(Rev. January 2020)

Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20 C Name of organization D Employer identification number 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 Initial return 2300 (212) 514-6993 Final return/ terminated City or town, state or province, country, and ZIP or foreign postal code Amended return NEW YORK, NY 10006 17,167,869. G Gross receipts \$ Application pending F Name and address of principal officer: ANA OLIVEIRA, PRESIDENT AND CEO H(a) Is this a group return for subordinates? Yes 39 BROADWAY SUITE 2300, NEW YORK, NY 10006 H(b) Are all subordinates included Yes No 501(c) (If "No." attach a list. (see instructions)) 🚄 (insert no.) 4947(a)(1) or Website: ▶ WWW.NYWF.ORG H(c) Group exemption number Form of organization: X Corporation Trust Association L Year of formation: 1987 M State of legal domicile: 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 0) 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) 28. Activities & 28. Number of independent voting members of the governing body (Part VI, line 1b) 4 31. 5 6 -79,936. 7a Total unrelated business revenue from Part VIII, column (C), line 12 -79,936. **Current Year** 21,539,452. 14,474,305. 8 0 0 9 465,213. 250,693. Investment income (Part VIII, column (A), lines 3, 4, and 7d). 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12,797. 22,260. 11 22,026,925. 14,737,795. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 11,018,825. 10,124,400. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 3,987,251. 4,069,221. 15 16 a Professional fundraising fees (Part IX, column (A), line 11e) 208,800. 165,605. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,305,553. 2,338,896. 17 17,520,429. 16,698,122. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . 4,506,496. -1,960,327.19 00 Beginning of Current Year End of Year 31,499,419. 30,790,795. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26)........ 3,513,807. 3,632,717. 21 27,276,988. 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 ANA L. OUVENRA PRESIDENT É CED 11.11.2020 Here Type or print name and title Print/Type preparer's name Preparer's signature Date 11/11/2020 PTIN Check Paid CANDICE METH self-employed P01306891 Preparer Firm's name FISNERAMPER LLP Firm's EIN ▶ 13-1639826 Use Only Firm's address ▶733 THIRD AVENUE NEW YORK, NY 10017-2703 212-949-8700 Phone no

For Paperwork Reduction Act Notice, see the separate instructions.

Yes Form **990** (2019)

May the IRS discuss this return with the preparer shown above? (see instructions)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

iling of this f	form, visit www.irs.gov/e-file-providers/e-file-f	or-charities	-and-non-profits.	ŕ				
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).					—
	ons required to file an income tax return othe			O-C filers), partnerships,	REI	MICs, a	and trusts	 S
nust use Fo	orm 7004 to request an extension of time to f	ile income	tax returns.					
Гуре or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification nu	mbe	r (TIN)		_
orint	THE NEW YORK WOMEN'S FOUNDATION, INC. 13-3457287							
ile by the lue date for	Number, street, and room or suite no. If a P.O. bo	x, see instruc	ctions.					
iling your eturn. See	39 BROADWAY 2300	a foreign ad	draga ago instructions					
nstructions.	City, town or post office, state, and ZIP code. For NEW YORK, NY 10006	a roreigir au	uress, see instructions.					
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0	1
Application		Return	Application				Retur	
s For		Code	Is For				Code	-
	Form 990-EZ	01	Form 990-T (corporati	on)			07	
Form 990-BL		02	Form 1041-A	n individual\			08	—
Form 4720 (Form 990-PF	· · · · · · · · · · · · · · · · · · ·	03	Form 4720 (other that Form 5227	n individual)			10	
		05	Form 6069		11			
	(sec. 401(a) or 408(a) trust) (trust other than above)	06	Form 8870				12	
Telephone If the orga If this is foor the whole It with the	ANA OLIVEIRA, Post are in the care of ► 39 BROADWAY SUI' e No. ► 212 514-6993 anization does not have an office or place of the arrow of the group, check this box e names and TINs of all members the extension	TE 2300 I business in ur digit Gro f it is for pa ion is for.	Fax No. ► 646 564 the United States, check the group, check the group, check the properties of the group, check the group that the group tha	-5998 ck this box		If than	his is tach	
-	est an automatic 6-month extension of time up			to file the exempt	org	anizat	ion retur	n
► X ►	organization named above. The extension is calendar year 20 19 or tax year beginningax year entered in line 1 is for less than 12 m	, 20	, and ending					
c	hange in accounting period							
	application is for Forms 990-BL, 990-PF, 9	90-1, 4720	o, or 6069, enter the	tentative tax, less any		•		Λ
	undable credits. See instructions.	4700		from deleter and the sound	3a	\$		0.
	application is for Forms 990-PF, 990-T,	•	,			.		Λ
	ted tax payments made. Include any prior yea te due. Subtract line 3b from line 3a. Include				3b	<u> </u>		0.
	onic Federal Tax Payment System). See instru		on with this lotti, if let	quireu, by using EF1PS		.		0.
-	u are going to make an electronic funds withdrawa		it) with this Form 9969	o Form 9452 FO and Farm	3c		or nove	
•	a are going to make an electronic runus withdrawa	i (uirect deb	ii, wiiii iiiis FUIIII 0008, SE	E I UIII 0400-EU ANU FOIII	1 00/	9-EU I	or payme	111
nstructions.	act and Paperwork Reduction Act Notice, see instr	uctions			Form	8869	Rev. 1-2	020
or invacy A	iot and i apoi iron nedaction Act notice, see ilisti	450000			1 0111	. 5556	(1107. 1-2	J20)

JSA

13-3457287

For	90 (2019)	Page 2
Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	efly describe the organization's mission:	
	E NEW YORK WOMEN'S FOUNDATION CREATES AN EQUITABLE AND JUST	
	TURE FOR WOMEN AND FAMILIES BY UNITING A CROSS-CULTURAL ALLIANCE	
	AT IGNITES ACTION AND INVESTS IN BOLD, COMMUNITY-LED SOLUTIONS	
_	ROSS THE CITY.	
2	d the organization undertake any significant program services during the year which were not listed on the or Form 990 or 990-EZ? Yes," describe these new services on Schedule O.	∑ No
3	d the organization cease conducting, or make significant changes in how it conducts, any program rvices?	No
4	rest, describe these changes on conclude 6. escribe the organization's program service accomplishments for each of its three largest program services, as measurements. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to estotal expenses, and revenue, if any, for each program service reported.	
4a	ode:) (Expenses \$13,565,260. including grants of \$10,124,400.) (Revenue \$) TE NEW YORK WOMEN'S FOUNDATION CREATES AN EQUITABLE AND JUST	
	TURE FOR WOMEN AND FAMILIES BY UNITING A CROSS-CULTURAL ALLIANCE	
	AT IGNITES ACTION AND INVESTS IN BOLD, COMMUNITY-LED SOLUTIONS	
	ROSS THE CITY. THE FOUNDATION WORKS TO ACHIEVE THIS MISSION	
	ROUGH GRANT-MAKING AND PUBLIC EDUCATION.	
4b	ode:) (Expenses \$including grants of \$) (Revenue \$)	
_		
4c	ode:) (Expenses \$including grants of \$) (Revenue \$)	
4d	her program services (Describe on Schedule O.)	
4 -	xpenses \$ including grants of \$) (Revenue \$) tal program service expenses > 13,565,260.	
40	CALDIDOTAIN SHIVICE BYDENSES - LAINDAINA AND	

Page 3 Form 990 (2019)

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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		X
	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		X
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			Х
,	"Yes," complete Schedule D, Part I.	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
}	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	– ′		21
	complete Schedule D, Part III	8		Х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
)	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
	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.			
a	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		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated financial statements for the tax year include a roothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
а	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	···		
_	Schedule D, Parts XI and XII.	12a	Х	
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		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
а	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			37
•	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		x	X
,	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? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	16	Х	X
7	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? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
6 7 8	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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X	X
6 7 8	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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	17		
6 7 8	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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17		
	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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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	17 18		X
6 7 8 9 0 a b	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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	17 18 19 20a	Х	X
6 7 8 9	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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	17 18 19 20a		X

Page 4 Form 990 (2019)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	Х	
24-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			3.7
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25 a	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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		256		Х
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
				X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
2.4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
34				v
	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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	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			
	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			
	19? Note: 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			
	555 a conceans a companio of note to any mile in the fact v 11111111111111111111111111111111111		Yes	No
1 ~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Zitter the manufact reported in Box of Fermi 1000. Zitter of in Not applicable 1,1,1,1,1,1			
	Enter the number of Fermi W 20 metadad in line 1a. Enter of in not applicable.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		37	
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Form 990 (2019)

13-3457287

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 31 Statements, filed for the calendar year ending with or within the year covered by this return. X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... 3b **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Χ 5a **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Х 7a Х **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7с X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9b **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... 10 Section 501(c)(7) organizations. Enter: 10a a 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 Section 501(c)(12) organizations. Enter: **b** Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ excess parachute payment(s) during the year?............. 15 If "Yes," see instructions and file Form 4720, Schedule N. Χ Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Page 5

(Rev. January 2020)

Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20 C Name of organization D Employer identification number 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 Initial return 2300 (212) 514-6993 Final return/ terminated City or town, state or province, country, and ZIP or foreign postal code Amended return NEW YORK, NY 10006 17,167,869. G Gross receipts \$ Application pending F Name and address of principal officer: ANA OLIVEIRA, PRESIDENT AND CEO H(a) Is this a group return for subordinates? Yes 39 BROADWAY SUITE 2300, NEW YORK, NY 10006 H(b) Are all subordinates included Yes No 501(c) (If "No." attach a list. (see instructions)) 🚄 (insert no.) 4947(a)(1) or Website: ▶ WWW.NYWF.ORG H(c) Group exemption number Form of organization: X Corporation Trust Association L Year of formation: 1987 M State of legal domicile: 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 0) 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) 28. Activities & 28. Number of independent voting members of the governing body (Part VI, line 1b) 4 31. 5 6 -79,936. 7a Total unrelated business revenue from Part VIII, column (C), line 12 -79,936. **Current Year** 21,539,452. 14,474,305. 8 0 0 9 465,213. 250,693. Investment income (Part VIII, column (A), lines 3, 4, and 7d). 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12,797. 22,260. 11 22,026,925. 14,737,795. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 11,018,825. 10,124,400. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 3,987,251. 4,069,221. 15 16 a Professional fundraising fees (Part IX, column (A), line 11e) 208,800. 165,605. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,305,553. 2,338,896. 17 17,520,429. 16,698,122. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . 4,506,496. -1,960,327.19 00 Beginning of Current Year End of Year 31,499,419. 30,790,795. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26)........ 3,513,807. 3,632,717. 21 27,276,988. 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 ANA L. OUVENRA PRESIDENT É CED 11.11.2020 Here Type or print name and title Print/Type preparer's name Preparer's signature Date 11/11/2020 PTIN Check Paid CANDICE METH self-employed P01306891 Preparer Firm's name FISNERAMPER LLP Firm's EIN ▶ 13-1639826 Use Only Firm's address ▶733 THIRD AVENUE NEW YORK, NY 10017-2703 212-949-8700 Phone no

For Paperwork Reduction Act Notice, see the separate instructions.

