

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning 2019, and ending 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>THE NEW YORK WOMEN'S FOUNDATION, INC.</u>		<b>D</b> Employer identification number <u>13-3457287</u>
	Doing business as		<b>E</b> Telephone number <u>(212) 514-6993</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code <u>NEW YORK, NY 10006</u>		<b>G</b> Gross receipts \$ <u>17,167,869.</u>
<b>F</b> Name and address of principal officer: <u>ANA OLIVEIRA, PRESIDENT AND CEO</u> <u>39 BROADWAY SUITE 2300, NEW YORK, NY 10006</u>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <u>WWW.NYWF.ORG</u>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <u>1987</u>
			<b>M</b> State of legal domicile: <u>NY</u>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>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 (SEE COMPLETION IN SCHEDULE O)</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	28.
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	28.
	<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	31.
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	30.
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-79,936.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	-79,936.	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	21,539,452.	14,474,305.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	465,213.	250,693.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,026,925.	14,737,795.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,018,825.	10,124,400.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,987,251.	4,069,221.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	208,800.	165,605.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,544,386.</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,305,553.	2,338,896.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,520,429.	16,698,122.
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	4,506,496.	-1,960,327.
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	31,499,419.	30,790,795.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	3,632,717.	3,513,807.	
			27,866,702.	27,276,988.

**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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	 Signature of officer	Date
	ANA L. OLIVEIRA PRESIDENT & CEO Type or print name and title	11.11.2020

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>CANDICE METH</u>	Preparer's signature 	Date <u>11/11/2020</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01306891</u>
	Firm's name ▶ <u>EISNERAMPER LLP</u>	Firm's EIN ▶ <u>13-1639826</u>		Phone no. <u>212-949-8700</u>	
	Firm's address ▶ <u>733 THIRD AVENUE NEW YORK, NY 10017-2703</u>				

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

Form **8868**

(Rev. January 2020)

Department of the Treasury  
Internal Revenue Service

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

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

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

<b>Type or print</b>  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 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 11/16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2019 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

<b>3a</b> 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.	<b>3a</b> \$	0.
<b>b</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.	<b>3b</b> \$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	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.

Form **8868** (Rev. 1-2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 \$ 13,565,260. including grants of \$ 10,124,400. ) (Revenue \$ )

THE NEW YORK WOMEN'S FOUNDATION CREATES AN EQUITABLE AND JUST FUTURE FOR WOMEN AND FAMILIES BY UNITING A CROSS-CULTURAL ALLIANCE THAT IGNITES ACTION AND INVESTS IN BOLD, COMMUNITY-LED SOLUTIONS ACROSS THE CITY. THE FOUNDATION WORKS TO ACHIEVE THIS MISSION THROUGH GRANT-MAKING AND PUBLIC EDUCATION.

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

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 13,565,260.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS schedule requirements.

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.

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning 2019, and ending 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>THE NEW YORK WOMEN'S FOUNDATION, INC.</u>		<b>D</b> Employer identification number <u>13-3457287</u>
	Doing business as		<b>E</b> Telephone number <u>(212) 514-6993</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code <u>NEW YORK, NY 10006</u>		<b>G</b> Gross receipts \$ <u>17,167,869.</u>
<b>F</b> Name and address of principal officer: <u>ANA OLIVEIRA, PRESIDENT AND CEO</u> <u>39 BROADWAY SUITE 2300, NEW YORK, NY 10006</u>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <u>WWW.NYWF.ORG</u>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <u>1987</u>
			<b>M</b> State of legal domicile: <u>NY</u>

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>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 (SEE COMPLETION IN SCHEDULE O)</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	28.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	28.
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	31.
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	30.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-79,936.
	b Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	-79,936.	
Revenue			<b>Prior Year</b>	<b>Current Year</b>
	8	Contributions and grants (Part VIII, line 1h)	21,539,452.	14,474,305.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	465,213.	250,693.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,260.	12,797.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,026,925.	14,737,795.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,018,825.	10,124,400.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,987,251.	4,069,221.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	208,800.	165,605.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,544,386.</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,305,553.	2,338,896.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,520,429.	16,698,122.
	19	Revenue less expenses. Subtract line 18 from line 12	4,506,496.	-1,960,327.
Net Assets or Fund Balances			<b>Beginning of Current Year</b>	<b>End of Year</b>
	20	Total assets (Part X, line 16)	31,499,419.	30,790,795.
	21	Total liabilities (Part X, line 26)	3,632,717.	3,513,807.
22	Net assets or fund balances. Subtract line 21 from line 20	27,866,702.	27,276,988.	

**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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
Signature of officer: *ANA L. OLIVEIRA* Date: 11.11.2020  
Type or print name and title: ANA L. OLIVEIRA PRESIDENT & CEO

**Paid Preparer Use Only**  
Print/Type preparer's name: CANDICE METH Preparer's signature: *Candice Meth* Date: 11/11/2020  
Check  if self-employed PTIN: P01306891  
Firm's name: EISNERAMPER LLP Firm's EIN: 13-1639826  
Firm's address: 733 THIRD AVENUE NEW YORK, NY 10017-2703 Phone no.: 212-949-8700

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

Form **8868**

(Rev. January 2020)

Department of the Treasury  
Internal Revenue Service

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

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OMB No. 1545-0047

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**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.

