

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2020

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning, 2020, and ending, 20

Form 990 header section containing organization name (THE NEW YORK WOMEN'S FOUNDATION, INC.), EIN (13-3457287), address (39 BROADWAY, NEW YORK, NY 10006), principal officer (ANA OLIVEIRA), and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (14,474,305 prior year), expenses (16,698,122 prior year), and net assets (30,790,795 prior year).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block section with fields for officer signature and date, and preparer name and title.

Paid Preparer Use Only section with fields for preparer name (CANDICE METH), firm name (EISNER ADVISORY GROUP LLC), and firm address.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)

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.**

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.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE NEW YORK WOMEN'S FOUNDATION, INC.	Taxpayer identification number (TIN) 13-3457287
	Number, street, and room or suite no. If a P.O. box, see instructions. 39 BROADWAY SUITE #2300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10006	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ANA OLIVEIRA, PRESIDENT/CEO

• The books are in the care of ► 39 BROADWAY SUITE 2300 NEW YORK NY 10006

Telephone No. ► 212 514-6993 Fax No. ► 646 564-5998

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2020 or
- tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 11,520,793. including grants of \$ 8,202,470.) (Revenue \$)

THE NEW YORK WOMEN'S FOUNDATION ADVANCES ECONOMIC, GENDER AND RACIAL JUSTICE FOR WOMEN AND FAMILIES BY INVESTING IN WOMEN LEADERS BUILDING SOLUTIONS IN THEIR COMMUNITIES. OUR BOLD INVESTMENT IN WOMEN AS AGENTS OF CHANGE MULTIPLIES THE EFFECT OF WOMEN'S FINANCIAL GAINS, BOOSTS LOCAL ECONOMIC GROWTH, STRENGTHENS FAMILIES, AND CREATES THRIVING COMMUNITIES. DESIGNED TO MOVE THE NEEDLE TOWARD JUSTICE AND EQUITY FOR ALL, OUR INVESTMENTS FOCUS ON ALL WOMEN INCLUDING GIRLS AND YOUNG WOMEN, IMMIGRANTS, PEOPLE WITH DISABILITIES, THE LGBTQI COMMUNITY, AND GENDER NON-CONFORMING INDIVIDUALS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 11,520,793.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (27), 1b (27), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CT, NJ, NY,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANA OLIVEIRA PRESIDENT & CEO	40.00 0.			X			334,494.	0.	24,208.	
(2) CAMILLE EMEAGWALI SENIOR VP OF PROGRAMS	40.00 0.					X	226,669.	0.	11,007.	
(3) ALEJANDRA NARANJO VP OF DEVELOPMENT	40.00 0.					X	182,335.	0.	30,675.	
(4) MADELINE HOLDER VP OF DEVELOPMENT	40.00 0.					X	186,377.	0.	23,943.	
(5) LYNNA MARIA MERCADO VP, FINANCE & ADMIN	40.00 0.			X			170,837.	0.	32,373.	
(6) KATHARINE LANDON VP, PROGRAMS & INSTITUTIONAL	40.00 0.					X	167,392.	0.	30,411.	
(7) ANN MARIE ALMEIDA VP OF DEVELOPMENT (LEFT 9/2020)	40.00 0.					X	173,868.	0.	20,514.	
(8) YVONNE MOORE CO-CHAIR	3.00 0.	X		X			0.	0.	0.	
(9) JEANNE MULLGRAV BOARD MEMBER	3.00 0.	X					0.	0.	0.	
(10) GRAINNE MCNAMARA CO-CHAIR	3.00 0.	X		X			0.	0.	0.	
(11) MICHELE PENZER VICE CHAIR	3.00 0.	X		X			0.	0.	0.	
(12) LORRAINE CORTES VAZQUEZ BOARD MEMBER	3.00 0.	X					0.	0.	0.	
(13) CAROLYN ROSSIP MALCOLM BOARD MEMBER	3.00 0.	X					0.	0.	0.	
(14) MARGARET MORRISON BOARD MEMBER	3.00 0.	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) PRISCILLA PAINTON ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(16) MARY BAGLIVO ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(17) MERBLE REAGON ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(18) HYATT BASS ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(19) HELENE BANKS ----- TREASURER	3.00 ----- 0.	X		X				0.	0.	0.
(20) KAREN CHOI ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(21) MARY CARACAPPA ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(22) EILEEN KELLY ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(23) ELIZABETH WANG ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(24) ELIZABETH DE LEON BHARGAVA ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(25) ANNE DELANEY ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
1b Sub-total								1,441,972.	0.	173,131.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,441,972.	0.	173,131.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 12

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 4

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MIGNON ESPY EDWARDS BOARD MEMBER	3.00 0.	X						0.	0.	0.
(27) TILOMA JAYASINGHE BOARD MEMBER	3.00 0.	X						0.	0.	0.
(28) DANIELLE MOSS BOARD MEMBER	3.00 0.	X						0.	0.	0.
(29) AYO ROACH BOARD MEMBER	3.00 0.	X						0.	0.	0.
(30) LOLA WEST BOARD MEMBER	3.00 0.	X						0.	0.	0.
(31) NOORAIN KHAN BOARD MEMBER	3.00 0.	X						0.	0.	0.
(32) HAYDEE MORALES BOARD MEMBER	3.00 0.	X						0.	0.	0.
(33) MARGARITA ROSA SECRETARY	3.00 0.	X		X				0.	0.	0.
(34) TOMASITA LUZ SHERER BOARD MEMBER	3.00 0.	X						0.	0.	0.
(35) FRAN BARRETT BOARD MEMBER (LEFT 7/14/2020)	3.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 12**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	501,794.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	10,938,738.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 342,054.				
	h	Total. Add lines 1a-1f			11,440,532.			
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			211,004.		211,004.	
	4	Income from investment of tax-exempt bond proceeds .			0.			
	5	Royalties			0.			
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)			0.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a		3,209,289.			
			7b		2,973,678.			
	c	Gain or (loss)	7c		235,611.			
	d	Net gain or (loss)			235,611.		235,611.	
	8a	Gross income from fundraising events (not including \$ 501,794. of contributions reported on line 1c). See Part IV, line 18			0.			
8a				0.				
8b				0.				
c	Net income or (loss) from fundraising events.			0.				
9a	Gross income from gaming activities. See Part IV, line 19			0.				
		9a		0.				
		9b		0.				
c	Net income or (loss) from gaming activities.			0.				
10a	Gross sales of inventory, less returns and allowances			0.				
		10a		0.				
		10b		0.				
c	Net income or (loss) from sales of inventory.			0.				
Miscellaneous Revenue	11a	ADMINISTRATIVE FEE	Business Code	900099	5,775.	5,775.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			5,775.			
12	Total revenue. See instructions			11,892,922.	5,775.	446,615.		