Yes Form **990** (2019)

May the IRS discuss this return with the preparer shown above? (see instructions)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

iling of this f	form, visit www.irs.gov/e-file-providers/e-file-f	or-charities	-and-non-profits.	ŕ				
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).					—
	ons required to file an income tax return othe			O-C filers), partnerships,	REI	MICs, a	and trusts	 S
nust use Fo	orm 7004 to request an extension of time to f	ile income	tax returns.					
Гуре or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification nu	mbe	r (TIN)		_
orint	THE NEW YORK WOMEN'S FOUNDATION, INC. 13-3457287							
ile by the lue date for	Number, street, and room or suite no. If a P.O. bo	x, see instruc	ctions.					
iling your eturn. See	39 BROADWAY 2300	a foreign ad	draga ago instructions					
nstructions.	City, town or post office, state, and ZIP code. For NEW YORK, NY 10006	a roreigir au	uress, see instructions.					
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0	1
Application		Return	Application				Retur	
s For		Code	Is For				Code	-
	Form 990-EZ	01	Form 990-T (corporati	on)			07	
Form 990-BL		02	Form 1041-A	n individual\			08	—
Form 4720 (Form 990-PF	· · · · · · · · · · · · · · · · · · ·	03	Form 4720 (other that Form 5227	n individual)			10	
		05	Form 6069		11			
	(sec. 401(a) or 408(a) trust) (trust other than above)	06	Form 8870				12	
Telephone If the orga If this is foor the whole It with the	ANA OLIVEIRA, Post are in the care of ► 39 BROADWAY SUI' e No. ► 212 514-6993 anization does not have an office or place of the arrow of the group, check this box e names and TINs of all members the extension	TE 2300 I business in ur digit Gro f it is for pa ion is for.	Fax No. ► 646 564 the United States, check the group, check the group, check the properties of the group, check the group that the group tha	-5998 ck this box		If than	his is tach	
-	est an automatic 6-month extension of time up			to file the exempt	org	anizat	ion retur	n
► X ►	organization named above. The extension is calendar year 20 19 or tax year beginningax year entered in line 1 is for less than 12 m	, 20	, and ending					
c	hange in accounting period							
	application is for Forms 990-BL, 990-PF, 9	90-1, 4720	o, or 6069, enter the	tentative tax, less any		•		Λ
	undable credits. See instructions.	4700		from deleter and the sound	3a	\$		0.
	application is for Forms 990-PF, 990-T,	•	,			.		Λ
	ted tax payments made. Include any prior yea te due. Subtract line 3b from line 3a. Include				3b	<u> </u>		0.
	onic Federal Tax Payment System). See instru		on with this lotti, if let	quireu, by using EF1PS		.		0.
-	u are going to make an electronic funds withdrawa		it) with this Form 9969	o Form 9452 FO and Farm	3c		or nove	
•	a are going to make an electronic runus withdrawa	i (uirect deb	n, with this FUIII 0008, SE	E I UIII 0400-EU ANU FOIII	1 00/	9-EU I	or payme	111
nstructions.	act and Paperwork Reduction Act Notice, see instr	uctions			Form	8869	Rev. 1-2	020
or invacy A	iot and i apoi iron nedaction Act notice, see ilisti	450000			1 0111	. 5556	(1107. 1-2	J20)

JSA

13-3457287

For	90 (2019)	Page 2
Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	efly describe the organization's mission:	
	E NEW YORK WOMEN'S FOUNDATION CREATES AN EQUITABLE AND JUST	
	TURE FOR WOMEN AND FAMILIES BY UNITING A CROSS-CULTURAL ALLIANCE	
	AT IGNITES ACTION AND INVESTS IN BOLD, COMMUNITY-LED SOLUTIONS	
_	ROSS THE CITY.	
2	d the organization undertake any significant program services during the year which were not listed on the or Form 990 or 990-EZ? Yes," describe these new services on Schedule O.	∑ No
3	d the organization cease conducting, or make significant changes in how it conducts, any program rvices?	No
4	rest, describe these changes on conclude 6. escribe the organization's program service accomplishments for each of its three largest program services, as measurements. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to estotal expenses, and revenue, if any, for each program service reported.	
4a	ode:) (Expenses \$13,565,260. including grants of \$10,124,400.) (Revenue \$) TE NEW YORK WOMEN'S FOUNDATION CREATES AN EQUITABLE AND JUST	
	TURE FOR WOMEN AND FAMILIES BY UNITING A CROSS-CULTURAL ALLIANCE	
	AT IGNITES ACTION AND INVESTS IN BOLD, COMMUNITY-LED SOLUTIONS	
	ROSS THE CITY. THE FOUNDATION WORKS TO ACHIEVE THIS MISSION	
	ROUGH GRANT-MAKING AND PUBLIC EDUCATION.	
4b	ode:) (Expenses \$including grants of \$) (Revenue \$)	
_		
4c	ode:) (Expenses \$including grants of \$) (Revenue \$)	
4d	her program services (Describe on Schedule O.)	
4 -	xpenses \$ including grants of \$) (Revenue \$) tal program service expenses > 13,565,260.	
40	CALDIDOTAIN SHIVICE BYDENSES - LAINDAINA AND	

Page 3 Form 990 (2019)

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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		X
	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		X
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			Х
,	"Yes," complete Schedule D, Part I.	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
}	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		21
	complete Schedule D, Part III	8		Х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
)	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
	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.			
a	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		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated financial statements for the tax year include a roothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
а	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	···		
_	Schedule D, Parts XI and XII.	12a	Х	
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		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
а	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			37
•	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		x	X
,	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? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	16	Х	X
7	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? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
6 7 8	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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X	X
6 7 8	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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	17		
6 7 8	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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17		
	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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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	17 18		X
6 7 8 9 0 a b	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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	17 18 19 20a	Х	X
6 7 8 9	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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	17 18 19 20a		X

Page 4 Form 990 (2019)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	Х	
24-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			3.7
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25 a	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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		256		Х
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
				X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
2.4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
34				v
	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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	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			
	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			
	19? Note: 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			
	555 a conceans a companio of note to any mile in the fact v 11111111111111111111111111111111111		Yes	No
1 ~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Zitter the manufact reported in Box of Fermi 1000. Zitter of in Not applicable 1,1,1,1,1,1			
	Enter the number of Fermi W 20 metadad in line 1a. Enter of in not applicable.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		37	
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Form 990 (2019)

13-3457287

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 31 Statements, filed for the calendar year ending with or within the year covered by this return. X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... 3b **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Χ 5a **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Х 7a Χ **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7с X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9b **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... 10 Section 501(c)(7) organizations. Enter: 10a a 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 Section 501(c)(12) organizations. Enter: **b** Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ excess parachute payment(s) during the year?............. 15 If "Yes," see instructions and file Form 4720, Schedule N. Χ Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Page 5

Page 6

Form 990 (2019)

Part VI

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

Sect	ion A. Governing Body and Management	• • •	• • •	
0000	Total A Coverning Body and management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year.			
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent. 1b 28			
a	Enter the number of voting members included on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Х
_	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		Х
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		Х
	one or more members of the governing body?	1 a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		Х
_	stockholders, or persons other than the governing body?	7.0		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	00	X	
a	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	OD	21	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Socti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		. 1	121
Jecu	on b. Folicies (This Section Direquests information about policies not required by the internal Nevenue	Code	·/ Yes	No
40.	D'I the consection to the section beautiful to the section of the	10a		X
	Did the organization have local chapters, branches, or affiliates?	IVa		
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	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	114		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	120		-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
	describe in Schedule O how this was done	13	X	-
13	Did the organization have a written whistleblower policy?	14	X	-
14	Did the organization have a written document retention and destruction policy?	17		
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15b		Х
b	Other officers or key employees of the organization	.55		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	Х	
L	with a taxable entity during the year?	. 04		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	Х	
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CT, NJ, NY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(800	tion 5	:01(a)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	10110	o i (c)
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	ıf inte	est r	olicy
	and financial statements available to the public during the tax year.		201 F	oney,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls ▶		
	ANA OLIVETRA PRESIDENT/CEO 39 BROADWAY SITTE 2300 NEW YORK NY 10006 212-514-6993			

Page 6

Form 990 (2019)

Part VI

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

Sect	ion A. Governing Body and Management	• • •	• • •	
0000	Total A Coverning Body and management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year.			
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent. 1b 28			
a	Enter the number of voting members included on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Х
_	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		Х
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		Х
	one or more members of the governing body?	1 a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		Х
_	stockholders, or persons other than the governing body?	7.0		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	00	X	
a	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	OD	21	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Socti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		. 1	121
Jecu	on b. Folicies (This Section Direquests information about policies not required by the internal Nevenue	Code	·/ Yes	No
40.	D'I the come d'arthur have been been been been a ser ffillete of	10a		X
	Did the organization have local chapters, branches, or affiliates?	IVa		
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	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	114		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	120		-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
	describe in Schedule O how this was done	13	X	-
13	Did the organization have a written whistleblower policy?	14	X	-
14	Did the organization have a written document retention and destruction policy?	17		
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	.55		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	Х	
L	with a taxable entity during the year?	. 04		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	Х	
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CT, NJ, NY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(800	tion 5	:01(a)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	10110	o i (c)
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	ıf inte	est r	olicy
	and financial statements available to the public during the tax year.		201 F	oney,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls ▶		
	ANA OLIVETRA PRESIDENT/CEO 39 BROADWAY SITTE 2300 NEW YORK NY 10006 212-514-6993			

13-3457287

Page **7**

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. See instructions for the order in which to list the persons above.

Check this box	if neither the organization ne	or anv related	d organization c	ompensated an	v current officer.	director, or trustee.

(A) Name and title	(B) Average hours per week	box,	Position (do not check more to box, unless person is officer and a director				an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)ANA OLIVEIRA	40.00									
PRESIDENT & CEO	0.	-		Х				321,757.	0.	21,504
(2) ANNA MARIE ALMEIDA	40.00							,		,
VP OF DEVELOPMENT	0.					X		209,597.	0.	21,565
(3)NANCY GUIDA	40.00									
VP OF COMMUNICATIONS	0.					X		193,758.	0.	21,945
(4) CAMILLE EMEAGWALI	40.00									
VP OF PROGRAMS	0.					X		203,100.	0.	10,991
(5)LORRAINE STEPHENS	40.00									
VP STRATEGIC PLANNING	0.					X		197,372.	0.	11,551
(6) MADELINE HOLDER	40.00									
DIRECTOR OF INDIVIDUAL GIVING	0.					Х		167,718.	0.	21,429
(7) YVONNE MOORE	3.00									
CO-CHAIR	0.	Х		Х				0.	0.	0
(8) JEANNE MULLGRAV	3.00									
SECRETARY	0.	Х		Х				0.	0.	0
(9) GRAINNE MCNAMARA	3.00									
CO-CHAIR	0.	Х		Х				0.	0.	0
(10) MICHELLE PENZER	3.00									
VICE CHAIR & TREASURER	0.	Х		Х				0.	0.	0
(11)LORRAINE CORTES VAZQUEZ	3.00									
BOARD MEMBER	0.	Х						0.	0.	0
(12) CAROLYN ROSSIP MALCOLM	3.00									
BOARD MEMBER	0.	Х						0.	0.	0
(13) MARGARET MORRISON	3.00									
BOARD MEMBER	0.	Х						0.	0.	0
(14) FRAN BARRETT	3.00									
BOARD MEMBER	0.	Х						0.	0.	0

