

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2021

Department of the Treasury  
Internal Revenue Service

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

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

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

Open to Public Inspection

<b>A</b> For the <b>2021</b> calendar year, or tax year beginning and ending																												
<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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>NEW YORK WOMEN'S FOUNDATION, INC.</b></td> <td><b>D</b> Employer identification number <b>13-3457287</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td><b>E</b> Telephone number <b>212-514-6993</b></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td><b>G</b> Gross receipts \$ <b>18,204,357.</b></td> </tr> <tr> <td><b>39 BROADWAY</b></td> <td></td> <td><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10006</b></td> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>ANA OLIVEIRA</b> <b>39 BROADWAY, NEW YORK, NY 10006</b></td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2"><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</td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ <b>WWW.NYWF.ORG</b></td> <td></td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td><b>L</b> Year of formation: <b>1987</b> <b>M</b> State of legal domicile: <b>NY</b></td> </tr> </table>	<b>C</b> Name of organization <b>NEW YORK WOMEN'S FOUNDATION, INC.</b>		<b>D</b> Employer identification number <b>13-3457287</b>	Doing business as		<b>E</b> Telephone number <b>212-514-6993</b>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>18,204,357.</b>	<b>39 BROADWAY</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10006</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>F</b> Name and address of principal officer: <b>ANA OLIVEIRA</b> <b>39 BROADWAY, NEW YORK, NY 10006</b>		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>H(c)</b> Group exemption number ▶	<b>J</b> Website: ▶ <b>WWW.NYWF.ORG</b>			<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: <b>1987</b> <b>M</b> State of legal domicile: <b>NY</b>
<b>C</b> Name of organization <b>NEW YORK WOMEN'S FOUNDATION, INC.</b>		<b>D</b> Employer identification number <b>13-3457287</b>																										
Doing business as		<b>E</b> Telephone number <b>212-514-6993</b>																										
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>18,204,357.</b>																										
<b>39 BROADWAY</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																										
City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10006</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No																										
<b>F</b> Name and address of principal officer: <b>ANA OLIVEIRA</b> <b>39 BROADWAY, NEW YORK, NY 10006</b>		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>H(c)</b> Group exemption number ▶																										
<b>J</b> Website: ▶ <b>WWW.NYWF.ORG</b>																												
<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: <b>1987</b> <b>M</b> State of legal domicile: <b>NY</b>																										

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>CREATE AN EQUITABLE AND JUST FUTURE FOR WOMEN AND FAMILIES ACROSS NEW YORK CITY.</b>		
	<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>	<b>31</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>31</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>28</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>60</b>
	<b>7 a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>11,440,532.</b>	<b>Current Year</b> <b>15,614,565.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>446,615.</b>	<b>376,737.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>5,775.</b>	<b>-171,189.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>11,892,922.</b>	<b>15,820,113.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>8,202,470.</b>	<b>9,155,365.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,971,078.</b>	<b>4,045,427.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,629,301.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,422,590.</b>	<b>2,639,504.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>14,596,138.</b>	<b>15,840,296.</b>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-2,703,216.</b>	<b>-20,183.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>30,055,742.</b>	<b>End of Year</b> <b>31,744,630.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>4,534,950.</b>	<b>5,178,324.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>25,520,792.</b>	<b>26,566,306.</b>

**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	
	▶ <b>ANA OLIVEIRA, PRESIDENT AND CEO</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN <b>P01307171</b>
	<b>WILLIAM EPSTEIN</b>			
	Firm's name ▶ <b>EISNER ADVISORY GROUP LLC</b>	Firm's EIN ▶ <b>87-1353108</b>		
	Firm's address ▶ <b>733 THIRD AVENUE</b> <b>NEW YORK, NY 10017-2703</b>	Phone no. <b>212-949-8700</b>		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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

Department of the Treasury  
Internal Revenue Service

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

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](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>	Name of exempt organization or other filer, see instructions. <b>NEW YORK WOMEN'S FOUNDATION, INC.</b>	Taxpayer identification number (TIN) <b>13-3457287</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>39 BROADWAY</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10006</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

**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. ▶ \_\_\_\_\_

- 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 **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year **2021** or

▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**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-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-TE and Form 8879-TE for payment instructions.