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,758,369.	1	8,151,458.
	2 Savings and temporary cash investments.	2,490,837.	2	2,360,466.
	3 Pledges and grants receivable, net	9,962,429.	3	7,487,309.
	4 Accounts receivable, net.	0.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	76,754.	9	47,776.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 391,833.		
	b Less: accumulated depreciation.	10b 330,158.		
	11 Investments - publicly traded securities.	99,044.	10c	61,675.
	12 Investments - other securities. See Part IV, line 11	9,490,037.	11	10,127,808.
	13 Investments - other securities. See Part IV, line 11	817,742.	12	750,076.
	14 Investments - program-related. See Part IV, line 11.	0.	13	0.
	15 Intangible assets	0.	14	0.
16 Other assets. See Part IV, line 11	1,095,583.	15	1,069,174.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	30,790,795.	16	30,055,742.	
Liabilities	17 Accounts payable and accrued expenses.	533,842.	17	448,276.
	18 Grants payable	2,878,000.	18	3,463,920.
	19 Deferred revenue.	0.	19	0.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other 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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	556,252.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	101,965.	25	66,502.
	26 Total liabilities. Add lines 17 through 25.	3,513,807.	26	4,534,950.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.	17,377,597.	27	17,112,072.
	28 Net assets with donor restrictions.	9,899,391.	28	8,408,720.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	27,276,988.	32	25,520,792.
33 Total liabilities and net assets/fund balances.	30,790,795.	33	30,055,742.	

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	11,892,922.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,596,138.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,703,216.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,276,988.
5	Net unrealized gains (losses) on investments	5	972,804.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-25,784.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	25,520,792.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,897,892.	20,383,875.	21,539,452.	14,474,305.	11,440,532.	73,736,056.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	5,897,892.	20,383,875.	21,539,452.	14,474,305.	11,440,532.	73,736,056.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						50,556,100.
6 Public support. Subtract line 5 from line 4						23,179,956.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	5,897,892.	20,383,875.	21,539,452.	14,474,305.	11,440,532.	73,736,056.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	217,348.	218,681.	156,803.	186,214.	211,004.	990,050.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				-79,936.	0.	-79,936.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	38,296.	12,209.	22,260.	12,797.	5,775.	91,337.
11 Total support. Add lines 7 through 10						74,737,507.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	31.02%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	28.20%

16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

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

FORM 990, SCHEDULE A, PART II, SECTION, LINE 17A

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

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

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
ADMINISTRATIVE FEE AND MISC INC	38,296.	12,209.	22,260.	12,797.	5,775.	91,337.
TOTALS	<u>38,296.</u>	<u>12,209.</u>	<u>22,260.</u>	<u>12,797.</u>	<u>5,775.</u>	<u>91,337.</u>

Schedule of Contributors

2020

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization THE NEW YORK WOMEN'S FOUNDATION, INC.	Employer identification number 13-3457287
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Employer identification number
13-3457287

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 1,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 1,033,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 1,000,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
13-3457287

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 330,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **THE NEW YORK WOMEN'S FOUNDATION, INC.**Employer identification number
13-3457287**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	N/A	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	N/A	\$ 102,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	N/A	\$ 100,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
13-3457287

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	N/A	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	N/A	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	N/A	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	N/A	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	N/A	\$ 60,963.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
13-3457287

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A	\$ 54,415.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	N/A	\$ 50,432.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
27	N/A	\$ 50,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
13-3457287**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
13-3457287

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	N/A	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	N/A	\$ 41,622.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
39	N/A	\$ 40,363.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	N/A	\$ 40,205.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	N/A	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	N/A	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
13-3457287**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	N/A	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	N/A	\$ 33,082.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	N/A	\$ 31,539.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	N/A	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	N/A	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
13-3457287

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
13-3457287

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	N/A	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	N/A	\$ 20,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	N/A	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
13-3457287

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	N/A	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	N/A	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	N/A	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	N/A	\$ 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	N/A	\$ 15,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
13-3457287

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
13-3457287**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	N/A	\$ 12,953.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	N/A	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	N/A	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	N/A	\$ 11,203.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **THE NEW YORK WOMEN'S FOUNDATION, INC.**Employer identification number
13-3457287**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	N/A	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	N/A	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	N/A	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	N/A	\$ 10,363.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	N/A	\$ 10,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
13-3457287

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
13-3457287

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **THE NEW YORK WOMEN'S FOUNDATION, INC.**Employer identification number
13-3457287**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	N/A 	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	N/A 	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	N/A 	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	N/A 	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	N/A 	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	N/A 	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **THE NEW YORK WOMEN'S FOUNDATION, INC.**Employer identification number
13-3457287**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	N/A	\$ 9,254.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	N/A	\$ 8,591.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **THE NEW YORK WOMEN'S FOUNDATION, INC.**Employer identification number
13-3457287**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	N/A	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	N/A	\$ 8,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	N/A	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	N/A	\$ 7,916.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	N/A	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	N/A	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
13-3457287**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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

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

Employer identification number
13-3457287

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

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

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

Employer identification number
13-3457287

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
13-3457287**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
13-3457287

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	N/A 	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	N/A 	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	N/A 	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	N/A 	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	N/A 	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	N/A 	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number

13-3457287

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

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

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

Employer identification number
13-3457287

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and several Yes/No questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting art and historical treasures, and revenue and assets related to these items.

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

Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,634,416.	8,393,760.	9,387,065.	8,722,395.	8,596,445.
b Contributions					
c Net investment earnings, gains, and losses	1,294,825.	1,698,795.	-538,476.	1,123,917.	578,987.
d Grants or scholarships	463,674.	458,139.	454,829.	459,247.	453,037.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	10,465,567.	9,634,416.	8,393,760.	9,387,065.	8,722,395.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 70.6300 %
- b** Permanent endowment ▶ 17.2000 %
- c** Term endowment ▶ 12.1700 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		180,889.	120,835.	60,054.
d Equipment		210,944.	209,323.	1,621.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				61,675.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(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	
(2) DEFERRED RENT LIABILITY	66,502.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 66,502.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 4

USE OF ENDOWMENT FUNDS: THE FOUNDATION'S ENDOWMENT CONSISTS OF FIVE INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES, CONSISTING OF BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENT.