<b>Type or print</b>  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 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) . . . . . 01

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 11/16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2019 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

<b>3a</b> 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.	<b>3a</b> \$	0.
<b>b</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.	<b>3b</b> \$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	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.

Form **8868** (Rev. 1-2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 13,565,260. including grants of \$ 10,124,400. ) (Revenue \$ )

THE NEW YORK WOMEN'S FOUNDATION CREATES AN EQUITABLE AND JUST FUTURE FOR WOMEN AND FAMILIES BY UNITING A CROSS-CULTURAL ALLIANCE THAT IGNITES ACTION AND INVESTS IN BOLD, COMMUNITY-LED SOLUTIONS ACROSS THE CITY. THE FOUNDATION WORKS TO ACHIEVE THIS MISSION THROUGH GRANT-MAKING AND PUBLIC EDUCATION.

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

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 13,565,260.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS schedule requirements.

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 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, unrelated 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 (28), 1b (28), 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. Indicate how you made these available. Check all that apply.
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 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 (28), 1b (28), 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. Indicate how you made these available. Check all that apply.
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			321,757.	0.	21,504.	
(2) ANNA MARIE ALMEIDA VP OF DEVELOPMENT	40.00 0.					X	209,597.	0.	21,565.	
(3) NANCY GUIDA VP OF COMMUNICATIONS	40.00 0.					X	193,758.	0.	21,945.	
(4) CAMILLE EMEAGWALI VP OF PROGRAMS	40.00 0.					X	203,100.	0.	10,991.	
(5) LORRAINE STEPHENS VP STRATEGIC PLANNING	40.00 0.					X	197,372.	0.	11,551.	
(6) MADELINE HOLDER DIRECTOR OF INDIVIDUAL GIVING	40.00 0.					X	167,718.	0.	21,429.	
(7) YVONNE MOORE CO-CHAIR	3.00 0.	X		X			0.	0.	0.	
(8) JEANNE MULLGRAV SECRETARY	3.00 0.	X		X			0.	0.	0.	
(9) GRAINNE MCNAMARA CO-CHAIR	3.00 0.	X		X			0.	0.	0.	
(10) MICHELLE PENZER VICE CHAIR & TREASURER	3.00 0.	X		X			0.	0.	0.	
(11) LORRAINE CORTES VAZQUEZ BOARD MEMBER	3.00 0.	X					0.	0.	0.	
(12) CAROLYN ROSSIP MALCOLM BOARD MEMBER	3.00 0.	X					0.	0.	0.	
(13) MARGARET MORRISON BOARD MEMBER	3.00 0.	X					0.	0.	0.	
(14) FRAN BARRETT 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 ----- BOARD MEMBER	3.00 ----- 0.	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.	
<b>1b Sub-total</b> . . . . .							1,293,302.	0.	108,985.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							1,293,302.	0.	108,985.	

**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 ► 10

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> 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 1		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 3

**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 ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.	
( 34) TOMASITA SHERER ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.	
<b>1b Sub-total</b> . . . . .								0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .											
<b>d Total (add lines 1b and 1c)</b> . . . . .											

**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 **▶** 10

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> 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)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	2,179,642.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	12,294,663.				
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 86,028.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .			14,474,305.			
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			0.			
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .		106,278.		-79,936.	186,214.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0.				
	<b>5</b>	Royalties . . . . .		0.				
	<b>6a</b>	Gross rents . . . . .	(i) Real					
			(ii) Personal					
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) . . . . .			0.			
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	2,116,668.				
			(ii) Other					
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	1,972,253.				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	144,415.				
	<b>d</b>	Net gain or (loss) . . . . .			144,415.		144,415.	
<b>8a</b>	Gross income from fundraising events (not including \$ 2,179,642. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	457,821.					
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	457,821.					
<b>c</b>	Net income or (loss) from fundraising events. . . . .			0.				
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .		0.					
			0.					
			0.					
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities. . . . .			0.				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .		0.					
			0.					
			0.					
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory. . . . .			0.				
<b>Miscellaneous Revenue</b>	<b>11a</b>	ADMINISTRATIVE FEE	Business Code	900099	12,797.	12,797.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			12,797.			
	<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			14,737,795.	12,797.	-79,936.	330,629.