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: CREATING A PLATFORM FOR WOMEN(CIS, TRANS & NON-BINARY) THROUGH AN EQUITABLE AND JUST FUTURE FOR WOMEN & GIRLS, INVESTING IN WOMEN-LED, INNOVATIVE, AND BOLD COMMUNITY-BASED SOLUTIONS THAT PROMOTE THE ECONOMIC SECURITY, SAFETY, AND HEALTH OF THE MOST OVERLOOKED WOMEN.

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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 \$ 12,268,075. including grants of \$ 9,155,365. ) (Revenue \$ ) THE NEW YORK WOMEN'S FOUNDATION ADVANCES ECONOMIC, GENDER AND RACIAL JUSTICE FOR WOMEN AND FAMILIES BY INVESTING IN WOMEN LEADERS BUILDING SOLUTIONS IN THEIR COMMUNITIES. OUR BOLD INVESTMENT IN WOMEN AS AGENTS OF CHANGE MULTIPLIES THE EFFECT OF WOMEN'S FINANCIAL GAINS, BOOSTS LOCAL ECONOMIC GROWTH, STRENGTHENS FAMILIES, AND CREATES THRIVING COMMUNITIES. DESIGNED TO MOVE THE NEEDLE TOWARD JUSTICE AND EQUITY FOR ALL, OUR INVESTMENTS FOCUS ON ALL WOMEN INCLUDING GIRLS AND YOUNG WOMEN, IMMIGRANTS, PEOPLE WITH DISABILITIES, THE LGBTQI COMMUNITY, AND GENDER NON-CONFORMING INDIVIDUALS.

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

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

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

4e Total program service expenses 12,268,075.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 31		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 31		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**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.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶  
**ANA OLIVEIRA, PRESIDENT/CEO - 212-514-6993**  
**39 BROADWAY SUITE 2300, NEW YORK, NY 10006**

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 0.00			X			325,000.	0.	25,108.	
(2) CAMILLE EMEAGWALI SENIOR VP, PROGRAMS	40.00 0.00				X		250,000.	0.	11,053.	
(3) MADELINE HOLDER VP OF DEVELOPMENT	40.00 0.00				X		210,000.	0.	32,744.	
(4) KATHARINE LANDON VP, PROGRAMS & INSTITUTIONAL	40.00 0.00				X		200,000.	0.	32,744.	
(5) LYNNA MARIA MERCADO VP, FINANCE & ADMIN	40.00 0.00			X			185,000.	0.	34,635.	
(6) ALEJANDRA NARANJO (TO 9/2021) VP OF DEVELOPMENT	40.00 0.00				X		168,462.	0.	26,093.	
(7) DEBRA MILLER SR DIRECTOR, PEOPLE & OPERATIONS	40.00 0.00				X		170,000.	0.	20,374.	
(8) YVONNE MOORE CO-CHAIR	3.00 0.00	X		X			0.	0.	0.	
(9) GRAINNE MCNAMARA CO-CHAIR	3.00 0.00	X		X			0.	0.	0.	
(10) HELENE BANKS VICE CHAIR & TREASURER	3.00 0.00	X		X			0.	0.	0.	
(11) MICHELE PENZER (TO 6/2021) VICE CHAIR	3.00 0.00	X		X			0.	0.	0.	
(12) MARGARITA ROSA SECRETARY	3.00 0.00	X		X			0.	0.	0.	
(13) MARY BAGLIVO BOARD MEMBER	3.00 0.00	X					0.	0.	0.	
(14) HYATT BASS BOARD MEMBER	3.00 0.00	X					0.	0.	0.	
(15) ELIZABETH DE LEON BHARGAVA BOARD MEMBER	3.00 0.00	X					0.	0.	0.	
(16) MARY CARACAPPA BOARD MEMBER	3.00 0.00	X					0.	0.	0.	
(17) KAREN CHOI BOARD MEMBER	3.00 0.00	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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) MARIA CILENTI BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(19) LORRAINE CORTES-VAZQUEZ BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(20) ANNE DELANEY BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(21) MIGNON ESPY EDWARDS BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(22) TILOMA JAYASINGHE BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(23) EILEEN KELLY BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(24) NOORAIN KHAN BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(25) CAROLYN ROSSIP MALCOLM BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(26) MARIELLE MARTINEY BOARD MEMBER	3.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,508,462.	0.	182,751.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,508,462.	0.	182,751.

