)	130,000.		FMV		GYWC FUND
(12) GENDER EQUALITY LAW CENTER, INC							
540 PRESIDENT ST,3RD FL BROOKLYN, NY 11215	46-4141757	501 (C) (3)	60,000.		FMV		GYWC FUND
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

OMB No. 1545-0047 2018

**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.

Inspection ► Go to www.irs.gov/Form990 for the latest information. 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 the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (b) EIN (h) Purpose of grant (if applicable) grant cash assistance noncash assistance or assistance or government (1) VOTERUNLEAD 8 W 126TH ST NEW YORK, NY 10027 46-4285577 501 (C) (3) 150,000 FMV (2) STATEN ISLAND JOB CENTER - LA COLMENA 774 PORT RICHMOND AVE 2FL 47-2787706 501 (C) (3) 30,000. FMV GYWC FUND (3) SOUL SISTERS LEADERSHIP COLLECTIVE 47-3108951 501 (C) (3) 80,000 6360 NE 4TH COURT MIAMI, FL 33138 FMV GYWC FUND (4) CIVIC NATION 1415 CHAPIN STREET WASHINGTON, DC 20009 501 (C) (3) 10,000. FMV GYWC FUND (5) POWHER NEW YORK C/O NEUFELD & O'LEARY 370 LEXINGTON AVE, STE 908 47-3609446 501 (C) (3) 130,000. FMV GYWC FUND (6) POWHER NEW YORK C/O NEUFELD & O'LEARY 47-3609446 370 LEXINGTON AVE, STE 908 501 (C) (3) 10,000 FMV GYWC FUND (7) GIRL VOW, INC. 509 WILLIS AVE #4 BRONX, NY 10455 47-4062257 501 (C) (3) 40,000 FMV GYWC FIIND (8) CUSTOM COLLABORATIVE 102 BRADHURST AVE, NEW YORK, NY 10039 47-5036606 501 (C) (3) 60,000 FMV GYWC FIIND (9) BLACKFEM, INC. 8 W 126TH ST NEW YORK, NY 10027 501 (C) (3) 25,000. FMV GYWC FIIND (10) ALEX HOUSE PROJECT, INC 76 LORRAINE STREET BROOKLYN, NY 11231 47-5488301 501 (C) (3) 100,000 FMV GYWC FUND (11) CITIZENS COMMITTEE FOR NEW YORK CITY 51-0171818 | 501 (C) (3) 25,000. 77 WATER ST, SUITE 202 NEW YORK, NY 10005 GYWC FIIND FMV (12) PUBLICE COMMUNICATORS INC 2900 WELTON ST STE 300 DENVER, CO 80205 51-0173482 | 501 (C) (3) 26,000. GYWC FIIND

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

Schedule I (Form 990) (2018)

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

OMB No. 1545-0047 2018

**Open to Public** Inspection

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. Internal Revenue Service Name of the organization Employer identification number

THE NEW YORK WOMEN'S FOUNDATION, .	LINC.				13-345/2	8 /
Part I General Information on Grants and	d Assistanc	е			•	
<ol> <li>Does the organization maintain records to s the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	s or assistand	e?			<del>-</del>	X Yes No
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	rernments. Complete if the	e organization answered "`	es" on Form 990,
Part IV, line 21, for any recipient the	hat received	more than \$5	,000. Part II can b	pe duplicated if additional s	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 (book, FMV, other	of valuation appraisal, (g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE						
50 BROAD ST., STE 1937 NEW YORK, NY 10004	52-1891734	501 (C) (3)	130,000.	FMV		GYWC FUND
(2) WASHINGTON AREA WOMEN'S FOUNDATION						
1331 H STREET, NW, SUITE 1000	52-2028612	501 (C) (3)	85,000.	FMV		GYWC FUND
(3) ALLIANCE FOR GLOBAL JUSTICE						
225 E 26TH ST TUCSON, AZ 85713	52-2094677	501 (C) (3)	40,000.	FMV		GYWC FUND
(4) TURNING POINT FOR WOMEN AND FAMILIES						
PO BOX 670086, FLUSHING NEW YORK, NY 11367	54-2177390	501 (C) (3)	100,000.	FMV		GYWC FUND
(5) NEW LEADERS COUNCIL						
PO BOX 39123 WASHINGTON, DC 20016	56-2581640	501 (C) (3)	40,000.	FMV		GYWC FUND
(6) NEW YORK PAID LEAVE COALITION C/O CWE						
275 7TH AVE, 18TH FL NEW YORK, NY 10001	56-2641262	501 (C) (3)	130,000.	FMV		GYWC FUND
(7) FAITH IN NEW YORK						
103-04 39TH AVE, STE 105, CORONA	80-0122559	501 (C) (3)	60,000.	FMV		GYWC FUND
(8) PA'LANTE HARLEM						
1411 AMSTERDAM AVENUE NEW YORK, NY 10027	80-0209989	501 (C) (3)	130,000.	FMV		GYWC FUND
(9) WOMEN OF COLOR IN SOLIDARITY						
921 ST MARKS AVENUE BROOKLYN, NY 11213	80-0214659	501 (C) (3)	40,000.	FMV		GYWC FUND
(10) MEKONG NYC						
2471 UNIVERSITY AVENUE BRONX, NY 10468	80-0834777	501 (C) (3)	130,000.	FMV		GYWC FUND
(11) MEKONG NYC						
2471 UNIVERSITY AVENUE BRONX, NY 10468	80-0834777	501 (C) (3)	10,000.	FMV		GYWC FUND
(12) MEKONG NYC						
2471 UNIVERSITY AVE, BRONX, NY 10468		501 (C) (3)	40,000.	FMV		GYWC FUND
2 Enter total number of section 501(c)(3) and						
3 Enter total number of other organizations lis	ted in the line	1 table			<u> </u>	