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	10,124,400.	10,124,400.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	343,261.	163,367.	89,843.	90,051.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	3,029,257.	1,454,648.	788,915.	785,694.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	167,632.	80,603.	43,464.	43,565.
9 Other employee benefits . . . . .	315,468.	151,687.	81,796.	81,985.
10 Payroll taxes . . . . .	213,603.	102,707.	55,384.	55,512.
11 Fees for services (nonemployees):				
a Management . . . . .	0.			
b Legal . . . . .	13,570.		13,570.	
c Accounting . . . . .	58,000.		58,000.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	165,605.			165,605.
f Investment management fees . . . . .	57,954.		57,954.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	1,298,464.	1,006,346.	204,608.	87,510.
12 Advertising and promotion . . . . .	5,768.	5,768.		
13 Office expenses . . . . .	171,794.	92,937.	13,511.	65,346.
14 Information technology. . . . .	52,771.	20,530.	17,399.	14,842.
15 Royalties. . . . .	0.			
16 Occupancy . . . . .	306,317.	147,399.	79,250.	79,668.
17 Travel . . . . .	155,613.	129,672.	7,058.	18,883.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	0.			
21 Payments to affiliates. . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	50,579.	24,320.	13,114.	13,145.
23 Insurance . . . . .	0.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	10,668.		10,668.	
b DUES AND SUBSCRIPTIONS	69,665.	31,358.	28,582.	9,725.
c MISCELLANEOUS EXPENSE	74,106.	24,113.	20,346.	29,647.
d EQUIPMENT RENTAL	13,627.	5,405.	5,014.	3,208.
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	16,698,122.	13,565,260.	1,588,476.	1,544,386.
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	5,850,507.	<b>1</b>	6,758,369.
	<b>2</b> Savings and temporary cash investments. . . . .	3,169,451.	<b>2</b>	2,490,837.
	<b>3</b> Pledges and grants receivable, net . . . . .	12,524,042.	<b>3</b>	9,962,429.
	<b>4</b> Accounts receivable, net. . . . .	0.	<b>4</b>	0.
	<b>5</b> 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.	<b>5</b>	0.
	<b>6</b> 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.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	63,913.	<b>9</b>	76,754.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 418,833.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 319,789.		
		58,622.	<b>10c</b>	99,044.
	<b>11</b> Investments - publicly traded securities. . . . .	8,734,203.	<b>11</b>	9,490,037.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	817,742.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,098,681.	<b>15</b>	1,095,583.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	31,499,419.	<b>16</b>	30,790,795.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses. . . . .	446,838.	<b>17</b>	533,842.
	<b>18</b> Grants payable . . . . .	3,003,500.	<b>18</b>	2,878,000.
	<b>19</b> Deferred revenue. . . . .	53,506.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> 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.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	0.
	<b>25</b> 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 . . . . .	128,873.	<b>25</b>	101,965.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	3,632,717.	<b>26</b>	3,513,807.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions. . . . .	17,477,613.	<b>27</b>	17,377,597.
	<b>28</b> Net assets with donor restrictions. . . . .	10,389,089.	<b>28</b>	9,899,391.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	27,866,702.	<b>32</b>	27,276,988.
<b>33</b> Total liabilities and net assets/fund balances. . . . .	31,499,419.	<b>33</b>	30,790,795.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	14,737,795.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	16,698,122.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,960,327.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	27,866,702.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,388,761.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-18,148.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	27,276,988.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** 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.
- 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? . . . . .
- b** 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 . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

**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](http://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)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2019

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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019 (28.20%); 15 Public support percentage from 2018 Schedule A, Part II, line 14 (39.05%); 16a 33 1/3% support test - 2019; 16b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; 17b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five 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

Table with 3 columns: Description, 2019, 2018. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2018 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2019, 2018. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2019. 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.

19b 33 1/3% support tests - 2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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 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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b>	Activities Test. Answer (a) and (b) below.			
<b>a</b>	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>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>			
<b>3</b>	Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b>	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>Provide details in Part VI.</i>			
<b>b</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**

- 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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<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) 2019

**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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 . . . . .			
b From 2015 . . . . .			
c From 2016 . . . . .			
d From 2017 . . . . .			
e From 2018 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 . . . .			
b Excess from 2016 . . . .			
c Excess from 2017 . . . .			
d Excess from 2018 . . . .			
e Excess from 2019 . . . .			

**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.)

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ATTACHMENT 1

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## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
ADMINISTRATIVE FEE AND MISC INC	167,263.	38,296.	12,209.	22,260.	12,797.	252,825.
<b>TOTALS</b>	<u>167,263.</u>	<u>38,296.</u>	<u>12,209.</u>	<u>22,260.</u>	<u>12,797.</u>	<u>252,825.</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

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

Employer identification number

THE NEW YORK WOMEN'S FOUNDATION, INC.

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2019

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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 18.6800 %
c Term endowment 10.6900 %

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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and DEFERRED RENT LIABILITY. Total row shows 101,965.

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 [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 14,737,795.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 16,698,122.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

**Part XIII** Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 4

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

FORM 990, SCHEDULE D, PART X, LINE 2

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

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

LOSS ON UNCOLLECTIBLE RECEIVABLES OF \$18,148 IS INCLUDED IN EXPENSES PER THE AUDITED FINANCIAL STATEMENTS, BUT INCLUDED AS A RECONCILING ITEM TO NET ASSETS PER RETURN.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

THE NEW YORK WOMEN'S FOUNDATION, INC.

13-3457287

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CATHY MCNAMARA, INC.	FUNDRAISER		X	1,901,124.	95,000.	1,806,124.
2 EVENT ASSOCIATES, INC.	FUNDRAISER		X	4,839,371.	70,605.	4,768,766.
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				6,740,495.	165,605.	6,574,890.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CT, NJ, NY,

**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)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	1,907,874.	555,731.	173,858.	2,637,463.
	<b>2</b> Less: Contributions . . . . .	1,670,800.	435,043.	73,799.	2,179,642.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	237,074.	120,688.	100,059.	457,821.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	237,074.	120,688.	100,059.	457,821.
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				457,821.
	<b>11</b> 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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> 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).