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 **15**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CATALYST PUBLIC RELATIONS, LLC, 1360 E. 9TH STREET, CLEVELAND, OH 44114-1782	PUBLIC RELATIONS SERVICES	326,104.
C. NICOLE MASON, 1129 ST. AUGUSTINE PLACE, NE, ATLANTA, GA 30306	CONSULTING SERVICES	165,000.
LISA KORWIN 5933 HARBORD DRIVE, OAKLAND, CA 94611	PROGRAM PLANNING & EVALUATION CONSULTIN	162,049.
MCO DEVELOPMENT MANAGEMENT, C/O CARMEL OWEN 1361 MADISON AVE, NY, NY 10128	CONSULTING SERVICES	120,000.
EMPIRE ENTERTAINMENT, 100 CROSBY STREET, SUITE 601, NEW YORK, NY 10012	VIRTUAL EVENT PRODUCTION	117,691.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS



**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>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	1,241,986.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,053,644.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	13,318,935.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 291,283.				
	<b>h Total.</b> Add lines 1a-1f			15,614,565.			
<b>Program Service Revenue</b>	<b>2 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		186,052.			186,052.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(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)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	2,574,929.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	2,384,244.				
	<b>c</b> Gain or (loss)	<b>7c</b>	190,685.				
<b>d</b> Net gain or (loss)			190,685.		190,685.		
<b>8 a</b> Gross income from fundraising events (not including \$ 1,241,986. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		0.				
			0.				
<b>b</b> Less: direct expenses	<b>8b</b>		0.				
<b>c</b> Net income or (loss) from fundraising events			0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b> ADMINISTRATIVE FEE	<b>Business Code</b>	900099	15,713.		15,713.	
	<b>b</b> PASS-THRU LLC LOSS		525990	-186,902.		-186,902.	
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			-171,189.			
<b>12 Total revenue.</b> See instructions			15,820,113.	0.	0.	205,548.	