Part VII Section A. Officers, Directors, Ti		y En	ipio			<u> </u>	9.			ontinue		
(A)	(B)			(C	-			(D)	(E)		(F)	
Name and title	Average	(do r	not ch	Posi		than o	ne	Reportable	Reportable		timated ount of	
	hours per week (list any	,				is both		compensation from	compensation from related		other	,
	hours for	1		d a di		or/trust		the	organizations		pensati	on
	related	Ind or o	Ins	Officer	ĕ,	Hig em	For	organization	(W-2/1099-MISC)	fro	om the	
	organizations	director	titut	icer	em	hes	Former	(W-2/1099-MISC)			anizatio	
	below dotted line)	al t	ione		Key employee	t co					d related Inization	
	,	Individual trustee or director	T T		/ee	npe						
		ee	Institutional trustee			Highest compensated employee						
						ted						
15) PRISCILLA PAINTON	3.00											
BOARD MEMBER	0.	X						0.	0.			(
16) MARY BAGLIVO	3.00											
BOARD MEMBER	0.	X						0.	0.			(
17) MERBLE REAGON	3.00											
BOARD MEMBER	0.	Х					L	0.	0.			(
18) HYATT BASS	3.00											
BOARD MEMBER	0.	Х						0.	0.			(
19) HELENE BANKS	3.00											
BOARD MEMBER	0.	Х						0.	0.			(
20) KAREN CHOI	3.00											
BOARD MEMBER	0.	Х						0.	0.			(
21) MARY CARACAPPA	3.00											
BOARD MEMBER	0.	Х						0.	0.			(
22) EILEEN KELLY	3.00											
BOARD MEMBER	0.	Х						0.	0.			(
23) ELIZABETH WANG	3.00											
BOARD MEMBER		Х						0.	0.			(
24) ELIZABETH DE LEON BHARGAVA	3.00											
BOARD MEMBER	0.	Х						0.	0.			(
25) ANNE DELANEY	3.00											
BOARD MEMBER	0.	Х						0.	0.			1
1b Sub-total								1,293,302.	0.	1	08,9	985
c Total from continuation sheets to Part VII.	Section A		• •					0.	0.			0
d Total (add lines 1b and 1c)	-							1,293,302.	0.	1	.08,9	985
2 Total number of individuals (including but no							re		\$100,000 of			
reportable compensation from the organization		1(u u.	,,,,	,		oolvod moro man	φ 1 σ σ , σ σ σ σ ι			
											Yes	No
3 Did the organization list any former offi	icer, directo	r. or	tru	ıstee	a .	kev e	emp	lovee or highest	t compensated			
employee on line 1a? If "Yes," complete Schee										3		Х
4 For any individual listed on line 1a, is the organization and related organizations g												
individual										4	Х	
										-		
5 Did any person listed on line 1a receive o for services rendered to the organization? If "										5		Х
Section B. Independent Contractors	ros, comple	10 001	icau	110 J	101	Sutil	p e i.	3011		J		

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 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 ▶ 3

Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) Name and title Position Reportable Reportable Estimated Average (do not check more than one hours per compensation compensation from amount of week (list any box, unless person is both an other from related officer and a director/trustee) compensation hours for the organizations Individual trustee or director Highest compensated employee related Institutional from the organization (W-2/1099-MISC) organizations organization employee (W-2/1099-MISC) below dotted and related organizations l trustee 26) MIGNON ESPY EDWARDS 3.00 BOARD MEMBER 0. Χ 0 0. 0. 27) TILOMA JAYASINGHE 3.00 BOARD MEMBER 0. Χ 0 0. 0. DANIELLE MOSS 3.00 BOARD MEMBER 0. Χ 0 0. 0. 29) AYO ROACH 3.00 BOARD MEMBER 0. Χ 0 30) LOLA WEST 3.00 BOARD MEMBER 0. Χ 0 0. 0. 31) NOORAIN KHAN 3.00 BOARD MEMBER 0. Χ 0 Λ 0. 32) HAYDEE MORALES 3.00BOARD MEMBER 0. 0 0. 0. Χ 33) MARGARITA ROSA 3.00 BOARD MEMBER 0. 0 0. 0. X 34) TOMASITA SHERER 3.00 Ō. BOARD MEMBER X Λ Ω 0. 0. 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Χ 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 X Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual Χ for services rendered to the organization? If "Yes," complete Schedule J for such person **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 (A) (B) (C) Name and business address Description of services 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 ▶

Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a response or		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
Ě	С	Fundraising events 1c 2	,179,642.				
2 =	d	Related organizations 1d					
שַׁיֻּי	е	Government grants (contributions) 1e					
Siz	f	All other contributions, gifts, grants,					
ĕ Ħ			,294,663.				
듣듔	g	Noncash contributions included in					
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f 1g \$	86,028.				
∫ಹ ೮	h	Total. Add lines 1a-1f	▶	14,474,305.			
			ness Code				
හු	2a						
ا ہ جَ	za b						
ן בֻ מ							
ا ۾ ڇا	C C						
200	u						
Program Service Revenue	e	All other program continues					
_	f g	All other program service revenue L Total. Add lines 2a-2f	•	0.			
		Investment income (including dividends, interes					
	3	,	·	106,278.		-79,936.	186,214
		other similar amounts)		0.		75,550.	100,214
	4 5	Income from investment of tax-exempt bond proceed		0.			
	J	Royalties	Personal	0.			
	0 -		· orounai				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Close amount nom	i) Other				
		sales of assets					
		other than inventory 7a 2,116,668.					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b 1,972,253.					
	С	Gain or (loss) 7c 144,415.					
<u>~</u>	d	Net gain or (loss)	▶	144,415.			144,415
Other R	8a	Gross income from fundraising					
0		events (not including \$2,179,642.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	457,821.				
	b	Less: direct expenses 8b	457,821.				
	С	Net income or (loss) from fundraising events	▶	0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
			0.				
	b	Less: direct expenses		0.			
		Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less	0.				
		returns and allowances	0.				
	b	Less: cost of goods sold		0.			
\dashv	С			0.			
Sn			ness Code				
ee ee	11a	ADMINISTRATIVE FEE 9000	099	12,797.	12,797.		
<u>e</u> <u>a</u>	b						
Miscellaneous Revenue	С						
≅_	d	All other revenue					
	е	Total. Add lines 11a-11d		12,797.			
	12	Total revenue. See instructions	▶	14,737,795.	12,797.	-79,936.	330,629

Page **10**

Form 990 (2019)

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).

080	Check if Schedule O contains a resp	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
<u>D-</u>			(B)		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	10,124,400.	10,124,400.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,	242 061	160 065	00.040	00.051
	trustees, and key employees	343,261.	163,367.	89,843.	90,051.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	0			
	persons described in section 4958(c)(3)(B)	0. 3,029,257.	1 454 640	700 015	705 604
	Other salaries and wages	3,029,257.	1,454,648.	788,915.	785,694.
8	Pension plan accruals and contributions (include	167,632.	80,603.	43,464.	43,565.
	section 401(k) and 403(b) employer contributions)		151,687.	81,796.	81,985.
	Other employee benefits	315,468. 213,603.	102,707.	55,384.	55,512.
10	Payroll taxes	213,003.	102,707.	33,304.	33,312.
	Fees for services (nonemployees):	0.			
	Management	13,570.		13,570.	
	Legal	58,000.		58,000.	
	Accounting	0.		30,000.	
	Lobbying	165,605.			165,605.
	Professional fundraising services. See Part IV, line 17	57,954.		57,954.	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,	
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,298,464.	1,006,346.	204,608.	87,510.
12	Advertising and promotion	5,768.	5,768.		
13	Office expenses	171,794.	92,937.	13,511.	65,346.
14	Information technology	52,771.	20,530.	17,399.	14,842.
15	Royalties	0.			
16	Occupancy	306,317.	147,399.	79,250.	79,668.
17	Travel	155,613.	129,672.	7,058.	18,883.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	50,579.	24,320.	13,114.	13,145.
23	Insurance	0.			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
-	REPAIRS AND MAINTENANCE	10,668.		10,668.	
~	DUES AND SUBSCRIPTIONS	69,665.	31,358.	28,582.	9,725.
_	MISCELLANEOUS EXPENSE	74,106.	24,113.	20,346.	29,647.
d	EQUIPMENT RENTAL	13,627.	5,405.	5,014.	3,208.
	All other expenses	16 600 100	12 565 060	1 500 486	1 544 206
_	Total functional expenses. Add lines 1 through 24e	16,698,122.	13,565,260.	1,588,476.	1,544,386.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if	_			
	following SOP 98-2 (ASC 958-720)	0.			Form 990 (2010)

13-3457287

0. 20

0.

0. 22 0.

0.

128,873.

3,632,717.

17,477,613.

10,389,089.

27,866,702.

31,499,419.

21

23

24

25

26

27

28

29

30

31

32

33

Form 990 (2019) Page **11**

Part X Balance Sheet (A) (B) Beginning of year End of year 5,850,507. 6,758,369. 1 3,169,451. 2,490,837. 2 2 Savings and temporary cash investments....... 12,524,042. 9,962,429. 3 3 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 0. 0 5 Loans and other receivables from other disqualified persons (as defined 0. 0 . 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 0. 0. 7 0 . 0. 8 76,754. 63,913. 9 10a Land, buildings, and equipment: cost or other 418,833. 319,789. 58,622. 99,044. 10c 8,734,203. 9,490,037. 11 11 817,742. 0. 12 Investments - other securities. See Part IV, line 11 12 0. 13 0. 13 0. Ω 14 14 1,098,681. 1,095,583. 15 15 31,499,419. 30,790,795. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 533,842. 446,838. 17 17 3,003,500. 2,878,000. 18 18 53,506. 19 0. 19 Deferred revenue.

> 30,790,795. Form **990** (2019)

27,276,988.

0.

0.

0.

0.

0.

101,965.

3,513,807.

17,377,597.

9,899,391.

20

21

22

23

24

25

26

27

28

30

31

32

33

Balances

Fund

Assets or 29

Net

Liabilities

Escrow or custodial account liability. Complete Part IV of Schedule D. . . .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Secured mortgages and notes 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

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund.

Retained earnings, endowment, accumulated income, or other funds.

Total liabilities and net assets/fund balances.....

Total liabilities. Add lines 17 through 25..... Organizations that follow FASB ASC 958, check here

Net assets without donor restrictions

Net assets with donor restrictions.

Organizations that do not follow FASB ASC 958, check here

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Page 12 Form 990 (2019)

	70 (2013)				. α	gc • =
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			37,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2		16,698,122.		
3	evenue less expenses. Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	:		66,7	
5	Net unrealized gains (losses) on investments	5		1,3	88,7	761.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		_	18,1	48.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))					88.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	int?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	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 und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE	: N	EW YORK WOMEN'S FOUI	NDATION, INC.				13-34572	8'/	
Par	τl	Reason for Public Cha	rity Status (All o	rganizations must c	omplete	e this pa	art.) See instructions		
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1		A church, convention of chu	urches, or associat	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).		
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)		
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).		
4		A medical research organiz						(iii). Enter the	
		hospital's name, city, and st	ate:						
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in	
	section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public	
		described in section 170(b)	(1)(A)(vi). (Comple	ete Part II.)					
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)				
9		An agricultural research org					I in conjunction with a	land-grant college	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state of	f the college or	
		university:							
10		An organization that normal receipts from activities rela support from gross investmacquired by the organization	ted to its exempt f nent income and ui n after June 30, 19	unctions - subject to on the subject to on the subject to one subject to one subject to subject to one subject	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its	
11		An organization organized	•		•		` '` '		
12		An organization organized	•	•	•				
		of one or more publicly su					, , , ,		
	_	Check the box in lines 12a t	hrough 12d that de	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving	
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the	
		_ supporting organization. \	ou must complet	e Part IV, Sections A	and B.				
b			anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having	
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported	
		_ organization(s). You must	complete Part IV	, Sections A and C.					
С		$oxedsymbol{oxed}$ Type III functionally integ	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functional	ly integrated with,	
		_ its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.		
d			integrated. A supp	porting organization o	perated	in conne	ection with its suppor	ted organization(s)	
		that is not functionally inte	egrated. The organ	nization generally mus	t satisfy	a distrib	ution requirement and	d an attentiveness	
		_ requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.		
е		$oxedsymbol{ox}$ Check this box if the orga	nization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III	
		functionally integrated, or		ionally integrated sup	porting o	organizat	ion.		
f	En	ter the number of supported	organizations						
g	Pro	ovide the following information		orted organization(s).	ı				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
				above (see instructions))		ment?	instructions)	instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	ıl								