FORM 990, SCHEDULE D, PART X, LINE 2

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

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

CHANGE IN VALUE OF BENEFICIAL INTEREST IN A CHARITABLE LEAD ANNUITY TRUST OF \$48,802

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		CWB (event type)	GALA (event type)	1. (total number)	(add col. (a) through col. (c))		
Revenue	1	Gross receipts	430,519.	41,250.	30,025.	501,794.	
	2	Less: Contributions	430,519.	41,250.	30,025.	501,794.	
	3	Gross income (line 1 minus line 2)			0.		
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses					
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶					
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue	1	Gross revenue					
Direct Expenses	2	Cash prizes					
	3	Noncash prizes					
	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶					
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Internal Revenue Service

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Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHURCHES UNITED FOR FAIR HOUSING INC. 7 MARCUS GARVEY BLVD NEW YORK, NY 11206	26-4698161	501(C)(3)	60,000.		FMV		BROOKLYN ECONOMIC JU
(2) UNITED COMMUNITY CENTERS INC. 613 NEW LOTS AVENUE NEW YORK, NY 11207	11-1950787	501(C)(3)	60,000.		FMV		BROOKLYN ECONOMIC JU
(3) BLACK ALLIANCE FOR JUST IMMIGRATION 1360 FULTON ST. BUILDING B SUITE 427	27-1911378	501(C)(3)	60,000.		FMV		BROOKLYN ECONOMIC JU
(4) FUND FOR THE CITY OF NEW YORK 121 SIXTH AVENUE 6TH FLOOR	13-2612524	501(C)(3)	60,000.		FMV		BROOKLYN ECONOMIC JU
(5) IN OUR BACKYARDS INC 540 PRESIDENT STREET 3RD FLOOR	26-3283639	501(C)(3)	20,000.		FMV		BROOKLYN ECONOMIC JU
(6) AFRICAN COMMUNITIES TOGETHER 127 WEST 127TH STREET SUITE 221	46-1689772	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
(7) ALIGN: THE ALLIANCE FOR A GREATER NEW YORK 50 BROADWAY 29TH FLOOR NEW YORK, NY 10004	20-0559291	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
(8) COMMUNITY RESOURCE EXCHANGE 42 BROADWAY 20TH FLOOR NEW YORK, NY 10004	13-3048638	501(C)(3)	67,800.		FMV		CAPACITY BUILDING
(9) FUND FOR WOMEN'S EQUALITY 25 CENTRAL PARK WEST APT 91	47-1180199	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
(10) IGNITE 510 16TH ST. OAKLAND, CA 94612	38-3819049	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
(11) JEWS FOR RACIAL AND ECONOMIC JUSTICE (JFREQ) 330 7TH AVENUE SUITE 1901	13-3694790	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
(12) LATINAS ON THE VERGE OF EXCELLENCE - L.O.V. 23-90 29 ST #2 NEW YORK, NY 11105	46-3732667	501(C)(3)	10,000.		FMV		CAPACITY BUILDING

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

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(1) NEW AMERICAN LEADERS 530 7TH AVE M1 NEW YORK, NY 10018	45-3770977	501(C)(3)	7,000.		FMV		CAPACITY BUILDING
(2) NEW YORK CITY GAY & LESBIAN ANTI-VIOLENCE P 116 NASSAU STREET 3RD FLOOR	13-3149200	501(C)(3)	7,000.		FMV		CAPACITY BUILDING
(3) NEW YORK FOUNDATION 150 W. 30TH STREET 14TH FLOOR	13-5626345	501(C)(3)	15,000.		FMV		CAPACITY BUILDING
(4) POWHER NEW YORK INC 370 LEXINGTON AVENUE - SUITE 908	47-3609446	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
(5) TRANSLATINA NETWORK INC. 137 W 19TH ST, 2ND FLOOR NEW YORK, NY 10011	47-4807380	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
(6) VOICES OF COMMUNITY ACTIVISTS & LEADERS-VOC 80A FOURTH AVENUE NEW YORK, NY 11217	13-4094385	501(C)(3)	7,000.		FMV		CAPACITY BUILDING
(7) FUND FOR THE CITY OF NEW YORK 121 SIXTH AVENUE 6TH FLOOR	13-2612524	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
(8) CAUSE EFFECTIVE 505 EIGHTH AVENUE SUITE 1212	13-3083978	501(C)(3)	80,500.		FMV		CAPACITY BUILDING
(9) JEWS FOR RACIAL AND ECONOMIC JUSTICE (JFREQ) 330 7TH AVENUE SUITE 1901	13-3694790	501(C)(3)	130,000.		FMV		EARLY INVESTMENT
(10) WOMEN'S JUSTICE NOW 150 WEST 28TH ST. SUITE 304	13-3083202	501(C)(3)	120,000.		FMV		EARLY INVESTMENT
(11) CENTRAL BROOKLYN ECONOMIC DEVELOPMENT CORP. 444 THOMAS S. BOYLAND STREET 3RD FLOOR - SU	11-2981085	501(C)(3)	70,000.		FMV		EARLY INVESTMENT
(12) FAITH IN NEW YORK 103-04 39TH AVENUE SUITE 105	80-0122559	501(C)(3)	60,000.		FMV		EARLY INVESTMENT