**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  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	9,155,365.	9,155,365.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	569,743.	227,897.	113,949.	227,897.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,672,349.	1,059,307.	975,276.	637,766.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	186,196.	84,308.	56,760.	45,128.
<b>9</b> Other employee benefits .....	377,947.	171,132.	115,214.	91,601.
<b>10</b> Payroll taxes .....	239,192.	108,304.	72,916.	57,972.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	26,434.		26,434.	
<b>c</b> Accounting .....	56,645.		56,645.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	60,344.		60,344.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,751,245.	1,177,863.	226,480.	346,902.
<b>12</b> Advertising and promotion .....	4,072.	4,072.		
<b>13</b> Office expenses .....	152,646.	67,908.	54,736.	30,002.
<b>14</b> Information technology .....	72,805.	18,619.	13,505.	40,681.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	334,176.	128,354.	119,503.	86,319.
<b>17</b> Travel .....	2,005.		2,005.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	46,798.	18,580.	15,723.	12,495.
<b>23</b> Insurance .....	23,577.	9,361.	7,921.	6,295.
<b>24</b> 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.)				
<b>a</b> STAFF DEVELOPMENT/TRAIN	60,375.	27,661.	19,102.	13,612.
<b>b</b> PRINTING/PUBLICATIONS	24,285.	8,992.	682.	14,611.
<b>c</b> MISCELLANEOUS EXPENSES	24,097.	352.	5,725.	18,020.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	15,840,296.	12,268,075.	1,942,920.	1,629,301.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**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 .....	8,151,458.	<b>1</b>	12,250,863.
	<b>2</b> Savings and temporary cash investments .....	2,360,466.	<b>2</b>	2,078,183.
	<b>3</b> Pledges and grants receivable, net .....	7,487,309.	<b>3</b>	3,346,436.
	<b>4</b> Accounts receivable, net .....	0.	<b>4</b>	464,882.
	<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 .....		<b>5</b>	
	<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) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	47,776.	<b>9</b>	53,350.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 391,833.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 376,956.	61,675.	<b>10c</b> 14,877.
	<b>11</b> Investments - publicly traded securities .....	10,127,808.	<b>11</b>	11,992,790.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	750,076.	<b>12</b>	523,174.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,069,174.	<b>15</b>	1,020,075.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	30,055,742.	<b>16</b>	31,744,630.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	448,276.	<b>17</b>	565,675.
	<b>18</b> Grants payable .....	3,463,920.	<b>18</b>	4,590,420.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	556,252.	<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 .....	66,502.	<b>25</b>	22,229.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,534,950.	<b>26</b>	5,178,324.
<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 .....	17,112,072.	<b>27</b>	14,807,130.
	<b>28</b> Net assets with donor restrictions .....	8,408,720.	<b>28</b>	11,759,176.
	<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 .....	25,520,792.	<b>32</b>	26,566,306.
<b>33</b> Total liabilities and net assets/fund balances .....	30,055,742.	<b>33</b>	31,744,630.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,820,113.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,840,296.
3	Revenue less expenses. Subtract line 2 from line 1	3	-20,183.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,520,792.
5	Net unrealized gains (losses) on investments	5	1,259,928.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-194,231.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	26,566,306.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	X	
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?		X
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		

Form 990 (2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization 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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	20383875.	21539452.	14474305.	11440532.	15614565.	83452729.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	20383875.	21539452.	14474305.	11440532.	15614565.	83452729.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						54967952.
<b>6 Public support.</b> Subtract line 5 from line 4.						28484777.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	20383875.	21539452.	14474305.	11440532.	15614565.	83452729.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	218,681.	156,803.	186,214.	211,004.	186,052.	958,754.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....			-79,936.			-79,936.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	12,209.	22,260.	12,797.	5,775.	15,713.	68,754.
<b>11 Total support.</b> Add lines 7 through 10						84400301.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	33.75 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	31.02 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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; 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; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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 on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>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?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**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>		
<b>1</b>		

**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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**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 governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b 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>	Yes	No	
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No" 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>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

**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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

ADMINISTRATIVE FEE AND MISCELLANEOUS INCOME

2017 AMOUNT: \$ 12,209.

2018 AMOUNT: \$ 22,260.

2019 AMOUNT: \$ 12,797.

2020 AMOUNT: \$ 5,775.

2021 AMOUNT: \$ 15,713.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**NEW YORK WOMEN'S FOUNDATION, INC.**

Employer identification number

**13-3457287**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

Name of organization  <b>NEW YORK WOMEN'S FOUNDATION, INC.</b>	Employer identification number  <b>13-3457287</b>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>5,025,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>1,025,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>380,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>325,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>NEW YORK WOMEN'S FOUNDATION, INC.</b>	Employer identification number  <b>13-3457287</b>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>251,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>221,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>152,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>NEW YORK WOMEN'S FOUNDATION, INC.</b>	Employer identification number  <b>13-3457287</b>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ <u>1,053,644.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>NEW YORK WOMEN'S FOUNDATION, INC.</b>	Employer identification number  <b>13-3457287</b>
--	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization  <b>NEW YORK WOMEN'S FOUNDATION, INC.</b>	Employer identification number  <b>13-3457287</b>
--	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included in Form 990.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,465,567.	9,634,416.	8,393,760.	9,387,065.	8,722,395.
b Contributions					
c Net investment earnings, gains, and losses	1,576,147.	1,294,825.	1,698,795.	-538,476.	1,123,917.
d Grants or scholarships	471,478.	463,674.	458,139.	454,829.	459,247.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	11,570,236.	10,465,567.	9,634,416.	8,393,760.	9,387,065.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  70.6320 %
  - b Permanent endowment  15.5540 %
  - c Term endowment  13.8143 %
- 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:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		180,889.	166,012.	14,877.
d Equipment		210,944.	210,944.	0.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				14,877.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT LIABILITY	22,229.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	22,229.