Schedule A (Form 990 or 990-EZ) 2019 Page **2**

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

Sec	tion A. Public Support	•		•	•	·		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,096,674.	5,897,892.	20,383,875.	21,539,452.	14,474,305.	81,392,198.	
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	19,096,674.	5,897,892.	20,383,875.	21,539,452.	14,474,305.	81,392,198.	
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)						58,127,265.	
6	Public support. Subtract line 5 from line 4						23,264,933.	
	ndar year (or fixed year hadinning in)	(a) 2015	(b) 2016	(c) 2017	(4) 2019	(a) 2010	(f) Total	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016 5,897,892.	20,383,875.	(d) 2018 21,539,452.	(e) 2019 14,474,305.	(f) Total 81,392,198.	
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	150,731.	217,348.	218,681.	156,803.	186,214.	929,777.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on					-79,936.	-79,936.	
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.	12,797.	252,825.	
11	Total support. Add lines 7 through 10						82,494,864.	
12	Gross receipts from related activities, etc. (s					12		
13	First five years. If the Form 990 is forganization, check this box and stop here tion C. Computation of Public Sup	<u> </u>		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶	
				11 column (f))		14	28.20 %	
14 15	Public support percentage for 2019 (li Public support percentage from 2018		•			15	39.05 %	
	331/3% support test - 2019. If the org	•	•			•		
100	box and stop here. The organization qu	•						
b	331/3% support test - 2018. If the org	•		•				
	this box and stop here. The organization							
17a	10%-facts-and-circumstances test - 2			_				
	10% or more, and if the organization	meets the "fa	cts-and-circumst	ances" test, ch	eck this box ar	nd stop here. E	xplain in	
	Part VI how the organization meets t	he "facts-and-c	circumstances" te	est. The organia	zation qualifies	as a publicly s	upported	
	organization						▶ 🔲	
b	10%-facts-and-circumstances test - 2	2018. If the org	ganization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line	
	15 is 10% or more, and if the orga	anization meets	the "facts-and	l-circumstances'	" test, check tl	nis box and st o	op here.	
	Explain in Part VI how the organization				_	-		
	supported organization							
18	Private foundation. If the organization							
	instructions							

Page 3 Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

C	tion A Dublic Support	anily drider tile	e tests listed be	now, piease o	ompiete Fait	··· <i>)</i>	
	tion A. Public Support	(a) 2015	(b) 2016	(c) 2017	(4) 2019	(a) 2010	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	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						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ĭ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support				_		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)	or the creen:	tion's first as	nd third facet	or fifth to:	(oor oo c aaa*!==	F01(a)(2)
14	First five years. If the Form 990 is for organization check this have and stop here	J	•				` ^ ` /
Sec	organization, check this box and stop here . tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,		_	mn (f))		15	%
16	Public support percentage from 2018 Sche		•				
	tion D. Computation of Investment					10	/0
17	Investment income percentage for 2019 (lin			13 column (f))		17	%
18	Investment income percentage for 2019 (iii						
	331/3% support tests - 2019. If the or						
. <i>3</i> a	17 is not more than 331/3%, check thi	-					
h	331/3% support tests - 2018. If the orga			•			
Ü	line 18 is not more than 331/3%, check						
20			•	•			. —

Schedule A (Form 990 or 990-EZ) 2019 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.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
ng <i>by</i>			
	1		
us ed			
	2		
er	3a		
nd he			
	3b		
B)	3с		
If			
•	4a		
gn on			
	4b		
on ed (B)			
	4c		
s," IN			
on; on			
	5a		
dy	5b		
	5c		
to ed or			
	6		
or ity			
	7		
7?	8		
re ed			
	9a		
ch	9b		
fit	9c		
on ed			
to	10a		
	10b		

Schedule A (Form 990 or 990-EZ) 2019 Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 11b **b** A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c **Section B. Type I Supporting Organizations** Yes No 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 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 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 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. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 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 instructions) Yes No 2 Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. a 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 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.

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1.0		
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-functional	y integra	ited Type III supporting	g organization (see
instructions).			· ·

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **7**

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish ex	xempt purposes						
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed					
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo							
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	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2019							
а	From 2014							
b	From 2015							
С	From 2016							
d	From 2017							
е	From 2018							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2019 distributable amount							
i	Carryover from 2014 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from							
	Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2019 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
-5	Remaining underdistributions for years prior to 2010 if							

Schedule A (Form 990 or 990-EZ) 2019

6

any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions.

Excess distributions carryover to 2020. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2015 . . .

Excess from 2016 . . .

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

and 4c.

Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

13-3457287

 Schedule A (Form 990 or 990-EZ) 2019
 Page 8

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

					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOME	E				
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
ADMINSTRATIVE FEE AND MISC INC	167,263.	38,296.	12,209.	22,260.	12,797.	252,825.
TOTALS	167,263.	38,296.	12,209.	22,260.	12,797.	252,825.

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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

		ngamzation	' '	yer identification number
_		YORK WOMEN'S FOUNDATION, INC.		3-3457287
Pa	irt I	Organizations Maintaining Donor Advised Funds or Other Similar Fu		nts.
		Complete if the organization answered "Yes" on Form 990, Part IV, line	€ 6.	
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total r	number at end of year		
2		gate value of contributions to (during year)		
3		egate value of grants from (during year)		
4		egate value at end of year		
5		ne organization inform all donors and donor advisors in writing that the asset	ts held in donor	r advised
_		are the organization's property, subject to the organization's exclusive legal con-		
6		ne organization inform all grantees, donors, and donor advisors in writing that		
•		or charitable purposes and not for the benefit of the donor or donor advisor,	-	
	-	rring impermissible private benefit?	=	
Pa	rt II	Conservation Easements.		
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 7.	
1	Purpo	pse(s) of conservation easements held by the organization (check all that apply).		
-			rvation of a histo	orically important land area
		·		ified historic structure
		Preservation of open space	i valion of a cont	inca matorie structure
2		olete lines 2a through 2d if the organization held a qualified conservation contrib	ution in the form	o of a conservation
_	-	nent on the last day of the tax year.		Held at the End of the Tax Year
_				
a		number of conservation easements		
b		acreage restricted by conservation easements		
C		per of conservation easements on a certified historic structure included in (a)		
d		per of conservation easements included in (c) acquired after 7/25/06, and not		
_		ic structure listed in the National Register		
3		per of conservation easements modified, transferred, released, extinguished, o	or terminated by	y the organization during the
	•			
4		per of states where property subject to conservation easement is located		all's and a f
5		the organization have a written policy regarding the periodic monitoring,		
_		ons, and enforcement of the conservation easements it holds?		
6	Staff a	and volunteer hours devoted to monitoring, inspecting, handling of violations, and er	nforcing conserva	tion easements during the year
_	<u>-</u>			
7	_	nt of expenses incurred in monitoring, inspecting, handling of violations, and enfo	rcing conservat	ion easements during the year
_	▶\$ _			
8		each conservation easement reported on line 2(d) above satisfy the requirements	·	
_		ection 170(h)(4)(B)(ii)?		
9		rt XIII, describe how the organization reports conservation easements in its reve		
		ce sheet, and include, if applicable, the text of the footnote to the organization's	s financial staten	nents that describes the
Do		ization's accounting for conservation easements.	r Other Simile	r Acceto
Га	rt III	Organizations Maintaining Collections of Art, Historical Treasures, o Complete if the organization answered "Yes" on Form 990, Part IV, line		ASSELS.
_				
1a	If the	organization elected, as permitted under FASB ASC 958, not to report in its, historical treasures, or other similar assets held for public exhibition, edu	revenue statem	ient and balance sheet works arch in furtherance of public
	service	e, provide in Part XIII the text of the footnote to its financial statements that des	cribes these iten	ns.
b	If the	organization elected, as permitted under FASB ASC 958, to report in its rev	enue statemen	t and balance sheet works of
		storical treasures, or other similar assets held for public exhibition, education,	or research in	furtherance of public service,
		de the following amounts relating to these items:		. .
	(i) Re	evenue included on Form 990, Part VIII, line 1		
		ssets included in Form 990, Part X		
2		organization received or held works of art, historical treasures, or other s		or financial gain, provide the
		ring amounts required to be reported under FASB ASC 958 relating to these iter		
a		nue included on Form 990, Part VIII, line 1		
<u>b</u>	Assets	s included in Form 990, Part X		▶\$

13-3457287

Sched	dule D (Form 990) 2019							Page 2
Pa	rt Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, or	Other Similar	Assets (c	ontinued	<i>d)</i>
3	Using the organization's acquisition	on, accession, and o	other records, chec	k any of the	following that r	nake sign	ificant us	se of its
	collection items (check all that app	ly):						
а	Public exhibition		d Loan	or exchange	program			
b	Scholarly research		e Other	•				
С	Preservation for future gene	rations						
4	Provide a description of the organ		and explain how	they further	the organization	's exempt	purpose	in Part
	XIII.		·	•	· ·	•		
5	During the year, did the organization	on solicit or receive o	donations of art, his	torical treasu	res, or other simi	lar		
	assets to be sold to raise funds rath					_	Yes	No
Pa	rt IV Escrow and Custodial A		· · · · · · · · · · · · · · · · · · ·		<u> </u>			
	Complete if the organiza		s" on Form 990,	Part IV, line	9, or reported a	ın amoun	t on For	m
	990, Part X, line 21.		,	,	.,,			
1a	Is the organization an agent, truste	ee. custodian or othe	er intermediary for	contributions	or other assets no	ot .		
	included on Form 990, Part X?					. Г	Yes	No
b	If "Yes," explain the arrangement i			ble:				
			ore the removining to			Amount		
С	Beginning balance			1c		7 1111 0 01111		
ď	Additions during the year							
e	Distributions during the year							
f	Ending balance							
2a	Did the organization include an am				l Istodial account lis	ability?	Yes	No
	If "Yes," explain the arrangement i							
	rt V Endowment Funds.	III alt Alli. Ollock iii	cre ii tile explanation	irrias been p	TOVIGCO OTT ATT ATT	<u>'</u>		
га	Complete if the organiza	ation answered "Ye	s" on Form 990	Part IV line	10			
	Complete ii tilo organiza	(a) Current year	(b) Prior year	(c) Two year		ears hack	(e) Four ye	ears hack
		8,393,760.	9,387,065.	8,722		6,445.		45,050.
1a	Beginning of year balance	0,333,700.	7,307,003.	0,722	, 3, 3, 3, 6, 3, 3,	0,113.	7,0	13,030
b	Contributions			+				
С	Net investment earnings, gains,	1,698,795.	-538,476.	1,123	017 57	8,987.	_ 2 (99,885.
	and losses	458,139.	454,829.			3,037.		48,720
	Grants or scholarships	430,139.	434,029.	439	,247. 43	3,037.	0.	10,720
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	0 (24 41)	0 202 760	0 207	0.65 0.70	205	0	26 445
g	End of year balance	9,634,416.	8,393,760.		L	2,395.	8,53	96,445
2	Provide the estimated percentage			, column (a))	held as:			
a	Board designated or quasi-endown		_%					
b	Permanent endowment 18.6							
С	Term endowment ► 10.6900	•						
_	The percentages on lines 2a, 2b, a							
3a	Are there endowment funds not in	the possession of the	ne organization that	are held an	d administered for	the	V	N-
	organization by:						$\overline{}$	es No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	•	•				3b	
4	Describe in Part XIII the intended u		tion's endowment fu	ınds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organize	Jipment. ation answered "Yi	es" on Form 990	Part IV line	11a See Form	990 Pai	rt X line	10
	Description of property	(a) Cost or		or other basis	(c) Accumulated		Book value	
		(inves		other)	depreciation	,		
1 a	Land							
b	Buildings			100 055				
С	Leasehold improvements			180,889.	88,275.			2,614.
d	Equipment			237,944.	231,514.		(6,430.
	Other							
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part X, colum	nn (B), line 10)c.) ▶			9,044.
						0 - 1 1 -	I- D /F	000\ 2040

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page 3 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H)Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes DEFERRED RENT LIABILITY 101,965. (2)(3)(4)(5)(6)(7)(8)(9)101,965. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

13-3457287

	le D (Form 990) 2019		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	١.	
1	Total revenue, gains, and other support per audited financial statements	1	16,090,202.
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	1,410,361
3	Subtract line 2e from line 1	3	14,679,841
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 57,954.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	57,954
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,737,795
Part		rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	16,679,916
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	39,748
3	Subtract line 2e from line 1	3	16,640,168
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	57,954
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	16,698,122
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
		iationi	
SEL	PAGE 5		

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 4

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

INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES, CONSISTING OF

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

OF DIRECTORS TO FUNCTION AS ENDOWMENT.