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(1) HARLEM WELLNESS CENTER INC. 44 WEST 105TH STREET 4A NEW YORK, NY 10025	46-3877817	501(C)(3)	60,000.		FMV		EARLY INVESTMENT
(2) LAAL NYC 5793 TYNDALL AVE NEW YORK, NY 10471	83-2947989	501(C)(3)	60,000.		FMV		EARLY INVESTMENT
(3) LIFE CAMPS INCORPORATED 111-12 SUTPHIN BLVD NEW YORK, NY 11435	20-0814999	501(C)(3)	60,000.		FMV		EARLY INVESTMENT
(4) LIFT 349 EAST 149TH STREET SUITE 500	52-2168409	501(C)(3)	60,000.		FMV		EARLY INVESTMENT
(5) MUSLIM COMMUNITY NETWORK 110 WALL STREET 3RD FLOOR	75-3163555	501(C)(3)	60,000.		FMV		EARLY INVESTMENT
(6) NEW WOMEN NEW YORKERS 601 W 26TH STREET SUITE 325 #99	47-1784843	501(C)(3)	60,000.		FMV		EARLY INVESTMENT
(7) PEER HEALTH EXCHANGE INC. 1460 BROADWAY #3-01 NEW YORK, NY 10036	56-2374305	501(C)(3)	60,000.		FMV		EARLY INVESTMENT
(8) STATEN ISLAND COMMUNITY JOB CENTER INC 774 PORT RICHMOND AVE 2FL	47-2787706	501(C)(3)	60,000.		FMV		EARLY INVESTMENT
(9) STREET VENDOR PROJECT OF THE URBAN JUSTICE 40 RECTOR STREET 9TH FL NEW YORK, NY 10006	13-3442022	501(C)(3)	60,000.		FMV		EARLY INVESTMENT
(10) UPROSE INC 462 36TH ST SUITE 3A NEW YORK, NY 11232	11-2490531	501(C)(3)	60,000.		FMV		EARLY INVESTMENT
(11) FUND FOR THE CITY OF NEW YORK 121 SIXTH AVENUE 6TH FLOOR	13-2612524	501(C)(3)	60,000.		FMV		EARLY INVESTMENT
(12) FUND FOR THE CITY OF NEW YORK 121 SIXTH AVENUE 6TH FLOOR	13-2612524	501(C)(3)	60,000.		FMV		EARLY INVESTMENT

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(1) SOCIAL GOOD FUND INC 12651 SAN PABLO AVE. #5473	46-1323531	501(C)(3)	60,000.		FMV		EARLY INVESTMENT
(2) THE KNOWLEDGE HOUSE FELLOWSHIP INC 363 RIDER AVE 3RD FLOOR NEW YORK, NY 10451	47-2747713	501(C)(3)	60,000.		FMV		EARLY INVESTMENT
(3) THIRD SECTOR NEW ENGLAND INC 89 SOUTH STREET SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	60,000.		FMV		EARLY INVESTMENT
(4) UNIQUE PROJECT INC 75 BROAD STREET SUITE 304	13-3085289	501(C)(3)	60,000.		FMV		EARLY INVESTMENT
(5) FUTURO MEDIA GROUP 361 WEST 125TH STREET 6TH FLOOR	27-2077349	501(C)(3)	130,000.		FMV		IGNITE! WITH GIRLS,
(6) NEW YORK UNIVERSITY FELLOWSHIP FOR EMERGING 295 LAFAYETTE ST 2ND FLOOR	13-5562308	501(C)(3)	25,000.		FMV		IGNITE! WITH GIRLS,
(7) ASSET FUNDERS NETWORK 2045 W GRAND AVE STE B #50387	83-1215288	501(C)(3)	50,000.		FMV		PARTNERSHIPS/PLACE-I
(8) BOREALIS PHILANTHROPY P.O. BOX 3295 MINNEAPOLIS, MN 55403	46-4598642	501(C)(3)	65,000.		FMV		PARTNERSHIPS/PLACE-I
(9) ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET 10TH FLOOR	13-3615533	501(C)(3)	50,000.		FMV		PARTNERSHIPS/PLACE-I
(10) CENTER FOR AMERICAN PROGRESS 1333 H STREET NW 10TH FLOOR	30-0126510	501(C)(3)	30,000.		FMV		PARTNERSHIPS/PLACE-I
(11) ALLIANCE OF FAMILIES FOR JUSTICE 8 W. 126 ST. FL. 3 NEW YORK, NY 10027	82-1971330	501(C)(3)	20,000.		FMV		RESILIENCE-NYC
(12) CAAAV: ORGANIZING ASIAN COMMUNITIES 55 HESTER STREET NEW YORK, NY 10002	13-3526938	501(C)(3)	20,000.		FMV		RESILIENCE-NYC

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(1) DAMAYAN MIGRANT WORKERS ASSOCIATION INC. 406W 40TH STREET 3RD FLOOR	03-0481206	501(C)(3)	20,000.		FMV		RESILIENCE-NYC
(2) DOMESTIC WORKERS UNITED 1000 DEAN STREET SUITE 432	27-0441096	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(3) GIRL VOW INC. 509 WILLIS AVE #4 NEW YORK, NY 10455	47-4062257	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(4) JUSTLEADERSHIPUSA 1900 LEXINGTON AVENUE NEW YORK, NY 10035	90-1019268	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(5) MEKONG INC 2471 UNIVERSITY AVENUE NEW YORK, NY 10468	80-0834777	501(C)(3)	25,000.		FMV		RESILIENCE-NYC
(6) MOVEMENT FOR JUSTICE IN EL BARRIO 404 FIFTH AVE. 3RD FLOOR NEW YORK, NY 10018	45-0927557	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(7) NEW YORK STATE YOUTH LEADERSHIP COUNCIL 168 CANAL STREET FL 6 NEW YORK, NY 10013	26-3599242	501(C)(3)	20,000.		FMV		RESILIENCE-NYC
(8) RACE TRACK CHAPLAINCY OF AMERICA METROPOLIT 2150 HEMPSTEAD TPKE PO BOX 37191	27-0485424	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(9) RESPECTABILITY 11333 WOODGLEN DRIVE SUITE 102	46-2840232	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(10) SHALOM TASK FORCE INC. 500 7TH AVE 8TH FLOOR	11-3207504	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(11) START SMALL. THINK BIG. INC. 8 W. 126TH STREET 3RD FLOOR	27-1821066	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(12) VIOLENCE INTERVENTION PROGRAM PO BOX 1161 - TRI-BOROUGH STATION	13-3540337	501(C)(3)	15,000.		FMV		RESILIENCE-NYC