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SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

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... [X] Yes
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.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include organizations like AFRICAN REFUGE INC, CIDADAO GLOBAL, etc.

- 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) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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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**

- 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
<b>(1)</b> VOTERUNLEAD 8 W 126TH ST NEW YORK, NY 10027	46-4285577	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
<b>(2)</b> ADHIKAAR FOR HUMAN RIGHTS AND SOCIAL JUSTIC 7107 WOODSIDE AVENUE WOODSIDE, NY 11377	20-3384725	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
<b>(3)</b> BELMONT CHILD CARE ASSOCIATION, INC. 2150 HEMPSTEAD TURNPIKE BELMONT PARK, GATE	31-1646091	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
<b>(4)</b> CENTER FOR TRANSFORMATIVE ACTION 119 ANABEL TAYLOR HALL ITHACA, NY 14853	16-0990318	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
<b>(5)</b> COMMUNITY HEALTH PROJECT 356 WEST 18TH STREET NEW YORK, NY 10011	13-3409680	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
<b>(6)</b> FAITH IN NEW YORK 103-04 39TH AVE, STE 105 CORONA, NY 11368	80-0122559	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
<b>(7)</b> MIXTECA ORGANIZATION INC. 245 23 STREET 2 FL BROOKLYN, NY 11215	11-3561651	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
<b>(8)</b> NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE 50 BROAD ST., STE 1937 NEW YORK, NY 10004	52-1891734	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
<b>(9)</b> NEW LEADERS COUNCIL 4005 WISCONSIN AVE., NW, #39123	56-2581640	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
<b>(10)</b> SAPNA NYC INC. 2348 WATERBURY AVE 1ST FLOOR	26-3124969	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
<b>(11)</b> CUSTOM COLLABORATIVE 102 BRADHURST AVE, NEW YORK, NY 10039	47-5036606	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
<b>(12)</b> ALIGN: THE ALLIANCE FOR A GREATER NEW YORK 50 BROADWAY, 29TH FL NEW YORK, NY 10004	20-0559291	501(C)(3)	130,000.		FMV		EARLY INVESTMENT

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

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

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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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**

- 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) BACKSTRETCH EMPLOYEE SERVICE TEAM OF NY 2150 HEMPSTEAD TRNPK #28B	11-2976735	501(C)(3)	70,000.		FMV		EARLY INVESTMENT
(2) BELMONT CHILD CARE ASSOCIATION, INC. 2150 HEMPSTEAD TURNPIKE BELMONT PARK, GATE	31-1646091	501(C)(3)	70,000.		FMV		EARLY INVESTMENT
(3) BELMONT CHILD CARE ASSOCIATION, INC. 2150 HEMPSTEAD TURNPIKE BELMONT PARK, GATE	31-1646091	501(C)(3)	110,000.		FMV		EARLY INVESTMENT
(4) BRANDWORKERS INTERNATIONAL PO BOX 1257 LONG ISLAND CITY, NY 11101	26-0798625	501(C)(3)	70,000.		FMV		EARLY INVESTMENT
(5) MAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN, NY 11237	11-3344389	501(C)(3)	70,000.		FMV		EARLY INVESTMENT
(6) SOCIAL GOOD FUND, INC. 12651 SAN PABLO AVE #5473	46-1323531	501(C)(3)	120,000.		FMV		EARLY INVESTMENT
(7) CUSTOM COLLABORATIVE 102 BRADHURST AVE NEW YORK, NY 10039	47-5036606	501(C)(3)	120,000.		FMV		EARLY INVESTMENT
(8) FAITH IN NEW YORK 103-04 39TH AVE, STE 105, CORONA	80-0122559	501(C)(3)	60,000.		FMV		EARLY INVESTMENT
(9) GENDER EQUALITY LAW CENTER, INC 540 PRESIDENT ST,3RD FL BROOKLYN, NY 11215	46-4141757	501(C)(3)	120,000.		FMV		EARLY INVESTMENT
(10) INDO-CARRIBEAN ALLIANCE 109-11 110TH STREET OZONE PARK, NY 11420	27-2848254	501(C)(3)	120,000.		FMV		EARLY INVESTMENT
(11) JEWS FOR RACIAL AND ECONOMIC JUSTICE (JFREQ) 330 7TH AVENUE,SUITE 1901	13-3694790	501(C)(3)	60,000.		FMV		EARLY INVESTMENT
(12) LATINO LEADERSHIP INSTITUTE, INC. 440 EAST 117 ST,SUITE 5B NEW YORK, NY 10035	11-3478120	501(C)(3)	120,000.		FMV		EARLY INVESTMENT

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

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

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Schedule I (Form 990) (2019)

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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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... [X] 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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include organizations like BRANDWORKERS INTERNATIONAL, MASA-MEXED, INC., PRIDE CENTER OF STATEN ISLAND, INC., etc.

- 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) (2019)

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... [X] 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.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include AMERICAN INDIAN COMMUNITY HOUSE OF NY, ARAB AMERICAN ASSOCIATION OF NEW YORK, etc.