FORM 990, SCHEDULE D, PART X, LINE 2

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

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

LOSS ON UNCOLLECTIBLE RECEIVABLES OF \$18,148 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.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open t	o F	ubl	ic
Inspec	tio	n	

Employer identification number

13-3457287

Part I Fundraising Activities. Com				Yes" on Form 99	00, Part IV, line 1	7.
Form 990-EZ filers are not re				- stiritina Obsali a	II that annl.	
1 Indicate whether the organization ra	=		_			
u Indir concitations	e			non-government g		
v	f			government grants	3	
c X Phone solicitations	g	X Spec	cial fundrai	sing events		
d X In-person solicitations						
 2a Did the organization have a written or key employees listed in Form 990 b If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the), Part VII) or entity ividuals or entities	in connec	tion with p	rofessional fundra	ising services? under which the	X Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser 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						
CATHY MCNAMARA, INC.	FUNDRAISER		X	1,901,124.	95,000.	1,806,124.
EVENT ASSOCIATES, INC.	FUNDRAISER		X	4,839,371.	70,605.	4,768,766.
3						
4						
5						
6						
7						
8						
9						
•						
10						
Total				6,740,495.	165,605.	6,574,890.
3 List all states in which the organizate registration or licensing.	ation is registered of	or licensed	d to solicit	contributions or	has been notified	it is exempt from
CT,NJ,NY,						

			YORK WOMEN'S FO	DUNDATION, INC.	13-	-3457287
Pa		Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts greaters.	aising event contribut			
		<u> </u>	(a) Event #1	(b) Event #2 GALA	(c) Other events	(d) Total events (add col. (a) through
Revenue			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	1,907,874.	555,731.	173,858.	2,637,463.
ď	2	Less: Contributions Gross income (line 1 minus	1,670,800.	435,043.	73,799.	2,179,642.
	٦	line 2)	237,074.	120,688.	100,059.	457,821.
	4	Cash prizes				
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Exp	7	Food and beverages	237,074.	120,688.	100,059.	457,821.
Direc	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add line Net income summary. Subtract line	es 4 through 9 in colu ne 10 from line 3, colu	mn (d)		457,821.
Pa			anization answered "			reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses		Cash prizes				
Direct Expen	3	Noncash prizes				
	4	Rent/facility costs				
<u> </u>	5	Other direct expenses	V	V		
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	

9 a h	Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states?
10a b	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No If "Yes," explain:

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

Schedule G (Form 990 or 990-EZ) 2019

13-3457287

Sched	ule G (Form 990 or 990-EZ) 2019 Page 3
11 12	Does the organization conduct gaming activities with nonmembers?
12	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	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 ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2019

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

2019

OMB No. 1545-0047

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

Schedule I (Form 990) (2019)

Name of the organization						Employer identificat	on number
THE NEW YORK WOMEN'S FOUNDATION,	INC.					13-345728	37
Part I General Information on Grants and	d Assistanc	е				'	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient to		_					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AFRICAN REFUGE INC							
185 PARK HILL AVE.,STE LB	01-0873188	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
(2) CIDADAO GLOBAL \ GLOBAL CITIZEN							
PO BOX 4183, SUNNYSIDE NEW YORK, NY 11104	45-2978709	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
(3) COMMUNITY CONNECTIONS FOR YOUTH, INC.							
369 E. 149TH ST,7TH FL, BRONX, NY 10455	26-4482112	501(C)(3)	7,000.		FMV		CAPACITY BUILDING
(4) MASA-MEXED, INC.							
2770 THIRD AVENUE,1ST FLOOR BRONX, NY 10455	11-3640210	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
(5) CAUSE EFFECTIVE							
505 EIGHTH AVE STE 1212 NEW YORK, NY 10018	13-3083978	501(C)(3)	77,500.		FMV		CAPACITY BUILDING
(6) CITIZENS COMMITTEE FOR NEW YORK CITY							
77 WATER ST, SUITE 202 NEW YORK, NY 10005	51-0171818	501(C)(3)	34,500.		FMV		CAPACITY BUILDING
(7) NEW YORK FOUNDATION							
150 W. 30TH ST, STE 1401 NEW YORK, NY 10001	13-5626345	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
(8) COMMUNITY CONNECTIONS FOR YOUTH, INC.							
369 EAST 149TH STREET,7TH FL	26-4482112	501(C)(3)	7,000.		FMV		CAPACITY BUILDING
(9) CUSTOM COLLABORATIVE							
102 BRADHURST AVE NEW YORK, NY 10039	47-5036606	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
(10) HIGHER HEIGHTS LEADERSHIP FUND							
147 PRINCE ST,STE 36 BROOKLYN, NY 11201	46-3554404	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
(11) CENTER FOR ANTI-VIOLENCE EDUCATION, INC.							
327 7TH ST, 2ND FL BROOKLYN, NY 11215	11-2444676	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
(12) URBAN JUSTICE CENTER							
123 WILLIAM ST,16TH FL NEW YORK, NY 10038	13-3442022	501(C)(3)	20,000.		FMV		CAPACITY BUILDING
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>		<u></u>	<u> </u>	

JSA

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

2019

OMB No. 1545-0047

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 identification number		
THE NEW YORK WOMEN'S FOUNDATION, I	INC.					13-3457287		
Part I General Information on Grants and	d Assistanc	е						
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	e?nitoring the use	of grant funds in the	e United States.			X Yes No	
Part IV, line 21, for any recipient the		_					'es" on Form 990,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) VOTERUNLEAD								
8 W 126TH ST NEW YORK, NY 10027	46-4285577	501(C)(3)	10,000.		FMV		CAPACITY BUILDING	
(2) ADHIKAAR FOR HUMAN RIGHTS AND SOCIAL JUSTIC								
7107 WOODSIDE AVENUE WOODSIDE, NY 11377	20-3384725	501(C)(3)	10,000.		FMV		CAPACITY BUILDING	
(3) BELMONT CHILD CARE ASSOCIATION, INC.								
2150 HEMPSTEAD TURNPIKE BELMONT PARK, GATE	31-1646091	501(C)(3)	10,000.		FMV		CAPACITY BUILDING	
(4) CENTER FOR TRANSFORMATIVE ACTION								
119 ANABEL TAYLOR HALL ITHACA, NY 14853	16-0990318	501(C)(3)	10,000.		FMV		CAPACITY BUILDING	
(5) COMMUNITY HEALTH PROJECT								
356 WEST 18TH STREET NEW YORK, NY 10011	13-3409680	501(C)(3)	10,000.		FMV		CAPACITY BUILDING	
(6) FAITH IN NEW YORK								
103-04 39TH AVE, STE 105 CORONA, NY 11368	80-0122559	501(C)(3)	10,000.		FMV		CAPACITY BUILDING	
(7) MIXTECA ORGANIZATION INC.								
245 23 STREET 2 FL BROOKLYN, NY 11215	11-3561651	501(C)(3)	10,000.		FMV		CAPACITY BUILDING	
(8) NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE								
50 BROAD ST., STE 1937 NEW YORK, NY 10004	52-1891734	501(C)(3)	10,000.		FMV		CAPACITY BUILDING	
(9) NEW LEADERS COUNCIL								
4005 WISCONSIN AVE., NW, #39123	56-2581640	501(C)(3)	10,000.		FMV		CAPACITY BUILDING	
(10) SAPNA NYC INC.								
2348 WATERBURY AVE 1ST FLOOR	26-3124969	501(C)(3)	10,000.		FMV		CAPACITY BUILDING	
(11) CUSTOM COLLABORATIVE								
102 BRADHURST AVE, NEW YORK, NY 10039	47-5036606	501(C)(3)	10,000.		FMV		CAPACITY BUILDING	
(12) ALIGN: THE ALLIANCE FOR A GREATER NEW YORK								
50 BROADWAY, 29TH FL NEW YORK, NY 10004	20-0559291	501(C)(3)	130,000.		FMV		EARLY INVESTMENT	
2 Enter total number of section 501(c)(3) and	-	•						
3 Enter total number of other organizations list	ted in the line	1 table				<u></u>		
For Paperwork Reduction Act Notice, see the Instructi	ions for Form 9	90.				Sch	nedule I (Form 990) (2019)	

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

2019

Schedule I (Form 990) (2019)

OMB No. 1545-0047

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 identificati	on number
THE NEW YORK WOMEN'S FOUNDATION,	NC.					13-345728	37
Part I General Information on Grants and	d Assistanc	е				•	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	ce?					X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		•					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BACKSTRETCH EMPLOYEE SERVICE TEAM OF NY							
2150 HEMPSTEAD TRNPK #28B	11-2976735	501(C)(3)	70,000.		FMV		EARLY INVESTMENT
(2) BELMONT CHILD CARE ASSOCIATION, INC.							
2150 HEMPSTEAD TURNPIKE BELMONT PARK, GATE	31-1646091	501(C)(3)	70,000.		FMV		EARLY INVESTMENT
(3) BELMONT CHILD CARE ASSOCIATION, INC.							
2150 HEMPSTEAD TURNPIKE BELMONT PARK, GATE	31-1646091	501(C)(3)	110,000.		FMV		EARLY INVESTMENT
(4) BRANDWORKERS INTERNATIONAL							
PO BOX 1257 LONG ISLAND CITY, NY 11101	26-0798625	501(C)(3)	70,000.		FMV		EARLY INVESTMENT
(5) MAKE THE ROAD NEW YORK							
301 GROVE STREET BROOKLYN, NY 11237	11-3344389	501(C)(3)	70,000.		FMV		EARLY INVESTMENT
(6) SOCIAL GOOD FUND, INC.							
12651 SAN PABLO AVE #5473	46-1323531	501(C)(3)	120,000.		FMV		EARLY INVESTMENT
(7) CUSTOM COLLABORATIVE							
102 BRADHURST AVE NEW YORK, NY 10039	47-5036606	501(C)(3)	120,000.		FMV		EARLY INVESTMENT
(8) FAITH IN NEW YORK							
103-04 39TH AVE, STE 105, CORONA	80-0122559	501(C)(3)	60,000.		FMV		EARLY INVESTMENT
(9) GENDER EQUALITY LAW CENTER, INC							
540 PRESIDENT ST,3RD FL BROOKLYN, NY 11215	46-4141757	501(C)(3)	120,000.		FMV		EARLY INVESTMENT
(10) INDO-CARRIBEAN ALLIANCE							
109-11 110TH STREET OZONE PARK, NY 11420	27-2848254	501(C)(3)	120,000.		FMV		EARLY INVESTMENT
(11) JEWS FOR RACIAL AND ECONOMIC JUSTICE (JFREJ							
330 7TH AVENUE, SUITE 1901	13-3694790	501(C)(3)	60,000.		FMV		EARLY INVESTMENT
(12) LATINO LEADERSHIP INSTITUTE, INC.							
440 EAST 117 ST,SUITE 5B NEW YORK, NY 10035	11-3478120	501(C)(3)	120,000.		FMV		EARLY INVESTMENT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole		. •	
3 Enter total number of other organizations list	ed in the line	1 table					