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

**Part 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.

1	Total revenue, gains, and other support per audited financial statements		1	17,084,185.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,259,928.	
b	Donated services and use of facilities	2b	16,270.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	48,218.	
e	Add lines 2a through 2d	2e		1,324,416.
3	Subtract line 2e from line 1	3		15,759,769.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	60,344.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		60,344.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		15,820,113.

**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.

1	Total expenses and losses per audited financial statements		1	16,038,671.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	16,270.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	242,449.	
e	Add lines 2a through 2d	2e		258,719.
3	Subtract line 2e from line 1	3		15,779,952.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	60,344.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		60,344.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		15,840,296.

**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.

**PART V, LINE 4:**

USE OF ENDOWMENT FUNDS: THE FOUNDATION'S ENDOWMENT CONSISTS OF 22 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.

**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

**Part XIII** Supplemental Information (continued)

IS NOT EXPECTED TO HAVE, A MATERIAL IMPACT ON THE FOUNDATION'S FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN A CHARITABLE LEAD

ANNUITY TRUST 48,218.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON UNCOLLECTIBLE RECEIVABLES 242,449.

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

CHANGE IN VALUE OF BENEFICIAL INTEREST IN A CHARITABLE LEAD ANNUITY TRUST OF \$48,218.

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

LOSS ON UNCOLLECTIBLE RECEIVABLES OF \$242,449 IS INCLUDED IN EXPENSES PER THE AUDITED FINANCIAL STATEMENTS, BUT INCLUDED AS A RECONCILING ITEM TO NET ASSETS PER RETURN.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		CELEBRATING WOMEN (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	1,241,986.		1,241,986.	
	2	Less: Contributions	1,241,986.		1,241,986.	
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
	11	Net income summary. Subtract line 10 from line 3, column (d)				

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
BLACKSPACE URBANIST COLLECTIVE 96 STERLING STREET, APT. B BROOKLYN, NY 11225	83-4620589		22,500.	0.			BROOKLYN ECONOMIC JUSTICE PROJECT
UNITED COMMUNITY CENTERS INC. 613 NEW LOTS AVENUE BROOKLYN, NY 11207	11-1950787		60,000.	0.			BROOKLYN ECONOMIC JUSTICE PROJECT
CHURCHES UNITED FOR FAIR HOUSING INC. - 7 MARCUS GARVEY BLVD - BROOKLYN, NY 11206	26-4698161		112,500.	0.			BROOKLYN ECONOMIC JUSTICE PROJECT
CENTRAL BROOKLYN ECONOMIC DEVELOPMENT CORP. - 444 THOMAS S. BOYLAND STREET, SUITE 301 - BROOKLYN, NY 11212	11-2981085		10,000.	0.			BROOKLYN ECONOMIC JUSTICE PROJECT
FUND FOR THE CITY OF NEW YORK (F/B/O CENTER FOR COURT INNOVATION) - 121 SIXTH AVENUE, 6TH FLOOR - NEW YORK, NY 10013	13-2612524		60,000.	0.			BROOKLYN ECONOMIC JUSTICE PROJECT
SADIE NASH LEADERSHIP PROJECT 4 WEST 43RD STREET, SUITE 502 NEW YORK, NY 10036	11-3633912		10,000.	0.			CAPACITY BUILDING

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **225.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2021