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

Schedule I (Form 990) (2018)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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

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

Open to Public Inspection

Schedule I (Form 990) (2018)

**Employer identification number** Name of the organization 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 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 1 (a) Name and address of organization (b) EIN (e) Amount of non-(g) Description of (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) BUSINESS CENTER FOR NEW AMERICANS 81-0584343 501 (C) (3) 120 BROADWAY STE 230 NEW YORK, NY 10271 130,000. (2) NEW YORK TRANSGENDER ADVOCACY GROUP 81-1370263 501 (C) (3) 215 W 125TH ST, STE 2 NEW YORK, NY 10027 40,000. FMV GYWC FUND (3) WOMEN'S FOUNDATION OF CALIFORNIA 94-2752421 501 (C) (3) 55,000. 300 FRANK H. OGAWA PLAZA, SUITE 420 FMV GYWC FIIND (4) WOMEN'S FOUNDATION OF CALIFORNIA 94-2752421 501 (C) (3) 55,000. 300 FRANK H. OGAWA PLAZA, SUITE 420 GYWC FUND (5) (6) (7) (8) (9) (10)(11)(12)142. 

Page 2

Schedule I (Form 990) (2018)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	2.
	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 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 AND

TELEPHONE INTERACTION, NYWF IN CONJUNCTION WITH GRANT PARTNERS

DEVELOP CAPACITY BUILDING RESOURCES SUCH AS ORGANIZATIONAL DEVELOPMENT,

Schedule I (Form 990) (2018)

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					

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

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.

Department of the Treasury

Internal Revenue Service Name of the organization

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE NEW YORK WOMEN'S FOUNDATION, INC. 13-3457287 **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)					
	Discretionary spending account Tersonal services (such as maid, chadred)					
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	46				
•	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 filing 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 Form 990 of other organizations 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					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		X		
b						
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
	compensation contingent on the revenues of:					
а	The organization?	5a		Х		
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		Х		
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					
•	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject					
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe					
	in Part III	8		Х		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
•	Regulations section 53.4958-6(c)?	9				

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation			other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ANA OLIVEIRA	(i)	295,647.	0.	0.	10,000.	10,747.	316,394.	0.
1 PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
NANCY GUIDA	(i)	186,664.	0.	0.	10,000.	10,780.	207,444.	0.
2 OF COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN EMMERT	(i)	148,830.	0.	0.	7,788.	17,301.	173,919.	0.
3 <sup>CFO (UNTIL 6/2018)</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
LORRAINE STEPHENS	(i)	196,532.	0.	0.	10,000.	1,948.	208,480.	0.
4 <sup>VP</sup> STRATEGIC PLANNING	(ii)	0.	0.	0.	0.	0.	0.	0.
CAMILLE EMEAGWALI	(i)	175,370.	0.	0.	10,000.	991.	186,361.	
5 <sup>VP</sup> OF PROGRAMS	(ii)	0.	0.	0.				
ANNA MARIE ALMEIDA	(i)	197,727.	0.	0.	4,615.	10,865.	213,207.	
6 <sup>VP</sup> OF DEVELOPMENT	(ii)	0.	0.	0.				
MADELINE HOLDER	(i)	157,045.	0.	0.	10,000.	1,176.	168,221.	
DIRECTOR OF INDIVIDUAL GIVING	(ii)	0.	0.	0.				
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

#### 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.

**Noncash Contributions** 

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

► 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

Part I Types of Property

Employer identification number

THE NEW YORK WOMEN'S FOUNDATION, INC. 13-3457287

		(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 cont			
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		7.	31,520.	FAIR VALU	ΙE		
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 ►()							
29	Number of Forms 8283 received							
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	ement	29			
							Yes	No
30a	During the year, did the organizat				_			
	28, that it must hold for at least the	-			-			
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a			-				
	contributions?					31	Х	
32a	Does the organization hire or use	•	•	•			٠,	
	contributions?					32a	X	
	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II	amount in c	column (c) for a type of pro	perty for which column (a)	ıs checked,			

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

Schedule M (Form 990) 2018

Schedule M (Form 990) (2018) Page **2** 

Part II Supplem

**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 O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 13-3457287

THE NEW YORK WOMEN'S FOUNDATION, INC.

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 V, LINE 3A AND 3B

DUE TO THE TAX CUTS AND JOBS ACT, NYWF WAS SUBJECT TO UBIT ON THE DISALLOWED TRANSIT AND QUALIFED PARKING BENEFITS AND ACCORDINGLY FILED THE FORM 990-T.

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

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

SURVEYS. THE DEPARTMENT SENIOR MANAGER AND PRESIDENT/CEO MAKE THE FINAL DETERMINATION BASED ON THE SURVEYS AND JOB TITLE/RESPONSIBILITIES. THE PRESIDENT/CEO 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

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 \$60,000

ATTACHMENT	1

#### 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	145,797.
GRIFFIN WILLIAMS CRITICAL POINT 1300 CONNECTICUT AVE NW, SUITE 600 WASHINGTON, DC 20036	CONSULTING SVS	195,817.
CATHY MCNAMARA, INC 1325 SIXTH AVENUE, FL 27 NEW YORK, NY 10019	FUNDRAISER	180,000.