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

2019

OMB No. 1545-0047

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

Schedule I (Form 990) (2019)

Name of the organization						Employer identificat	tion number
THE NEW YORK WOMEN'S FOUNDATION,	INC.					13-34572	87
Part I General Information on Grants and	d Assistanc	е				•	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	ts or assistand dures for mor	e? nitoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BRANDWORKERS INTERNATIONAL							
PO BOX 1257 LONG ISLAND CITY, NY 11101	26-0798625	501(C)(3)	120,000.		FMV		EARLY INVESTMENT
(2) MASA-MEXED, INC.							
2770 THIRD AVE,1ST FI BRONX, NY 10455	11-3640210	501(C)(3)	120,000.		FMV		EARLY INVESTMENT
(3) PRIDE CENTER OF STATEN ISLAND, INC.							
25 VICTORY BLVD., 3RD FL	46-3358895	501(C)(3)	70,000.		FMV		EARLY INVESTMENT
(4) RACE TRACK CHAPLAINCY OF AMERICA METROPOLIT							
2150 HEMPSTEAD TPKE ELMONT	27-0485424	501(C)(3)	70,000.		FMV		EARLY INVESTMENT
(5) TRINITY HEALING CENTER, INC							
7304 5TH AVE PMB#272 BROOKLYN, NY 11209	20-3235905	501(C)(3)	120,000.		FMV		EARLY INVESTMENT
(6) A BETTER BALANCE							
40 WORTH STREET 10TH FLOOR	20-3664771	501(C)(3)	70,000.		FMV		EARLY INVESTMENT
(7) WOMEN'S JUSTICE NOW							
150 W. 28TH ST., SUITE 304	13-3083202	501(C)(3)	60,000.		FMV		EARLY INVESTMENT
(8) FDNY FOUNDATION							
9 METROTECH CENTER, ROOM 5E-10	11-2632404	501(C)(3)	70,000.		FMV		EARLY INVESTMENT
(9) FOSTERING PROGRESSIVE ADVOCACY FOUNDATION I							
2006 AMSTERDAM AVE, SUITE 5A	45-0592133	501(C)(3)	60,000.		FMV		EARLY INVESTMENT
(10) CENTER FOR ANTI-VIOLENCE EDUCATION, INC.							
327 7TH ST, 2ND FL BROOKLYN, NY 11215	11-2444676	501(C)(3)	100,000.		FMV		GYWC FUND
(11) ALEX HOUSE PROJECT, INC							
76 LORRAINE STREET BROOKLYN, NY 11231	47-5488301	501(C)(3)	180,000.		FMV		GYWC FUND
(12) AUDRE LORDE PROJECT, INC							
147 W 24TH ST, 3RD FLOOR NEW YORK, NY 10011	06-1502452	501(C)(3)	155,000.		FMV		GYWC FUND
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble			
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

2019

OMB No. 1545-0047

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 identification number		
THE NEW YORK WOMEN'S FOUNDATION,	INC.					13-345728	37	
Part I General Information on Grants and	d Assistanc	е				•		
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	ce? nitoring the use	of grant funds in th	e United States.			X Yes No	
Part II Grants and Other Assistance to D		_					es" on Form 990,	
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	be duplicated if	· · · · · · · · · · · · · · · · · · ·	ieeaea.		
(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) AMERICAN INDIAN COMMUNITY HOUSE OF NY								
39 ELDRIDGE ST,4TH FL NEW YORK, NY 10003	23-7088777	501(C)(3)	40,000.		FMV		GYWC FUND	
(2) ARAB AMERICAN ASSOCIATION OF NEW YORK								
7111 5TH AVENUE BROOKLYN, NY 11209	11-3604756	501(C)(3)	130,000.		FMV		GYWC FUND	
(3) ARAB AMERICAN FAMILY SUPPORT CENTER								
150 COURT ST, 3RD FL BROOKLYN, NY 11201	11-3167245	501(C)(3)	120,000.		FMV		GYWC FUND	
_(4) ATLAS DIY								
462 36TH STREET BROOKLYN, NY 11232	45-4316117	501(C)(3)	20,000.		FMV		GYWC FUND	
(5) BROTHERHOOD/SISTER SOL, INC.								
512 WEST 143 ST NEW YORK, NY 10031	13-3857387	501(C)(3)	145,000.		FMV		GYWC FUND	
(6) CAAAV: ORGANIZING ASIAN COMMUNITIES								
55 HESTER STREET NEW YORK, NY 10002	13-3526938	501(C)(3)	40,000.		FMV		GYWC FUND	
(7) COMMUNITY CONNECTIONS FOR YOUTH, INC.								
369 EAST 149TH STREET,7TH FL	26-4482112	501(C)(3)	80,000.		FMV		GYWC FUND	
(8) DRUM - DESIS RISING UP & MOVING								
72-18 ROOSEVELT AVENUE, 2ND FLOOR	38-3652741	501(C)(3)	80,000.		FMV		GYWC FUND	
(9) SOUL SISTERS LEADERSHIP COLLECTIVE INC.								
6360 NE 4TH COURT MIAMI,, FL 33138	47-3108951	501(C)(3)	80,000.		FMV		GYWC FUND	
(10) FIERCE								
2427 MORRIS AVENUE BRONX, NY 10468	03-0518774	501(C)(3)	130,000.		FMV		GYWC FUND	
(11) FLANBWAYAN HAITIAN LITERACY PROJECT								
208 PARKSIDE AVE 2ND FL, BROOKLYN, NY 11226	27-0974276	501(C)(3)	100,000.		FMV		GYWC FUND	
(12) GIRL VOW, INC.								
509 WILLIS AVE #4 BRONX, NY 10455	47-4062257	501(C)(3)	100,000.		FMV		GYWC FUND	
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble				
3 Enter total number of other organizations lis	ted in the line	1 table	<u> </u>	<u></u>	<u></u>	<u>. . </u>		
For Paperwork Reduction Act Notice, see the Instruct					<u> </u>		nedule I (Form 990) (2019)	

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

2019

OMB No. 1545-0047

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

Schedule I (Form 990) (2019)

Name of the organization						Employer identificati	on number			
THE NEW YORK WOMEN'S FOUNDATION, I	INC.					13-345728	;7			
Part I General Information on Grants and	d Assistanc	е				•				
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) GIRLS FOR GENDER EQUITY										
25 CHAPEL STREET, BROOKLYN, NY 11201	04-3697166	501(C)(3)	300,000.		FMV		GYWC FUND			
(2) GLOBAL ACTION PROJECT										
130 W. 25TH ST. #2C NEW YORK, NY 10001	11-3425000	501(C)(3)	40,000.		FMV		GYWC FUND			
(3) MASA-MEXED, INC.										
2770 THIRD AVE,1ST FI BRONX, NY 10455	11-3640210	501(C)(3)	40,000.		FMV		GYWC FUND			
(4) MEKONG NYC										
2471 UNIVERSITY AVE, BRONX, NY 10468	80-0834777	501(C)(3)	40,000.		FMV		GYWC FUND			
(5) NATIONAL ASIAN PACIFIC AMERICAN WOMEN'S FOR										
1730 RHODE ISLAND AVE NW, SUITE 210	36-4799986	501(C)(3)	120,000.		FMV		GYWC FUND			
(6) NEW YORK TRANSGENDER ADVOCACY GROUP										
215 W 125TH ST,STE 2 NEW YORK, NY 10027	81-1370263	501(C)(3)	100,000.		FMV		GYWC FUND			
(7) THE CENTER FOR ANTI-VIOLENCE EDUCATION INC.										
2007 MAPES AVENUE BRONX, NY 10460	13-3385032	501(C)(3)	100,000.		FMV		GYWC FUND			
(8) SADIE NASH LEADERSHIP PROJECT										
4 W. 43RD ST, SUITE 502 NEW YORK, NY 10036	11-3633912	501(C)(3)	180,000.		FMV		GYWC FUND			
(9) SAKHI FOR SOUTH ASIAN WOMEN										
P.O. BOX 1333, CHURCH STREET STATION	13-3593806	501(C)(3)	40,000.		FMV		GYWC FUND			
(10) STATEN ISLAND JOB CENTER - LA COLMENA										
774 PORT RICHMOND AVE 2FL	47-2787706	501(C)(3)	40,000.		FMV		GYWC FUND			
(11) THEATRE OF THE OPPRESSED NYC										
758 8TH AVENUE, SUITE 300 NEW YORK, NY 10036	45-4815944	501(C)(3)	100,000.		FMV		GYWC FUND			
(12) RESEARCH FOUNDATION OF THE CITY UNIVERSITY										
695 PARK AVENUE, RM. HN 302	13-1988190	501(C)(3)	120,000.		FMV		GYWC FUND			
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	ted in the line	1 table								

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

2019

OMB No. 1545-0047

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

Schedule I (Form 990) (2019)

Name of the organization	ne of the organization								
THE NEW YORK WOMEN'S FOUNDATION,	INC.					13-3457287			
Part I General Information on Grants and	d Assistanc	е				•			
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No		
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_					es" on Form 990,		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) FJC: A FOUNDATION OF PHILANTHROPIC FUNDS									
520 8TH AVE 20TH FLOOR NEW YORK, NY 10018	13-3848582	501(C)(3)	100,000.		FMV		GYWC FUND		
(2) NEW YORK LIVE ARTS INC.									
219 W 19TH STREET NEW YORK, NY 10011	13-6206608	501(C)(3)	100,000.		FMV		GYWC FUND		
(3) NEW YORK FOUNDATION FOR THE ARTS INC									
20 JAY STREET, SUITE 740 BROOKLYN, NY 11201	23-7129564	501(C)(3)	100,000.		FMV		GYWC FUND		
(4) MARY MITCHELL FAMILY AND YOUTH CENTER INC									
2007 MAPES AVENUE BRONX, NY 10460	13-3385032	501(C)(3)	100,000.		FMV		GYWC FUND		
(5) CENTER FOR TRANSFORMATIVE ACTION									
119 ANABEL TAYLOR HALL ITHACA, NY 14853	16-0990318	501(C)(3)	100,000.		FMV		GYWC FUND		
(6) ALLIANCE FOR GLOBAL JUSTICE									
225 E. 26TH ST TUCSON, AZ 85713	52-2094677	501(C)(3)	100,000.		FMV		GYWC FUND		
(7) FRACTURED ATLAS INC.									
248 W. 35TH ST, 10TH FL NEW YORK, NY 10001	11-3451703	501(C)(3)	100,000.		FMV		GYWC FUND		
(8) RESILIENCE ADVOCACY PROJECT									
147 PRINCE STREET BROOKLYN, NY 11201	26-1758248	501(C)(3)	25,000.		FMV		GYWC FUND		
(9) RESTAURANT OPPORTUNITIES CENTERS UNITED									
275 7TH AVE, STE 1703 NEW YORK, NY 10001	01-0939141	501(C)(3)	50,000.		FMV		GYWC FUND		
(10) PRESS PASS TV INC.									
100 WARREN ST ROXBURY, MA 02119	80-0214659	501(C)(3)	100,000.		FMV		GYWC FUND		
(11) HETRICK-MARTIN INSTITUTE									
2 ASTOR PL, 3RD FL NEW YORK, NY 10003	13-3104537	501(C)(3)	40,000.		FMV		GYWC FUND		
(12) ROCKEFELLER PHILANTHROPY ADVISORS, INC.									
6 WEST 48TH STREET 10TH FLOOR	13-3615533	501(C)(3)	100,000.		FMV		STRATEGIC INITIATIVE		
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

2019

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

Schedule I (Form 990) (2019)