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY RESOURCE EXCHANGE 42 BROADWAY, 20TH FLOOR NEW YORK, NY 10004	13-3048638		70,265.	0.			CAPACITY BUILDING
CAUSE EFFECTIVE 505 EIGHTH AVENUE, SUITE 1212 NEW YORK, NY 10018	13-3083978		100,000.	0.			CAPACITY BUILDING
CUSTOM COLLABORATIVE 102 BRADHURST AVE NEW YORK, NY 10039	47-5036606		10,000.	0.			CAPACITY BUILDING
NEW YORK TRANSGENDER ADVOCACY GROUP - 215 W 125TH STREET, SUITE 2 - NEW YORK, NY 10027	81-1370263		7,500.	0.			CAPACITY BUILDING
ALEX HOUSE PROJECT INC. 76 LORRAINE STREET BROOKLYN, NY 11231	47-5488301		7,500.	0.			CAPACITY BUILDING
RESTAURANT OPPORTUNITIES CENTERS UNITED - 275 SEVENTH AVENUE, SUITE 1703 - NEW YORK, NY 10001	01-0939141		7,500.	0.			CAPACITY BUILDING
VIBE THEATER EXPERIENCE 138 SOUTH OXFORD, SUITE 4D BROOKLYN, NY 11217	20-0482372		7,500.	0.			CAPACITY BUILDING
WOMEN'S COMMUNITY JUSTICE ASSOCIATION - 315 LINWOOD STREET - BROOKLYN, NY 11208	82-5526819		7,500.	0.			CAPACITY BUILDING
YOUTH REPRESENT 11 PARK PLACE, SUITE 1512 NEW YORK, NY 10007	20-8034010		7,500.	0.			CAPACITY BUILDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLANBWAYAN HAITIAN LITERACY PROJECT - 208 PARKSIDE AVENUE, 2ND FLOOR - BROOKLYN, NY 11226	27-0974276		7,500.	0.			CAPACITY BUILDING
THE HETRICK-MARTIN INSTITUTE, INC 2 ASTOR PLACE, 3RD FLOOR NEW YORK, NY 10003	13-3104537		7,500.	0.			CAPACITY BUILDING
SAKHI FOR SOUTH ASIAN WOMEN P.O. BOX 1333 CHURCH STREET STATION NEW YORK, NY 10008	13-3593806		7,500.	0.			CAPACITY BUILDING
CAAHV: ORGANIZING ASIAN COMMUNITIES - 55 HESTER STREET - NEW YORK, NY 10002	13-3526938		7,500.	0.			CAPACITY BUILDING
THEATRE OF THE OPPRESSED NYC 758 8TH AVENUE, SUITE 300 NEW YORK, NY 10036	45-4815944		7,500.	0.			CAPACITY BUILDING
GOOD CALL NYC CO 7 MARCUS GARVEY BLVD OFFICE 445 BROOKLYN, NY 11206	82-1011857		7,500.	0.			CAPACITY BUILDING
NONPROFIT NEW YORK 320 EAST 43RD STREET 3RD FLOOR NEW YORK, NY 10017	13-3216408		10,000.	0.			CAPACITY BUILDING
JEWS FOR RACIAL & ECONOMIC JUSTICE COMMUNITY - 540 PRESIDENT STREET 3RD FLOOR - NEW YORK, NY 11215	13-3694790		10,000.	0.			CAPACITY BUILDING
LAAL NYC 5793 TYNDALL AVE BRONX, NY 10471	83-2947989		10,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCHES UNITED FOR FAIR HOUSING INC. - 7 MARCUS GARVEY BLVD - BROOKLYN, NY 11206	26-4698161		10,000.	0.			CAPACITY BUILDING
GENDER EQUALITY LAW CENTER INC. 540 PRESIDENT STREET 3RD FLOOR BROOKLYN, NY 11215	46-4141757		10,000.	0.			CAPACITY BUILDING
SOUL SISTERS LEADERSHIP COLLECTIVE INC. - 1951 NW 7TH AVE, #600 - MIAMI, FL 33138	47-3108951		7,500.	0.			CAPACITY BUILDING