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(1) YOUNG WOMENS CHRISTIAN ASSOCIATION OF QUEEN 42-07 PARSONS BLVD. NEW YORK, NY 11355	20-0351906	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(2) LGBT CENTER INTERCULTURAL COLLECTIVE INC. 3763 83RD ST #1B NEW YORK, NY 11372	82-4397912	501(C)(3)	30,000.		FMV		RESILIENCE-NYC
(3) NEW YORK COMMUNITY TRUST 909 THIRD AVE 22ND FLOOR NEW YORK, NY 10022	13-3062214	501(C)(3)	20,000.		FMV		RESILIENCE-NYC
(4) NEW YORK TRANSGENDER ADVOCACY GROUP 215 W 125TH STREET SUITE 2	81-1370263	501(C)(3)	30,000.		FMV		RESILIENCE-NYC
(5) SYLVIA RIVERA LAW PROJECT INC 147 W. 24TH STREET 5TH FLOOR	81-0640342	501(C)(3)	30,000.		FMV		RESILIENCE-NYC
(6) TRANSGENDER LEGAL DEFENSE & EDUCATION FUND 216 AVENUE A NEW YORK, NY 10009	04-3762842	501(C)(3)	30,000.		FMV		RESILIENCE-NYC
(7) TRANSLATINA NETWORK INC. 137 W 19TH ST 2ND FLOOR NEW YORK, NY 10011	47-4807380	501(C)(3)	30,000.		FMV		RESILIENCE-NYC
(8) ALLIANCE FOR GLOBAL JUSTICE 225 E. 26TH ST. SUITE 1 TUCSON, AZ 85713	52-2094677	501(C)(3)	30,000.		FMV		RESILIENCE-NYC
(9) A BETTER BALANCE: THE WORK AND FAMILY LEGAL 40 WORTH STREET 10TH FLOOR	20-3664771	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(10) A LITTLE PIECE OF LIGHT INC 521 ST MARKS AVENUE 3B NEW YORK, NY 11238	83-1458976	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(11) ADHIKAAR FOR HUMAN RIGHTS AND SOCIAL JUSTIC 7107 WOODSIDE AVENUE NEW YORK, NY 11377	20-3384725	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(12) AFRICAN REFUGE INC 185 PARK HILL AVE. SUITE LB	01-0873188	501(C)(3)	10,000.		FMV		RESILIENCE-NYC

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(1) ALEX HOUSE PROJECT INC 76 LORRAINE STREET NEW YORK, NY 11231	47-5488301	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(2) BLACKFEM INC. 559 MARYLAND AVE LEXINGTON, KY 40508	47-5331017	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(3) CHINESE STAFF AND WORKERS' ASSOCIATION 345 GRAND STREET NEW YORK, NY 10002	13-3015932	501(C)(3)	20,000.		FMV		RESILIENCE-NYC
(4) COLLEGE AND COMMUNITY FELLOWSHIP INC. 475 RIVERSIDE DRIVE SUITE 1626	31-1720017	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(5) COMMUNITY CONNECTIONS FOR YOUTH INC. 369 EAST 149TH STREET 7TH FLOOR	26-4482112	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(6) CORRECTIONAL ASSOCIATION OF NEW YORK POST OFFICE BOX 793 NEW YORK, NY 11207	13-5562324	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(7) CUSTOM COLLABORATIVE 102 BRADHURST AVE NEW YORK, NY 10039	47-5036606	501(C)(3)	20,000.		FMV		RESILIENCE-NYC
(8) DRUM - DESIS RISING UP AND MOVING 72-18 ROOSEVELT AVENUE 2ND FLOOR	38-3652741	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(9) FIGURE SKATING IN HARLEM INC. 361 WEST 125TH STREET 4TH FLOOR	13-3945168	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(10) FLANBWAYAN HAITIAN LITERACY PROJECT 208 PARKSIDE AVENUE 2ND FLOOR	27-0974276	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(11) GIRLS FOR GENDER EQUITY INC - GGE 25 CHAPEL STREET STE 1006	04-3697166	501(C)(3)	20,000.		FMV		RESILIENCE-NYC
(12) GOOD CALL NYC CO 7 MARCUS GARVEY BLVD OFFICE 445	82-1011857	501(C)(3)	10,000.		FMV		RESILIENCE-NYC

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

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1) GOOD OLD LOWER EAST SIDE 169 AVENUE B NEW YORK, NY 10009	13-2915659	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(2) GRACE OUTREACH 378 E. 151 STREET 5TH FLOOR	86-1110482	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(3) GRIOT CIRCLE INC. 25 FLATBUSH AVE. 5TH FLOOR	11-3364328	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(4) HOLLABACK! 30 3RD AVENUE 800B ROOM 800B	27-3199988	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(5) HUDSON LINK FOR HIGHER EDUCATION IN PRISON PO BOX 862 NEW YORK, NY 10562	13-4132348	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(6) JACOB A. RIIS NEIGHBORHOOD SETTLEMENT 10-25 41ST AVENUE NEW YORK, NY 11101	11-1729398	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(7) JUSTICE COMMITTEE 3440 79TH ST. APT. 3G NEW YORK, NY 11372	36-4576355	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(8) JUSTICE FOR FAMILIES 1913 AZALEA ST. SULPHUR, LA 70663	45-2625169	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(9) LATINOJUSTICE PRLDEF 475 RIVERSIDE DRIVE SUITE 1901	13-2722664	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(10) LAUNDRY WORKERS CENTER 80 BROAD ST SUITE 613A NEW YORK, NY 10004	82-4172181	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(11) LGBT CENTER INTERCULTURAL COLLECTIVE INC. 3763 83RD ST #1B NEW YORK, NY 11372	82-4397912	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(12) MIXTECA ORGANIZATION INC 245 23 STREET 2 FL NEW YORK, NY 11215	11-3561651	501(C)(3)	10,000.		FMV		RESILIENCE-NYC

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(1) NATIONAL MOBILIZATION AGAINST SWEATSHOPS 345 GRAND ST. #1E NEW YORK, NY 10002	06-1540438	501(C)(3)	20,000.		FMV		RESILIENCE-NYC
(2) NEW YORK TRANSGENDER ADVOCACY GROUP 215 W 125TH STREET SUITE 2	81-1370263	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(3) PRIDE CENTER OF STATEN ISLAND INC. 25 VICTORY BLVD. 3RD FLOOR	46-3358895	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(4) SADIE NASH LEADERSHIP PROJECT 4 WEST 43RD STREET SUITE 502	11-3633912	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(5) SAKHI FOR SOUTH ASIAN WOMEN P.O. BOX 1333 CHURCH STREET STATION	13-3593806	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(6) SAPNA NYC (FKA) WESTCHESTER SQUARE PARTNERS 2348 WATERBURY AVE 1ST FLOOR	26-3124969	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(7) SOUL SISTERS LEADERSHIP COLLECTIVE INC 1951 NW 7TH AVE #600 MIAMI, FL 33136	47-3108951	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(8) SPARKS 1274 49TH STREET SUITE 427	26-0794276	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(9) STATEN ISLAND COMMUNITY JOB CENTER INC 774 PORT RICHMOND AVE 2FL	47-2787706	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(10) SYLVIA RIVERA LAW PROJECT INC 147 W. 24TH STREET 5TH FLOOR	81-0640342	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(11) THE CENTER FOR ANTI-VIOLENCE EDUCATION INC. 327 7TH STREET 2ND FLOOR NEW YORK, NY 11215	11-2444676	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(12) THE LADIES OF HOPE MINISTRIES INC 2023 CAESAR PLACE NEW YORK, NY 10473	83-2249413	501(C)(3)	10,000.		FMV		RESILIENCE-NYC