- 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) (2019)

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

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... [X] 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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include GIRLS FOR GENDER EQUITY, GLOBAL ACTION PROJECT, MASA-MEXED, INC., MEKONG NYC, NATIONAL ASIAN PACIFIC AMERICAN WOMEN'S FOR, NEW YORK TRANSGENDER ADVOCACY GROUP, THE CENTER FOR ANTI-VIOLENCE EDUCATION INC., SADIE NASH LEADERSHIP PROJECT, SAKHI FOR SOUTH ASIAN WOMEN, STATEN ISLAND JOB CENTER - LA COLMENA, THEATRE OF THE OPPRESSED NYC, RESEARCH FOUNDATION OF THE CITY UNIVERSITY.

- 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) (2019)

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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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**

- 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
<b>(1)</b> FJC: A FOUNDATION OF PHILANTHROPIC FUNDS 520 8TH AVE 20TH FLOOR NEW YORK, NY 10018	13-3848582	501(C)(3)	100,000.		FMV		GYWC FUND
<b>(2)</b> NEW YORK LIVE ARTS INC. 219 W 19TH STREET NEW YORK, NY 10011	13-6206608	501(C)(3)	100,000.		FMV		GYWC FUND
<b>(3)</b> NEW YORK FOUNDATION FOR THE ARTS INC 20 JAY STREET, SUITE 740 BROOKLYN, NY 11201	23-7129564	501(C)(3)	100,000.		FMV		GYWC FUND
<b>(4)</b> MARY MITCHELL FAMILY AND YOUTH CENTER INC 2007 MAPES AVENUE BRONX, NY 10460	13-3385032	501(C)(3)	100,000.		FMV		GYWC FUND
<b>(5)</b> CENTER FOR TRANSFORMATIVE ACTION 119 ANABEL TAYLOR HALL ITHACA, NY 14853	16-0990318	501(C)(3)	100,000.		FMV		GYWC FUND
<b>(6)</b> ALLIANCE FOR GLOBAL JUSTICE 225 E. 26TH ST TUCSON, AZ 85713	52-2094677	501(C)(3)	100,000.		FMV		GYWC FUND
<b>(7)</b> FRACTURED ATLAS INC. 248 W. 35TH ST, 10TH FL NEW YORK, NY 10001	11-3451703	501(C)(3)	100,000.		FMV		GYWC FUND
<b>(8)</b> RESILIENCE ADVOCACY PROJECT 147 PRINCE STREET BROOKLYN, NY 11201	26-1758248	501(C)(3)	25,000.		FMV		GYWC FUND
<b>(9)</b> RESTAURANT OPPORTUNITIES CENTERS UNITED 275 7TH AVE, STE 1703 NEW YORK, NY 10001	01-0939141	501(C)(3)	50,000.		FMV		GYWC FUND
<b>(10)</b> PRESS PASS TV INC. 100 WARREN ST ROXBURY, MA 02119	80-0214659	501(C)(3)	100,000.		FMV		GYWC FUND
<b>(11)</b> HETRICK-MARTIN INSTITUTE 2 ASTOR PL, 3RD FL NEW YORK, NY 10003	13-3104537	501(C)(3)	40,000.		FMV		GYWC FUND
<b>(12)</b> ROCKEFELLER PHILANTHROPY ADVISORS, INC. 6 WEST 48TH STREET 10TH FLOOR	13-3615533	501(C)(3)	100,000.		FMV		STRATEGIC INITIATIVE

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

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Schedule I (Form 990) (2019)

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

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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

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Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... [X] 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.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include NEW SCHOOL, JOHN JAY COLLEGE FOUNDATION INC, VIBE THEATER EXPERIENCE, etc.

- 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) (2019)

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... [X] Yes
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Schedule I (Form 990) (2019)

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- 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
<b>(1)</b> CENTER FOR POPULAR DEMOCRACY 449 TROUTMAN STREET BROOKLYN, NY 11237	45-3813436	501(C)(3)	25,000.		FMV		STRATEGIC INITIATIVE
<b>(2)</b> VIOLENCE INTERVENTION PROGRAM PO BOX 1161 - TRI-BOROUGH STATION	13-3540337	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
<b>(3)</b> LUTHERAN SOCIAL SERVICES OF METROPOLITAN NY 475 RIVERSIDE DR. STE 1244	13-2658548	501(C)(3)	15,000.		FMV		STRATEGIC DISCRETION
<b>(4)</b> TRANSGENDER LEGAL DEFENSE AND EDUCATION FUN 216 AVENUE A NEW YORK, NY 10009	04-3762842	501(C)(3)	30,000.		FMV		STRATEGIC DISCRETION
<b>(5)</b> NEW YORK TRANSGENDER ADVOCACY GROUP 215 W 125TH ST,STE 2 NEW YORK, NY 10027	81-1370263	501(C)(3)	30,000.		FMV		STRATEGIC DISCRETION
<b>(6)</b> POWHER NEW YORK 370 LEXINGTON AVE, STE 908	47-3609446	501(C)(3)	25,000.		FMV		STRATEGIC DISCRETION
<b>(7)</b> NATIONAL INTERFAITH CABLE COALITION INC (OD 12 WEST 31ST STREET 8TH FLOOR	13-3445556	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
<b>(8)</b> HOT BREAD KITCHEN LTD 1590 PARK AVENUE NEW YORK, NY 10029	26-3332972	501(C)(3)	15,000.		FMV		STRATEGIC DISCRETION
<b>(9)</b> TRANSLATINA NETWORK INC. 137 W 19TH ST, 2ND FLOOR APT 1D	47-4807380	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
<b>(10)</b> WOMEN MAKE MOVIES INC 125 W. 109TH ST,APT. 7D BROOKLYN, NY 10025	132740460	501(C)(3)	7,500.		FMV		STRATEGIC DISCRETION
<b>(11)</b> SAKHI FOR SOUTH ASIAN WOMEN P.O. BOX 1333,CHURCH STREET STATION	13-3593806	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
<b>(12)</b> HETRICK-MARTIN INSTITUTE 2 ASTOR PL, 3RD FL NEW YORK, NY 10003	13-3104537	501(C)(3)	40,000.		FMV		STRATEGIC DISCRETION