TRANSFORMATIVE CULTURE PROJECT (F/B/O WOMEN OF COLOR IN SOLIDARITY) - 100 WARREN ST - ROXBURY, MA 02119	80-0214659		7,500.	0.			CAPACITY BUILDING
GIRL VOW INC. 509 WILLIS AVE #4 BRONX, NY 10455	47-4062257		7,500.	0.			CAPACITY BUILDING
FUND FOR THE CITY OF NEW YORK (F/B/O CENTER FOR COURT INNOVATION) - 121 SIXTH AVENUE, 6TH FLOOR - NEW YORK, NY 10013	13-2612524		10,000.	0.			CAPACITY BUILDING
FUND FOR THE CITY OF NEW YORK (F/B/O HARLEM WELLNESS CENTER) - 121 SIXTH AVENUE, 6TH FLOOR - NEW YORK, NY 10013	13-2612524		10,000.	0.			CAPACITY BUILDING
SOCIAL GOOD FUND INC (F/B/O MARSHA P. JOHNSON INSTITUTE) - 12651 SAN PABLO AVE. #5473 - RICHMOND, CA 94805	46-1323531		10,000.	0.			CAPACITY BUILDING
FPA-FOUNDATION-FOSTERING PROGRESSIVE ADVOCACY FOUNDATION - 2006 AMSTERDAM AVENUE, SUITE 5A - NEW YORK, NY 10032	45-0592133		45,000.	0.			EARLY INVESTMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINO LEADERSHIP INSTITUTE INC. 440 EAST 117 STREET, SUITE 5B NEW YORK, NY 10035	11-3478120		60,000.	0.			EARLY INVESTMENT
LIFT 349 EAST 149TH STREET SUITE 500 BRONX, NY 10451	52-2168409		60,000.	0.			EARLY INVESTMENT
NEW WOMEN NEW YORKERS 41 FLATBUSH AVENUE FLOOR 1, PMB 595 BROOKLYN, NY 11217	47-1784843		60,000.	0.			EARLY INVESTMENT
SAVING MOTHERS 555 MADISON AVE, SUITE 585 NEW YORK, NY 10022	26-3905821		15,000.	0.			EARLY INVESTMENT
STATEN ISLAND COMMUNITY JOB CENTER INC - 774 PORT RICHMOND AVE, 2FL - STATEN ISLAND, NY 10302	47-2787706		120,000.	0.			EARLY INVESTMENT
FPA-FOUNDATION-FOSTERING PROGRESSIVE ADVOCACY FOUNDATION - 2006 AMSTERDAM AVENUE, SUITE 5A - NEW YORK, NY 10032	45-0592133		70,000.	0.			EARLY INVESTMENT
COMMONSENSE CHILDBIRTH INC. (F/B/O ANCIENT SONG DOULA SERVICES) - 213 S DILLARD STREET, SUITE 340 - WINTER GARDENS, FL 34787	59-3479821		105,000.	0.			EARLY INVESTMENT
UNIQUE PROJECT INC (F/B/O HEALING THE BLACK BODY (FKA CHINARA RITUALS)) - 75 BROAD STREET SUITE 304 - NEW YORK, NY 10004	13-3085289		60,000.	0.			EARLY INVESTMENT
PROJECT MOTHERPATH (F/B/O BX REBIRTH) - 16821 NE 6TH AVE NORTH MIAMI BEACH - NORTH MIAMI BEACH, FL 33162	45-3192870		15,000.	0.			EARLY INVESTMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUND FOR THE CITY OF NEW YORK (F/B/O JMAC FOR FAMILIES) - 121 SIXTH AVENUE, 6TH FLOOR - NEW YORK, NY 10013	13-2612524		60,000.	0.			EARLY INVESTMENT
CENTRAL BROOKLYN ECONOMIC DEVELOPMENT CORP. - 444 THOMAS S. BOYLAND STREET, SUITE 301 - BROOKLYN, NY 11212	11-2981085		120,000.	0.			EARLY INVESTMENT
CUSTOM COLLABORATIVE 102 BRADHURST AVE NEW YORK, NY 10039	47-5036606		130,000.	0.			EARLY INVESTMENT