OMB No. 1545-0047

use of grant funds in the	be duplicated if additional space in the Amount of non-	nization answered "Ye	X Yes No
use of grant funds in the sand Domestic Gon \$5,000. Part II can	ne United States. evernments. Complete if the orga be duplicated if additional space if (e) Amount of non- (f) Method of valuation	nization answered "Ye	
use of grant funds in the sand Domestic Gon \$5,000. Part II can	ne United States. evernments. Complete if the orga be duplicated if additional space if (e) Amount of non- (f) Method of valuation	nization answered "Ye	
n \$5,000. Part II can	be duplicated if additional space i	is needed.	es" on Form 990,
ion (d) Amount of cash	(e) Amount of non-		
ion (d) Amount of cash	(e) Amount of non-		
	cash assistance (book, Fility, appraisa other)	noncash assistance	(h) Purpose of grant or assistance
15,000.	FMV		STRATEGIC INITIATIVE
50,000.	FMV		STRATEGIC INITIATIVE
7,500.	FMV		STRATEGIC INITIATIVE
60,000.	FMV		STRATEGIC INITIATIVE
15,000.	FMV		STRATEGIC INITIATIVE
12,000.	FMV		STRATEGIC INITIATIVE
12,000.	FMV		STRATEGIC INITIATIVE
60,000.	FMV		STRATEGIC INITIATIVE
75,000.	FMV		STRATEGIC INITIATIVE
90,000.	FMV		STRATEGIC INITIATIVE
60,000.	FMV		STRATEGIC INITIATIVE
	FMV		STRATEGIC INITIATIVE
)))))	12,000. 60,000. 75,000. 90,000. 90,000.	12,000. FMV 60,000. FMV 75,000. FMV 90,000. FMV	12,000. FMV 60,000. FMV 75,000. FMV 90,000. FMV

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

2019

OMB No. 1545-0047

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

Schedule I (Form 990) (2019)

Name of the organization						Employer identification number		
THE NEW YORK WOMEN'S FOUNDATION, I	INC.					13-345728	37	
Part I General Information on Grants and	d Assistanc	е				•		
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No	
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_					es" on Form 990,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) GINA GIBNEY DANCE INC.								
890 BROADWAY 5TH FLOOR NEW YORK, NY 10003	13-3623815	501(C)(3)	7,500.		FMV		STRATEGIC INITIATIVE	
(2) FUND FOR WOMENS EQUALITY INC								
25 CENTRAL PARK WEST, APT 9I	47-1180199	501(C)(3)	50,000.		FMV		STRATEGIC INITIATIVE	
(3) LILLY AWARDS FOUNDATION C/O THE DRAMATISTS								
1501 BROADWAY STE. 701 NEW YORK, NY 10036	27-0987854	501(C)(3)	30,000.		FMV		STRATEGIC INITIATIVE	
(4) BOREALIS PHILANTHROPY								
P.O. BOX 3295 MINNEAPOLIS, MN 55403	46-4598642	501(C)(3)	65,000.		FMV		STRATEGIC INITIATIVE	
(5) LGBT CENTER INTERCULTURAL COLLECTIVE INC.								
3763 83RD ST #1B, JACKSON HEIGHTS, NY 11372	82-4397912	501(C)(3)	30,000.		FMV		STRATEGIC INITIATIVE	
(6) TRANSLATINA NETWORK INC.								
137 W 19TH ST, 2ND FLOOR APT 1D	47-4807380	501(C)(3)	30,000.		FMV		STRATEGIC INITIATIVE	
(7) SYLVIA RIVERA LAW PROJECT INC.								
147 W. 24TH STREET, 5TH FLOOR	81-0640342	501(C)(3)	30,000.		FMV		STRATEGIC INITIATIVE	
(8) ALLIANCE FOR GLOBAL JUSTICE								
225 E. 26TH ST TUCSON, AZ 85713	52-2094677	501(C)(3)	30,000.		FMV		STRATEGIC INITIATIVE	
(9) COMMUNITY VOICES HEARD INC.								
115 EAST 106TH ST., 3RD FL.	13-3901997	501(C)(3)	25,000.		FMV		STRATEGIC INITIATIVE	
(10) TRANSGENDER LEGAL DEFENSE AND EDUCATION FUN								
216 AVENUE A NEW YORK, NY 10009	04-3762842	501(C)(3)	30,000.		FMV		STRATEGIC INITIATIVE	
(11) NYTAG INC.								
215 W 125TH STREET, SUITE 2	81-1370263	501(C)(3)	30,000.		FMV		STRATEGIC INITIATIVE	
(12) PUBLIC POLICY AND EDUCATION FUND OF NEW YOR								
94 CENTRAL AVENUE ALBANY, NY 12206	13-3364209	501(C)(3)	25,000.		FMV		STRATEGIC INITIATIVE	
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole				
3 Enter total number of other organizations list	ted in the line	1 table	<u> </u>		<u></u>	<u> </u>		

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

2019

OMB No. 1545-0047

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, I	INC.					13-345728	37
Part I General Information on Grants and	d Assistanc	е				'	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_			additional space is n		es" on Form 990,
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) CENTER FOR POPULAR DEMOCRACY							
449 TROUTMAN STREET BROOKLYN, NY 11237	45-3813436	501(C)(3)	25,000.		FMV		STRATEGIC INITIATIVE
(2) VIOLENCE INTERVENTION PROGRAM							
PO BOX 1161 - TRI-BOROUGH STATION	13-3540337	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(3) LUTHERAN SOCIAL SERVICES OF METROPOLITAN NY							
475 RIVERSIDE DR. STE 1244	13-2658548	501(C)(3)	15,000.		FMV		STRATEGIC DISCRETION
(4) TRANSGENDER LEGAL DEFENSE AND EDUCATION FUN							
216 AVENUE A NEW YORK, NY 10009	04-3762842	501(C)(3)	30,000.		FMV		STRATEGIC DISCRETION
(5) NEW YORK TRANSGENDER ADVOCACY GROUP							
215 W 125TH ST,STE 2 NEW YORK, NY 10027	81-1370263	501(C)(3)	30,000.		FMV		STRATEGIC DISCRETION
(6) POWHER NEW YORK							
370 LEXINGTON AVE, STE 908	47-3609446	501(C)(3)	25,000.		FMV		STRATEGIC DISCRETION
(7) NATIONAL INTERFAITH CABLE COALITION INC (OD							
12 WEST 31ST STREET 8TH FLOOR	13-3445556	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(8) HOT BREAD KITCHEN LTD							
1590 PARK AVENUE NEW YORK, NY 10029	26-3332972	501(C)(3)	15,000.		FMV		STRATEGIC DISCRETION
(9) TRANSLATINA NETWORK INC.							
137 W 19TH ST, 2ND FLOOR APT 1D	47-4807380	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(10) WOMEN MAKE MOVIES INC							
125 W. 109TH ST, APT. 7D BROOKLYN, NY 10025	132740460	501(C)(3)	7,500.		FMV		STRATEGIC DISCRETION
(11) SAKHI FOR SOUTH ASIAN WOMEN							
P.O. BOX 1333, CHURCH STREET STATION	13-3593806	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(12) HETRICK-MARTIN INSTITUTE							
2 ASTOR PL, 3RD FL NEW YORK, NY 10003	13-3104537	501(C)(3)	40,000.		FMV		STRATEGIC DISCRETION
 Enter total number of section 501(c)(3) and Enter total number of other organizations list For Paperwork Reduction Act Notice, see the Instruction 	ted in the line	1 table				>	hedule I (Form 990) (2019)

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

2019

OMB No. 1545-0047

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

Schedule I (Form 990) (2019)

Name of the organization						Employer identificat	ion number
THE NEW YORK WOMEN'S FOUNDATION, I	INC.					13-345728	37
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?				s or assistance, and	X Yes No
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Con	nplete if the organiz	ation answered "\	es" on Form 990,
Part IV, line 21, for any recipient the	hat received	more than \$5	,000. Part II can I	be duplicated if	additional space is n	eeded.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JUSTLEADERSHIPUSA INC.							
1900 LEXINGTON AVE NEW YORK, NY 10035	90-1019268	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(2) NEW YORK UNIVERSITY							
295 LAFAYETTE ST, 2ND FL NEW YORK, NY 10012	13-5562308	501(C)(3)	25,000.		FMV		STRATEGIC DISCRETION
(3) NEW YORK LEGAL ASSISTANCE GROUP INCORPORATE							
7 HANOVER SQUARE, 18TH FLOOR	13-3505428	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(4) EQUAL JUSTICE INITIATIVE,							
122 COMMERCE STREET MONTGOMERY, AL 36106	63-1135091	501(C)(3)	25,000.		FMV		STRATEGIC DISCRETION
(5) NATIONAL CENTER FOR CIVIC INNOVATION INC.,							
121 AVENUE OF THE AMERICAS, 6TH FLOOR	02-0590588	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(6) FUND FOR THE CITY OF NEW YORK INC.							
121 SIXTH AVENU NEW YORK, NY 10013	13-2612524	501(C)(3)	30,000.		FMV		STRATEGIC DISCRETION
(7) FUND FOR THE CITY OF NEW YORK INC.							
121 SIXTH AVENU NEW YORK, NY 10013	13-2612524	501(C)(3)	25,000.		FMV		STRATEGIC DISCRETION
(8) VISUAL ARTS RESEARCH & RESOURCE CTR REL							
120 E. 125TH ST NEW YORK, NY 10035	13-3054001	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(9) NEW PRESS INC							
120 WALL STREET 31ST FLOOR	13-3584516	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(10) WOMEN'S ENEWS							
163 AMSTERDAM AVE., #1330	01-0578709	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(11) GLOBAL ACTION PROJECT							
130 W. 25TH ST. #2C NEW YORK, NY 10001	11-3425000	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(12) VOICES OF COMMUNITY ACTIVISTS & LEADERS, IN							
80A FOURTH AVENUE NEW YORK, NY 11217	13-4094385	501(C)(3)	25,000.		FMV		STRATEGIC INITIATIVE
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list	government	organizations lis	sted in the line 1 tal				STRATEGIC INITIA

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

2019

OMB No. 1545-0047

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

Schedule I (Form 990) (2019)

Name of the organization	Employer identification number						
THE NEW YORK WOMEN'S FOUNDATION,	13-345728	37					
Part I General Information on Grants an	d Assistanc	e				•	
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	ts or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient t		_					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) POWERPAC FOUNDATION							
268 BUSH STREET #3737	26-2215714	501(C)(3)	25,000.		FMV		STRATEGIC INITIATIVE
(2) ALEX HOUSE PROJECT, INC							
76 LORRAINE STREET BROOKLYN, NY 11231	47-5488302	501(C)(3)	12,000.		FMV		STRATEGIC INITIATIVE
(3) EXALT YOUTH							
17 BATTERY PLACE SUITE 307	20-5540955	501(C)(3)	12,000.		FMV		STRATEGIC INITIATIVE
(4) FLANBWAYAN HAITIAN LITERACY PROJECT							
208 PARKSIDE AVE 2ND FL, BROOKLYN, NY 11226	27-0974276	501(C)(3)	12,000.		FMV		STRATEGIC INITIATIVE
(5) DOMINICAN WOMEN'S DEVELOPMENT CENTER							
519 W. 189TH ST.,GROUND FL	13-3593885	501(C)(3)	12,000.		FMV		STRATEGIC INITIATIVE
(6) PUERTO RICO COMMUNITY FOUNDATION INC.							
PO BOX 70362 SAN JUAN, PR 00936	66-0413230	501(C)(3)	100,000.		FMV		STRATEGIC INITIATIVE
(7) FUNDACION DE MUJERES EN PUERTO RICO							
1863 AVENUE FERNANDEZ JUNCOS, APT. 205	66-0931262	501(C)(3)	7,000.		FMV		STRATEGIC INITIATIVE
(8) FUTURO MEDIA GROUP							
361 W. 125TH ST,6TH FL NEW YORK, NY 10027	27-2077349	501(C)(3)	70,000.		FMV		STRATEGIC INITIATIVE
(9) POWERPAC FOUNDATION							
268 BUSH STREET #3737	26-2215714	501(C)(3)	25,000.		FMV		STRATEGIC INITIATIVE
(10) GIRLS FOR GENDER EQUITY							
25 CHAPEL ST,STE 1006 BROOKLYN, NY 11201	04-3697166	501(C)(3)	25,000.		FMV		THE FUND FOR THE ME
(11) GIRLS FOR GENDER EQUITY							
25 CHAPEL ST,STE 1006 BROOKLYN, NY 11201	04-3697166	501(C)(3)	100,000.		FMV		THE FUND FOR THE ME
(12) WOMEN'S FOUNDATION OF MINNESOTA							
105 5TH AVE S STE 300,		501(C)(3)	75,000.		FMV		THE FUND FOR THE ME
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>	