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(1) TRINITY HEALING CENTER INC 7304 5TH AVENUE PMB#272 NEW YORK, NY 11209	20-3235905	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(2) VOCES LATINAS CORP. 37-63 83RD ST. SUITE 1B NEW YORK, NY 11372	20-2312651	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(3) WOMEN FOR AFGHAN WOMEN 158-24 73RD AVENUE NEW YORK, NY 11366	02-0539734	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(4) ALLIANCE FOR GLOBAL JUSTICE 225 E. 26TH ST. SUITE 1 TUCSON, AZ 85713	52-2094677	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(5) ASIAN AMERICAN LEGAL DEFENSE AND EDUCATION 99 HUDSON STREET 12TH FLOOR	13-2855641	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(6) BLACK ALLIANCE FOR JUST IMMIGRATION 1360 FULTON ST. BUILDING B SUITE 427	27-1911378	501(C)(3)	20,000.		FMV		RESILIENCE-NYC
(7) CENTER FOR TRANSFORMATIVE ACTION 119 ANABEL TAYLOR HALL NEW YORK, NY 14853	16-0990318	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(8) CENTER FOR TRANSFORMATIVE ACTION 119 ANABEL TAYLOR HALL NEW YORK, NY 14853	16-0990318	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(9) FRACTURED ATLAS INC. 228 PARK AVE SOUTH #56651	11-3451703	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(10) JUDSON MEMORIAL CHURCH 239 W THOMPSON NEW YORK, NY 10012	13-2664489	501(C)(3)	15,000.		FMV		RESILIENCE-NYC
(11) MAKE THE ROAD NEW YORK 301 GROVE STREET NEW YORK, NY 11237	11-3344389	501(C)(3)	10,000.		FMV		RESILIENCE-NYC
(12) OPERATION RESTORATION P.O. BOX 56894 NEW ORLEANS, LA 70156-6894	61-1791941	501(C)(3)	15,000.		FMV		RESILIENCE-NYC

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(1) AFRICAN COMMUNITIES TOGETHER 127 WEST 127TH STREET SUITE 221	46-1689772	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(2) ASSET FUNDERS NETWORK 2045 W GRAND AVE STE B #50387	83-1215288	501(C)(3)	20,000.		FMV		STRATEGIC DISCRETION
(3) MAESTRA MUSIC INC. 215 W 104TH ST #237 NEW YORK, NY 00025	83-3439518	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(4) NEW YORK URBAN LEAGUE 204 WEST 136TH STREET NEW YORK, NY 10030	13-1671035	501(C)(3)	20,000.		FMV		STRATEGIC DISCRETION
(5) CENTRAL BROOKLYN ECONOMIC DEVELOPMENT CORP. 444 THOMAS S. BOYLAND STREET 3RD FLOOR - SU	11-2981085	501(C)(3)	15,000.		FMV		STRATEGIC DISCRETION
(6) FUND FOR THE CITY OF NEW YORK 121 SIXTH AVENUE 6TH FLOOR	13-2612524	501(C)(3)	25,000.		FMV		STRATEGIC DISCRETION
(7) JANNAHS HANDS 495 FLATBUSH AVE #50 NEW YORK, NY 11225	84-4289169	501(C)(3)	15,000.		FMV		STRATEGIC DISCRETION
(8) LUTHERAN SOCIAL SERVICES OF METROPOLITAN NE 27 PARK PLACE SUITE 400 NEW YORK, NY 10007	13-2658548	501(C)(3)	6,000.		FMV		STRATEGIC DISCRETION
(9) RESEARCH FOUNDATION OF CUNY 230 W. 41ST STREET NEW YORK, NY 10036	13-1988190	501(C)(3)	20,000.		FMV		STRATEGIC DISCRETION
(10) RESEARCH FOUNDATION OF CUNY 230 W. 41ST STREET NEW YORK, NY 10036	13-1988190	501(C)(3)	20,000.		FMV		STRATEGIC DISCRETION
(11) TIDES CENTER 1012 TORNEY AVENUE	94-3213100	501(C)(3)	25,000.		FMV		STRATEGIC DISCRETION
(12) TRANS EMPOWERMENT PROJECT PO BOX 11866 KNOXVILLE, TN 37939	81-5250758	501(C)(3)	15,000.		FMV		STRATEGIC DISCRETION

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(1) RESEARCH FOUNDATION OF CUNY 230 W. 41ST STREET NEW YORK, NY 10036	13-1988190	501(C)(3)	15,000.				STRATEGIC DISCRETION
(2) AFRICAN AMERICAN POLICY FORUM 435 W. 116TH STREET NEW YORK, NY 10027	06-1597874	501(C)(3)	30,000.				STRATEGIC DISCRETION
(3) BANK STREET COLLEGE OF EDUCATION 610 WEST 112TH STREET NEW YORK, NY 10025	13-5562167	501(C)(3)	20,000.				STRATEGIC DISCRETION
(4) FUND FOR THE CITY OF NEW YORK 121 SIXTH AVENUE 6TH FLOOR	13-2612524	501(C)(3)	30,000.				STRATEGIC DISCRETION
(5) HOUSING PLUS SOLUTIONS INC. 4 WEST 43RD STREET SECOND FLOOR	13-4200638	501(C)(3)	10,000.				STRATEGIC DISCRETION
(6) NEW HOUR FOR WOMEN AND CHILDREN LI INC 1725 BRENTWOOD ROAD MAIN BUILDING 2	47-4718783	501(C)(3)	25,000.				STRATEGIC DISCRETION
(7) NORTH STAR FUND 520 EIGHTH AVENUE SUITE 1800	13-2950801	501(C)(3)	25,000.				STRATEGIC DISCRETION
(8) JUSTLEADERSHIPUSA 1900 LEXINGTON AVENUE NEW YORK, NY 10035	90-1019268	501(C)(3)	75,000.				THE CRIMINAL JUSTICE
(9) WOMEN'S COMMUNITY JUSTICE ASSOCIATION 4 WEST 43RD STREET 2ND FL	82-5526819	501(C)(3)	300,000.				THE CRIMINAL JUSTICE
(10) TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY 615 WEST 131ST STREET 6TH FLOOR	13-5598093	501(C)(3)	35,000.				THE CRIMINAL JUSTICE
(11) TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY 615 WEST 131ST STREET 6TH FLOOR	13-5598093	501(C)(3)	20,000.				THE CRIMINAL JUSTICE
(12) A LITTLE PIECE OF LIGHT INC 521 ST MARKS AVENUE 3B NEW YORK, NY 11238	83-1458976	501(C)(3)	30,000.				THE CRIMINAL JUSTICE