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

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**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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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**

- 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
<b>(1)</b> JUSTLEADERSHIPUSA INC. 1900 LEXINGTON AVE NEW YORK, NY 10035	90-1019268	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
<b>(2)</b> NEW YORK UNIVERSITY 295 LAFAYETTE ST, 2ND FL NEW YORK, NY 10012	13-5562308	501(C)(3)	25,000.		FMV		STRATEGIC DISCRETION
<b>(3)</b> NEW YORK LEGAL ASSISTANCE GROUP INCORPORATE 7 HANOVER SQUARE, 18TH FLOOR	13-3505428	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
<b>(4)</b> EQUAL JUSTICE INITIATIVE, 122 COMMERCE STREET MONTGOMERY, AL 36106	63-1135091	501(C)(3)	25,000.		FMV		STRATEGIC DISCRETION
<b>(5)</b> NATIONAL CENTER FOR CIVIC INNOVATION INC., 121 AVENUE OF THE AMERICAS, 6TH FLOOR	02-0590588	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
<b>(6)</b> FUND FOR THE CITY OF NEW YORK INC. 121 SIXTH AVENUE NEW YORK, NY 10013	13-2612524	501(C)(3)	30,000.		FMV		STRATEGIC DISCRETION
<b>(7)</b> FUND FOR THE CITY OF NEW YORK INC. 121 SIXTH AVENUE NEW YORK, NY 10013	13-2612524	501(C)(3)	25,000.		FMV		STRATEGIC DISCRETION
<b>(8)</b> VISUAL ARTS RESEARCH & RESOURCE CTR REL 120 E. 125TH ST NEW YORK, NY 10035	13-3054001	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
<b>(9)</b> NEW PRESS INC 120 WALL STREET 31ST FLOOR	13-3584516	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
<b>(10)</b> WOMEN'S ENEWS 163 AMSTERDAM AVE., #1330	01-0578709	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
<b>(11)</b> GLOBAL ACTION PROJECT 130 W. 25TH ST. #2C NEW YORK, NY 10001	11-3425000	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
<b>(12)</b> VOICES OF COMMUNITY ACTIVISTS & LEADERS, IN 80A FOURTH AVENUE NEW YORK, NY 11217	13-4094385	501(C)(3)	25,000.		FMV		STRATEGIC INITIATIVE

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<b>(1)</b> POWERPAC FOUNDATION 268 BUSH STREET #3737	26-2215714	501(C)(3)	25,000.		FMV		STRATEGIC INITIATIVE
<b>(2)</b> ALEX HOUSE PROJECT, INC 76 LORRAINE STREET BROOKLYN, NY 11231	47-5488302	501(C)(3)	12,000.		FMV		STRATEGIC INITIATIVE
<b>(3)</b> EXALT YOUTH 17 BATTERY PLACE SUITE 307	20-5540955	501(C)(3)	12,000.		FMV		STRATEGIC INITIATIVE
<b>(4)</b> FLANBWAYAN HAITIAN LITERACY PROJECT 208 PARKSIDE AVE 2ND FL, BROOKLYN, NY 11226	27-0974276	501(C)(3)	12,000.		FMV		STRATEGIC INITIATIVE
<b>(5)</b> DOMINICAN WOMEN'S DEVELOPMENT CENTER 519 W. 189TH ST.,GROUND FL	13-3593885	501(C)(3)	12,000.		FMV		STRATEGIC INITIATIVE
<b>(6)</b> PUERTO RICO COMMUNITY FOUNDATION INC. PO BOX 70362 SAN JUAN, PR 00936	66-0413230	501(C)(3)	100,000.		FMV		STRATEGIC INITIATIVE
<b>(7)</b> FUNDACION DE MUJERES EN PUERTO RICO 1863 AVENUE FERNANDEZ JUNCOS, APT. 205	66-0931262	501(C)(3)	7,000.		FMV		STRATEGIC INITIATIVE
<b>(8)</b> FUTURO MEDIA GROUP 361 W. 125TH ST,6TH FL NEW YORK, NY 10027	27-2077349	501(C)(3)	70,000.		FMV		STRATEGIC INITIATIVE
<b>(9)</b> POWERPAC FOUNDATION 268 BUSH STREET #3737	26-2215714	501(C)(3)	25,000.		FMV		STRATEGIC INITIATIVE
<b>(10)</b> GIRLS FOR GENDER EQUITY 25 CHAPEL ST,STE 1006 BROOKLYN, NY 11201	04-3697166	501(C)(3)	25,000.		FMV		THE FUND FOR THE ME
<b>(11)</b> GIRLS FOR GENDER EQUITY 25 CHAPEL ST,STE 1006 BROOKLYN, NY 11201	04-3697166	501(C)(3)	100,000.		FMV		THE FUND FOR THE ME
<b>(12)</b> WOMEN'S FOUNDATION OF MINNESOTA 105 5TH AVE S STE 300,	41-1635761	501(C)(3)	75,000.		FMV		THE FUND FOR THE ME