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

2019

OMB No. 1545-0047

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

Schedule I (Form 990) (2019)

name of the organization						Employer identificat	
THE NEW YORK WOMEN'S FOUNDATION,						13-345728	37
Part I General Information on Grants ar	nd Assistanc	е					
 Does the organization maintain records to see the selection criteria used to award the grant Describe in Part IV the organization's process. 	nts or assistand	ce?					X Yes No
Part Grants and Other Assistance to I	Domestic Or	ganizations ar	nd Domestic Gov	/ernments. Con	nplete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient	that received	more than \$5	,000. Part II can I	be duplicated if	additional space is r	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) WOMEN'S FOUNDATION OF MINNESOTA							
105 5TH AVE S STE 300,	41-1635761	501(C)(3)	180,000.		FMV		THE FUND FOR THE ME
(2) FRACTURED ATLAS INC.							
248 W. 35TH ST, 10TH FL NEW YORK, NY 10001	11-3451703	501(C)(3)	50,000.		FMV		THE FUND FOR THE ME
(3) BLACK WOMAN'S BLUEPRINT							
279 EMPIRE BOULEVARD BROOKLYN, NY 11225	27-1308862	501(C)(3)	80,000.		FMV		THE FUND FOR THE ME
(4) VIOLENCE INTERVENTION PROGRAM							
PO BOX 1161 - TRI-BOROUGH STATION	13-3540337	501(C)(3)	100,000.		FMV		THE FUND FOR THE ME
(5) WASHINGTON AREA WOMEN'S FOUNDATION							
1331 H STREET, NW, SUITE 1000	52-2028612	501(C)(3)	105,000.		FMV		THE FUND FOR THE ME
(6) WOMEN'S FOUNDATION OF CALIFORNIA							
300 FRANK H. OGAWA PLAZA, SUITE 420	94-2752421	501(C)(3)	120,000.		FMV		THE FUND FOR THE ME
(7) WOMEN'S FUND OF WESTERN MASSACHUSETTS							
1350 MAIN STREET, SUITE 1006	04-3342411	501(C)(3)	55,000.		FMV		THE FUND FOR THE ME
(8) WOMEN'S FUND OF WESTERN MASSACHUSETTS							
1350 MAIN STREET, SUITE 1006	04-3342411	501(C)(3)	10,000.		FMV		THE FUND FOR THE ME
(9) ME TOO INTERNATIONAL INC.							
375 HIGHLAND AVENUE NE, UNIT 1007	83-4447513	501(C)(3)	500,000.		FMV		THE FUND FOR THE ME
(10) ALLIANCE FOR GLOBAL JUSTICE							
225 E. 26TH ST TUCSON, AZ 85713	52-2094677	501(C)(3)	100,000.		FMV		THE JUSTICE FUND
(11) HOUSING PLUS SOLUTIONS INC.							
4 W. 43RD ST,2ND FL NEW YORK, NY 10036	13-4200638	501(C)(3)	200,000.		FMV		THE JUSTICE FUND
(12) BRONX DEFENDERS							
360 EAST 161ST STREET BRONX, NY 10451	13-3931074	501(C)(3)	100,000.		FMV		THE JUSTICE FUND
2 Enter total number of section 501(c)(3) and	•	•					
3 Enter total number of other organizations lis	sted in the line	i labie				<u> </u>	

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

2019

OMB No. 1545-0047

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

Schedule I (Form 990) (2019)

Name of the organization						Employer identificati	on number			
THE NEW YORK WOMEN'S FOUNDATION, I	INC.					13-345728	17			
Part I General Information on Grants and	d Assistanc	е				•				
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	e?	of grant funds in the	e United States.			X Yes No			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) JUSTLEADERSHIPUSA INC.										
1900 LEXINGTON AVE NEW YORK, NY 10035	90-1019268?	501(C)(3)	100,000.		FMV		THE JUSTICE FUND			
(2) KATAL CENTER FOR HEALTH EQUITY AND JUSTICE										
147 PRINCE ST BROOKLYN, NY 11201	81-1323278	501(C)(3)	200,000.		FMV		THE JUSTICE FUND			
(3) BROOKLYN DEFENDER SERVICES										
177 LIVINGSTON ST. BROOKLYN, NY 11201	11-3305406	501(C)(3)	25,000.		FMV		THE JUSTICE FUND			
(4) THE COLLEGE AND COMMUNITY FELLOWSHIP INC.										
475 RIVERSIDE DRIVE, SUITE 1626	20-3904662	501(C)(3)	23,000.		FMV		THE JUSTICE FUND			
(5) RED HOOK INITIATIVE										
767 HICKS STREET BROOKLYN, NY 11231	20-3904662	501(C)(3)	25,000.		FMV		THE JUSTICE FUND			
(6) URBAN YOUTH ALLIANCE INTERNATIONAL										
432 E 149TH ST BRONX, NY 10455	13-2969182	501(C)(3)	25,000.		FMV		THE JUSTICE FUND			
(7) RISING GROUND INC.										
463 HAWTHORNE AVE YONKERS, NY 10705	13-1860451	501(C)(3)	25,000.		FMV		THE JUSTICE FUND			
(8) GUNS DOWN INC.										
903 FRANKLIN AVENUE BROOKLYN, NY 11225	36-4770570	501(C)(3)	25,000.		FMV		THE JUSTICE FUND			
(9) TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY										
615 WEST 131ST STREET 6TH FLOOR	13-5598093	501(C)(3)	20,000.		FMV		THE JUSTICE FUND			
(10) NATIONAL COUNCIL FOR INCARCERATED AND FORME										
100 R WARREN STREET ROXBURY, MA 02119	81-3980673	501(C)(3)	25,000.		FMV		THE JUSTICE FUND			
(11) GIRL VOW, INC.										
509 WILLIS AVE #4 BRONX, NY 10455	47-4062257	501(C)(3)	30,000.		FMV		THE JUSTICE FUND			
(12) SYLVIA RIVERA LAW PROJECT INC.										
147 W. 24TH STREET, 5TH FLOOR	81-0640342	501(C)(3)	30,000.		FMV		THE JUSTICE FUND			
2 Enter total number of section 501(c)(3) and	government of	organizations lis	sted in the line 1 tal	ole						
3 Enter total number of other organizations list	ted in the line	1 table								

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

2019

OMB No. 1545-0047

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 identification number						
THE NEW YORK WOMEN'S FOUNDATION,	13-345728	37					
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No
Part IV, line 21, for any recipient the		•					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LADIES OF HOPE MINISTRIES INC.							
2023 CAESAR PLACE BRONX, NY 10473	83-2249413	501(C)(3)	30,000.		FMV		THE JUSTICE FUND
(2) YOUTH REPRESENT INC.							
11 PARK PLACE, SUITE 1512	20-8034010	501(C)(3)	30,000.		FMV		THE JUSTICE FUND
(3) OPERATION RESTORATION,							
P.O. BOX 56894 NEW ORLEANS, LA 70156	61-1791941	501(C)(3)	30,000.		FMV		THE JUSTICE FUND
(4) THEATRE OF THE OPPRESSED NYC							
758 8TH AVENUE, SUITE 300 NEW YORK, NY 10036	45-4815944	501(C)(3)	30,000.		FMV		THE JUSTICE FUND
(5) A LITTLE PIECE OF LIGHT INC.							
521 ST MARKS AVENUE, 3B NEW YORK, NY 11238	83-1458976	501(C)(3)	30,000.		FMV		THE JUSTICE FUND
_(6)	_						
(8)							
<u>(9)</u>							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and	government (l organizations lis	ted in the line 1 tal	ble			173.
3 Enter total number of other organizations list For Paperwork Reduction Act Notice, see the Instruct			<u> </u>				nedule I (Form 990) (2019)
i di i apoliticia reductioni nel rictice, del tre motruct						301	(LOIN 330) (2013)

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
1					

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 GRANTEE PARTNERS

DEVELOP CAPACITY BUILDING RESOURCES SUCH AS ORGANIZATIONAL DEVELOPMENT,

Schedule I (Form 990) (2019)

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					
1					
i .					
j					

Part IV 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.

SCHEDULE J (Form 990)

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.

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

13-3457287

Employer identification number

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X 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:			37
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Λ
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only costion $E01/a/(2)$, $E01/a/(4)$, and $E01/a/(20)$ organizations must complete lines $E(0)$			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
J	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	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) 2019

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ANA OLIVEIRA	(i)	321,757.	0.	0.	10,000.	11,504.	343,261.	0.
1 PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
NANCY GUIDA	(i)	193,758.	0.	0.	10,000.	11,945.	215,703.	0.
2 OF COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
LORRAINE STEPHENS	(i)	197,372.	0.	0.	10,000.	1,551.	208,923.	0.
3 STRATEGIC PLANNING	(ii)	0.	0.	0.	0.	0.	0.	0.
CAMILLE EMEAGWALI	(i)	203,100.	0.	0.	10,000.	991.	214,091.	0.
VP OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
ANNA MARIE ALMEIDA	(i)	209,597.	0.	0.	10,000.	11,565.	231,162.	
5 ^{VP} OF DEVELOPMENT	(ii)	0.	0.	0.				
MADELINE HOLDER	(i)	167,718.	0.	0.	10,000.	11,429.	189,147.	
DIRECTOR OF INDIVIDUAL GIVING	(ii)	0.	0.	0.				
	(i)							
_ 7	(ii)							
	(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)							

13-3457287

Schedule J (Form 990) 2019

Part III 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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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.

THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number 13-3457287

		,						
Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash 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	X	10.	86,028.	FAIR VALU	JE		
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	gement	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	e third parti	es or related organization	s to solicit, process, or s	sell noncash		3,7	
	contributions?					32a	X	

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

b If "Yes," describe in Part II.

describe in Part II.

Schedule M (Form 990) 2019

13-3457287

Schedule M (Form 990) (2019) Part II

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

SCHEDULE M, PART I, LINE 32B

THE BROKERS HIRED BY THE FOUNDATION SELL THE DONATED STOCKS UPON

RECEIPT.

Schedule M (Form 990) (2019)

Page 2

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

2019

Open to Public Inspection

13-3457287

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number

FORM 990, PART I, LINE 1

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

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

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

BY MANAGEMENT AND THE FULL BOARD BEFORE FILING.

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

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

STAFF, VOLUNTEERS AND INTERNS. CONFLICTS OF INTEREST ARE REVIEWED

ANNUALLY AND UPDATED ON AN AS NEEDED BASIS.

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

Schedule O (Form 990 or 990-EZ) 2019 Page **2**

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

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 \$18,148

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	188,018.
FISCAL MANAGEMENT ASSOCIATES, LLC 440 PARK AVENUE SOUTH, 3RD FLOOR NEW YORK, NY 10016	ACCOUNTING SVS	205,879.
IMARA JONES 315 GATES AVENUE 5R BROOKLYN, NY 11216	CONSULTING SVS	120,000.