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(1) ALLIANCE OF FAMILIES FOR JUSTICE 8 W. 126 ST. FL. 3 NEW YORK, NY 10027	82-1971330	501(C)(3)	75,000.				THE CRIMINAL JUSTICE
(2) GIRL VOW INC. 509 WILLIS AVE #4 NEW YORK, NY 10455	47-4062257	501(C)(3)	30,000.				THE CRIMINAL JUSTICE
(3) GOOD CALL NYC CO 7 MARCUS GARVEY BLVD OFFICE 445	82-1011857	501(C)(3)	35,000.				THE CRIMINAL JUSTICE
(4) JUSTICE FOR FAMILIES 1913 AZALEA ST. SULPHUR, LA 70663	45-2625169	501(C)(3)	50,000.				THE CRIMINAL JUSTICE
(5) KATAL CENTER FOR HEALTH EQUITY AND JUSTICE 147 PRINCE ST NEW YORK, NY 11201	81-1323278	501(C)(3)	75,000.				THE CRIMINAL JUSTICE
(6) LATINOJUSTICE PRLDEF 475 RIVERSIDE DRIVE SUITE 1901	13-2722664	501(C)(3)	50,000.				THE CRIMINAL JUSTICE
(7) MEKONG INC 2471 UNIVERSITY AVENUE NEW YORK, NY 10468	80-0834777	501(C)(3)	50,000.				THE CRIMINAL JUSTICE
(8) NEW YORK CITY GAY & LESBIAN ANTI-VIOLENCE P 116 NASSAU STREET 3RD FLOOR	13-3149200	501(C)(3)	50,000.				THE CRIMINAL JUSTICE
(9) PURELEGACEE INC. 2729 WEST 33RD STREET NEW YORK, NY 11224	83-3712849	501(C)(3)	30,000.				THE CRIMINAL JUSTICE
(10) SOUL SISTERS LEADERSHIP COLLECTIVE INC 1951 NW 7TH AVE #600 MIAMI, FL 33136	47-3108951	501(C)(3)	35,000.				THE CRIMINAL JUSTICE
(11) SYLVIA RIVERA LAW PROJECT INC 147 W. 24TH STREET 5TH FLOOR	81-0640342	501(C)(3)	30,000.				THE CRIMINAL JUSTICE
(12) THE BRONX DEFENDERS 360 EAST 161ST STREET NEW YORK, NY 10451	13-3931074	501(C)(3)	75,000.				THE CRIMINAL JUSTICE

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE LADIES OF HOPE MINISTRIES INC 2023 CAESAR PLACE NEW YORK, NY 10473	83-2249413	501(C)(3)	30,000.				THE CRIMINAL JUSTICE
(2) THEATRE OF THE OPPRESSED NYC 758 8TH AVENUE SUITE 300 NEW YORK, NY 10036	45-4815944	501(C)(3)	30,000.				THE CRIMINAL JUSTICE
(3) TRANSGENDER LAW CENTER PO BOX 70976 OAKLAND, CA 94612-0976	05-0544006	501(C)(3)	50,000.				THE CRIMINAL JUSTICE
(4) VOICES OF COMMUNITY ACTIVISTS & LEADERS-VOC 80A FOURTH AVENUE NEW YORK, NY 11217	13-4094385	501(C)(3)	50,000.				THE CRIMINAL JUSTICE
(5) YOUTH REPRESENT 11 PARK PLACE SUITE 1512 NEW YORK, NY 10007	20-8034010	501(C)(3)	30,000.				THE CRIMINAL JUSTICE
(6) FUND FOR THE CITY OF NEW YORK 121 SIXTH AVENUE 6TH FLOOR	13-2612524	501(C)(3)	35,000.				THE CRIMINAL JUSTICE
(7) BLACK WOMEN'S BLUEPRINT 279 EMPIRE BOULEVARD NEW YORK, NY 11225	27-1308862	501(C)(3)	80,000.				THE FUND FOR THE ME
(8) ME TOO. INTERNATIONAL INC. 375 HIGHLAND AVENUE NE UNIT 1007	83-4447513	501(C)(3)	500,000.				THE FUND FOR THE ME
(9) THE WOMEN'S FOUNDATION OF CALIFORNIA 300 FRANK H. OGAWA PLAZA SUITE 420	94-2752421	501(C)(3)	25,000.				THE FUND FOR THE ME
(10) THE WOMEN'S FOUNDATION OF CALIFORNIA 300 FRANK H. OGAWA PLAZA SUITE 420	94-2752421	501(C)(3)	120,000.				THE FUND FOR THE ME
(11) VIOLENCE INTERVENTION PROGRAM PO BOX 1161 - TRI-BOROUGH STATION	13-3540337	501(C)(3)	100,000.				THE FUND FOR THE ME
(12) WASHINGTON AREA WOMEN'S FOUNDATION 1331 H STREET NW SUITE 1000	52-2028612	501(C)(3)	25,000.				THE FUND FOR THE ME