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<b>(1)</b> WOMEN'S FOUNDATION OF MINNESOTA 105 5TH AVE S STE 300,	41-1635761	501(C)(3)	180,000.		FMV		THE FUND FOR THE ME
<b>(2)</b> FRACTURED ATLAS INC. 248 W. 35TH ST, 10TH FL NEW YORK, NY 10001	11-3451703	501(C)(3)	50,000.		FMV		THE FUND FOR THE ME
<b>(3)</b> BLACK WOMAN'S BLUEPRINT 279 EMPIRE BOULEVARD BROOKLYN, NY 11225	27-1308862	501(C)(3)	80,000.		FMV		THE FUND FOR THE ME
<b>(4)</b> VIOLENCE INTERVENTION PROGRAM PO BOX 1161 - TRI-BOROUGH STATION	13-3540337	501(C)(3)	100,000.		FMV		THE FUND FOR THE ME
<b>(5)</b> WASHINGTON AREA WOMEN'S FOUNDATION 1331 H STREET, NW, SUITE 1000	52-2028612	501(C)(3)	105,000.		FMV		THE FUND FOR THE ME
<b>(6)</b> WOMEN'S FOUNDATION OF CALIFORNIA 300 FRANK H. OGAWA PLAZA, SUITE 420	94-2752421	501(C)(3)	120,000.		FMV		THE FUND FOR THE ME
<b>(7)</b> WOMEN'S FUND OF WESTERN MASSACHUSETTS 1350 MAIN STREET, SUITE 1006	04-3342411	501(C)(3)	55,000.		FMV		THE FUND FOR THE ME
<b>(8)</b> WOMEN'S FUND OF WESTERN MASSACHUSETTS 1350 MAIN STREET, SUITE 1006	04-3342411	501(C)(3)	10,000.		FMV		THE FUND FOR THE ME
<b>(9)</b> ME TOO INTERNATIONAL INC. 375 HIGHLAND AVENUE NE, UNIT 1007	83-4447513	501(C)(3)	500,000.		FMV		THE FUND FOR THE ME
<b>(10)</b> ALLIANCE FOR GLOBAL JUSTICE 225 E. 26TH ST TUCSON, AZ 85713	52-2094677	501(C)(3)	100,000.		FMV		THE JUSTICE FUND
<b>(11)</b> HOUSING PLUS SOLUTIONS INC. 4 W. 43RD ST, 2ND FL NEW YORK, NY 10036	13-4200638	501(C)(3)	200,000.		FMV		THE JUSTICE FUND
<b>(12)</b> BRONX DEFENDERS 360 EAST 161ST STREET BRONX, NY 10451	13-3931074	501(C)(3)	100,000.		FMV		THE JUSTICE FUND

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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) JUSTLEADERSHIPUSA INC. 1900 LEXINGTON AVE NEW YORK, NY 10035	90-1019268?	501(C)(3)	100,000.		FMV		THE JUSTICE FUND
(2) KATAL CENTER FOR HEALTH EQUITY AND JUSTICE 147 PRINCE ST BROOKLYN, NY 11201	81-1323278	501(C)(3)	200,000.		FMV		THE JUSTICE FUND
(3) BROOKLYN DEFENDER SERVICES 177 LIVINGSTON ST. BROOKLYN, NY 11201	11-3305406	501(C)(3)	25,000.		FMV		THE JUSTICE FUND
(4) THE COLLEGE AND COMMUNITY FELLOWSHIP INC. 475 RIVERSIDE DRIVE, SUITE 1626	20-3904662	501(C)(3)	23,000.		FMV		THE JUSTICE FUND
(5) RED HOOK INITIATIVE 767 HICKS STREET BROOKLYN, NY 11231	20-3904662	501(C)(3)	25,000.		FMV		THE JUSTICE FUND
(6) URBAN YOUTH ALLIANCE INTERNATIONAL 432 E 149TH ST BRONX, NY 10455	13-2969182	501(C)(3)	25,000.		FMV		THE JUSTICE FUND
(7) RISING GROUND INC. 463 HAWTHORNE AVE YONKERS, NY 10705	13-1860451	501(C)(3)	25,000.		FMV		THE JUSTICE FUND
(8) GUNS DOWN INC. 903 FRANKLIN AVENUE BROOKLYN, NY 11225	36-4770570	501(C)(3)	25,000.		FMV		THE JUSTICE FUND
(9) TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY 615 WEST 131ST STREET 6TH FLOOR	13-5598093	501(C)(3)	20,000.		FMV		THE JUSTICE FUND
(10) NATIONAL COUNCIL FOR INCARCERATED AND FORME 100 R WARREN STREET ROXBURY, MA 02119	81-3980673	501(C)(3)	25,000.		FMV		THE JUSTICE FUND
(11) GIRL VOW, INC. 509 WILLIS AVE #4 BRONX, NY 10455	47-4062257	501(C)(3)	30,000.		FMV		THE JUSTICE FUND
(12) SYLVIA RIVERA LAW PROJECT INC. 147 W. 24TH STREET, 5TH FLOOR	81-0640342	501(C)(3)	30,000.		FMV		THE JUSTICE FUND