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2020**

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WASHINGTON AREA WOMEN'S FOUNDATION 1331 H STREET NW SUITE 1000	52-2028612	501(C)(3)	105,000.				THE FUND FOR THE ME
(2) WASHINGTON AREA WOMEN'S FOUNDATION 1331 H STREET NW SUITE 1000	52-2028612	501(C)(3)	20,000.				THE FUND FOR THE ME
(3) WOMEN'S FOUNDATION FOR A GREATER MEMPHIS 40 S. MAIN ST. STE. 2280 MEMPHIS, TN 38103	58-2207247	501(C)(3)	25,000.				THE FUND FOR THE ME
(4) WOMEN'S FOUNDATION OF MINNESOTA 105 FIFTH AVENUE S SUITE 300	41-1635761	501(C)(3)	75,000.				THE FUND FOR THE ME
(5) WOMEN'S FOUNDATION OF MINNESOTA 105 FIFTH AVENUE S SUITE 300	41-1635761	501(C)(3)	25,000.				THE FUND FOR THE ME
(6) WOMEN'S FUND OF WESTERN MASSACHUSETTS 1350 MAIN STREET SUITE 1006	04-3342411	501(C)(3)	55,000.				THE FUND FOR THE ME
(7) FRACTURED ATLAS INC. 228 PARK AVE SOUTH #56651	11-3451703	501(C)(3)	50,000.				THE FUND FOR THE ME
(8) BLACK WOMEN'S BLUEPRINT 279 EMPIRE BOULEVARD NEW YORK, NY 11225	27-1308862	501(C)(3)	150,000.				THE NYC FUND FOR GIR
(9) CAAAV: ORGANIZING ASIAN COMMUNITIES 55 HESTER STREET NEW YORK, NY 10002	13-3526938	501(C)(3)	100,000.				THE NYC FUND FOR GIR
(10) HETRICK-MARTIN INSTITUTE 2 ASTOR PLACE 3RD FLOOR NEW YORK, NY 10003	13-3104537	501(C)(3)	100,000.				THE NYC FUND FOR GIR
(11) MASA-MEXED INC. 2770 THIRD AVENUE 1ST FLOOR	11-3640210	501(C)(3)	100,000.				THE NYC FUND FOR GIR
(12) MEKONG INC 2471 UNIVERSITY AVENUE NEW YORK, NY 10468	80-0834777	501(C)(3)	100,000.				THE NYC FUND FOR GIR

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

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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Department of the Treasury
Internal Revenue Service

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Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NEW YORK CITY GAY & LESBIAN ANTI-VIOLENCE P 116 NASSAU STREET 3RD FLOOR	13-3149200	501(C)(3)	150,000.				THE NYC FUND FOR GIR
(2) NEW YORK STATE YOUTH LEADERSHIP COUNCIL 168 CANAL STREET FL 6 NEW YORK, NY 10013	26-3599242	501(C)(3)	120,000.				THE NYC FUND FOR GIR
(3) RESTAURANT OPPORTUNITIES CENTER OF NEW YORK 275 SEVENTH AVENUE SUITE 1703	01-0939141	501(C)(3)	100,000.				THE NYC FUND FOR GIR
(4) SAKHI FOR SOUTH ASIAN WOMEN P.O. BOX 1333 CHURCH STREET STATION	13-3593806	501(C)(3)	100,000.				THE NYC FUND FOR GIR
(5) STATEN ISLAND COMMUNITY JOB CENTER INC 774 PORT RICHMOND AVE 2FL	47-2787706	501(C)(3)	100,000.				THE NYC FUND FOR GIR
(6) TURNING POINT FOR WOMEN AND FAMILIES PO BOX 670086 NEW YORK, NY 11367	54-2177390	501(C)(3)	100,000.				THE NYC FUND FOR GIR
(7) VIBE THEATER 138 SOUTH OXFORD SUITE 4D	20-0482372	501(C)(3)	100,000.				THE NYC FUND FOR GIR
(8) ASIAN AMERICAN LEGAL DEFENSE AND EDUCATION 99 HUDSON STREET 12TH FLOOR	13-2855641	501(C)(3)	100,000.				THE NYC FUND FOR GIR
(9) NEW YORK LIVE ARTS 219 W 19TH STREET NEW YORK, NY 10011	13-6206608	501(C)(3)	100,000.				THE NYC FUND FOR GIR
(10) AMERICAN INDIAN COMMUNITY HOUSE OF NEW YORK 39 ELDRIDGE STREET 4TH FLOOR	23-7088777	501(C)(3)	50,000.				THE NYC FUND FOR GIR
(11) THE WOMANHOOD PROJECT 3400 FORT INDEPENDENCE ST. STE 25	81-2556333	501(C)(3)	40,000.				THE NYC FUND FOR GIR
(12) UNITED WE DREAM NETWORK 1201 16TH ST NW STE 714	46-2216565	501(C)(3)	30,000.				THE NYC FUND FOR GIR

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

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ASIAN AMERICAN LEGAL DEFENSE AND EDUCATION 99 HUDSON STREET 12TH FLOOR	13-2855641	501(C)(3)	30,000.				THE NYC FUND FOR GIR
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 193.

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

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

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

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

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

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

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

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

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

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

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

GRANTEE PARTNERS DEVELOP CAPACITY BUILDING RESOURCES SUCH AS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

ORGANIZATIONAL DEVELOPMENT, PROGRAM SUSTAINABILITY AND INNOVATION AND
 ADVANCING GENDER AND RACIAL EQUITY. IN ADDITION, GRANTEE PARTNER
 ORGANIZATIONS FUNDED UNDER INITIATIVES, FOR EXAMPLE: IGNITE!, CRIMINAL
 JUSTICE, PARTNERSHIP FOR WOMEN'S PROSPERITY, SUBMIT ADDITIONAL REPORTS
 AND NYWF CONDUCTS STAFF LEAD ASSESSMENTS, AS NECESSARY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

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

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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

Part I 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	(d) Method of determining noncash contribution amounts
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.	186,670.	SELLING PRICE
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 by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

JSA

OE1298 1.000

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, PART I, LINE 9

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

FORM 990, PART I, LINE 1

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

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

THE FORM 990 IS RECEIVED FROM THE AUDITORS AND REVIEWED AND APPROVED BY
MANAGEMENT AND THE FULL BOARD BEFORE FILING.

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED BY BOARD MEMBERS,
STAFF, VOLUNTEERS AND INTERNS. CONFLICTS OF INTEREST ARE REVIEWED
ANNUALLY AND UPDATED ON AN AS NEEDED BASIS.

FORM 990, PART VI, SECTION B, LINE 15A & B

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

FORM 990, PART VI, SECTION C, LINE 19

THE FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

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

FORM 990, PART XI, LINE 9

LOSS ON UNCOLLECTIBLE RECEIVABLES OF \$74,586 AND THE CHANGE IN VALUE OF BENEFICIAL INTEREST OF \$48,802 TOTTALLING \$(25,784).

ATTACHMENT 1

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

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

ATTACHMENT 2

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

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

Name of the organization THE NEW YORK WOMEN'S FOUNDATION, INC.	Employer identification number 13-3457287
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ATTACHMENT 2 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
C/O CARMEL OWEN, 1361 MADISON AVENUE NEW YORK, NY 10128		
LISA KORWIN 5933 HARBORD DRIVE OAKLAND, CA 94611	PLANNING&EVALUATION	104,406.

ATTACHMENT 3

FORM 990, PART IX - OTHER FEES

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