2 Enter total number of section 501(c)(3) and government 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) (2019)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://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) LADIES OF HOPE MINISTRIES INC. 2023 CAESAR PLACE BRONX, NY 10473	83-2249413	501(C)(3)	30,000.		FMV		THE JUSTICE FUND
(2) YOUTH REPRESENT INC. 11 PARK PLACE, SUITE 1512	20-8034010	501(C)(3)	30,000.		FMV		THE JUSTICE FUND
(3) OPERATION RESTORATION, P.O. BOX 56894 NEW ORLEANS, LA 70156	61-1791941	501(C)(3)	30,000.		FMV		THE JUSTICE FUND
(4) THEATRE OF THE OPPRESSED NYC 758 8TH AVENUE, SUITE 300 NEW YORK, NY 10036	45-4815944	501(C)(3)	30,000.		FMV		THE JUSTICE FUND
(5) A LITTLE PIECE OF LIGHT INC. 521 ST MARKS AVENUE, 3B NEW YORK, NY 11238	83-1458976	501(C)(3)	30,000.		FMV		THE JUSTICE FUND
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 173.

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) (2019)

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

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

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

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANTS: NYWF GRANTEE PARTNERS  
 SUBMIT A MINIMUM OF TWO REPORTS: MID-YEAR AND END OF THE YEAR ON GRANT  
 PERFORMANCE. NYWF'S STAFF AND GRANT ADVISORY COMMITTEE CONDUCTS ANNUAL  
 SITE VISITS TO GRANTEE PARTNERS TO ASSESS PERFORMANCE ON IDENTIFIED  
 GOALS AND OBJECTIVES FOR THE GRANT PERIOD. IN ADDITION, FOLLOW-UP PHONE  
 CALLS AND CONVENINGS ARE HELD TO IDENTIFY LEARNING OPPORTUNITIES AND  
 SHARING OF BEST PRACTICES. BASED ON THESE REPORTS, SITE VISITS AND  
 TELEPHONE INTERACTION, NYWF IN CONJUNCTION WITH GRANTEE PARTNERS  
 DEVELOP CAPACITY BUILDING RESOURCES SUCH AS ORGANIZATIONAL DEVELOPMENT,

**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.

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**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
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

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

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

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

(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)	321,757.	0.	0.	10,000.	11,504.	343,261.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	NANCY GUIDA VP OF COMMUNICATIONS	(i)	193,758.	0.	0.	10,000.	11,945.	215,703.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	LORRAINE STEPHENS VP STRATEGIC PLANNING	(i)	197,372.	0.	0.	10,000.	1,551.	208,923.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	CAMILLE EMEAGWALI VP OF PROGRAMS	(i)	203,100.	0.	0.	10,000.	991.	214,091.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	ANNA MARIE ALMEIDA VP OF DEVELOPMENT	(i)	209,597.	0.	0.	10,000.	11,565.	231,162.	
		(ii)	0.	0.	0.				
6	MADELINE HOLDER DIRECTOR OF INDIVIDUAL GIVING	(i)	167,718.	0.	0.	10,000.	11,429.	189,147.	
		(ii)	0.	0.	0.				
7		(i)							
		(ii)							
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)							

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**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.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>THE NEW YORK WOMEN'S FOUNDATION, INC.</b>	Employer identification number <b>13-3457287</b>
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**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.	86,028.	FAIR VALUE
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 IV, 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? . . . . .	<b>30a</b>		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? . . . . .	<b>31</b>	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	<b>32a</b>	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) 2019

JSA

9E1298 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.

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SCHEDULE M, PART I, LINE 32B

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2019****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 &amp; 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.

Name of the organization THE NEW YORK WOMEN'S FOUNDATION, INC.	Employer identification number 13-3457287
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FORM 990, PART VI, SECTION C, LINE 19

THE FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. THE FOUNDATION MAKES ITS 990 AND FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE AND ALSO AVAILABLE THROUGH GUIDESTAR.

FORM 990, PART XI, LINE 9

LOSS ON UNCOLLECTIBLE RECEIVABLES OF \$18,148

ATTACHMENT 1

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
C. NICOLE MASON 1951 BEECHAM COURT BOWIE, MD 20721	CONSULTING SVS	188,018.
FISCAL MANAGEMENT ASSOCIATES, LLC 440 PARK AVENUE SOUTH, 3RD FLOOR NEW YORK, NY 10016	ACCOUNTING SVS	205,879.
IMARA JONES 315 GATES AVENUE 5R BROOKLYN, NY 11216	CONSULTING SVS	120,000.