GENDER EQUALITY LAW CENTER INC. 540 PRESIDENT STREET, 3RD FLOOR BROOKLYN, NY 11215	46-4141757		130,000.	0.			EARLY INVESTMENT
LAAL NYC 5793 TYNDALL AVE BRONX, NY 10471	83-2947989		120,000.	0.			EARLY INVESTMENT
LAUNDRY WORKERS CENTER 80 BROAD ST, SUITE 613A NEW YORK, NY 10004	82-4172181		130,000.	0.			EARLY INVESTMENT
LIFE CAMPS INCORPORATED 111-12 SUTPHIN BLVD JAMAICA, NY 11435	20-0814999		120,000.	0.			EARLY INVESTMENT
MASA-MEXED INC. 2770 THIRD AVENUE, 1ST FLOOR BRONX, NY 10455	11-3640210		130,000.	0.			EARLY INVESTMENT
MUSLIM COMMUNITY NETWORK 110 WALL STREET, 3RD FLOOR NEW YORK, NY 10005	75-3163555		120,000.	0.			EARLY INVESTMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEER HEALTH EXCHANGE INC. 55 EXCHANGE PLACE, SUITE 405 NEW YORK, NY 10005	56-2374305		120,000.	0.			EARLY INVESTMENT
STREET VENDOR PROJECT OF THE URBAN JUSTICE CENTER - 40 RECTOR STREET, 9TH FL - NEW YORK, NY 10006	13-3442022		120,000.	0.			EARLY INVESTMENT
UPROSE INC 462 36TH ST, SUITE 3A BROOKLYN, NY 11232	11-2490531		120,000.	0.			EARLY INVESTMENT
FUND FOR THE CITY OF NEW YORK (F/B/O BROOKLYN MOVEMENT CENTER) - 121 SIXTH AVENUE, 6TH FLOOR NEW YORK - NEW YORK, NY 10013	13-2612524		120,000.	0.			EARLY INVESTMENT
SOCIAL GOOD FUND INC (F/B/O COOPERATIVE ECONOMICS ALLIANCE OF NEW YORK CITY) - 12651 SAN PABLO AVE. #5473 - RICHMOND, CA 94805	46-1323531		130,000.	0.			EARLY INVESTMENT
FUND FOR THE CITY OF NEW YORK (F/B/O HARLEM WELLNESS CENTER) - 121 SIXTH AVENUE, 6TH FLOOR - NEW YORK, NY 10013	13-2612524		120,000.	0.			EARLY INVESTMENT
CENTER FOR TRANSFORMATIVE ACTION (F/B/O JAHAJEE SISTERS: EMPOWERING INDO-CARIBBE - PO BOX 760 ITHACA - ITHACA, NY 14851	16-0990318		130,000.	0.			EARLY INVESTMENT
SOCIAL GOOD FUND INC (F/B/O MARSHA P. JOHNSON INSTITUTE) - 12651 SAN PABLO AVE. #5473 - RICHMOND, CA 94805	46-1323531		120,000.	0.			EARLY INVESTMENT
THIRD SECTOR NEW ENGLAND INC (F/B/O WORKER'S JUSTICE PROJECT) - 89 SOUTH STREET, SUITE 700 - BOSTON, MA 02111	04-2261109		120,000.	0.			EARLY INVESTMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINO SOCIAL WORK COALITION & SCHOLARSHIP FUND INC. - 118 E. 124TH STREET #1187 - NEW YORK, NY 10035	47-1889899		10,000.	0.			STRATEGIC DISCRETIONARY
A BETTER BALANCE: THE WORK AND FAMILY LEGAL CENTER - 40 WORTH STREET, 10TH FLOOR - NEW YORK, NY 10013	20-3664771		10,000.	0.			STRATEGIC DISCRETIONARY
JUSTICE COMMITTEE 3440 79TH ST, APT. 3G JACKSON HEIGHTS, NY 11372	36-4576355		10,000.	0.			STRATEGIC DISCRETIONARY
CITIZENS COMMITTEE FOR NEW YORK CITY - 30 EAST 125TH STREET, #189 - NEW YORK, NY 10035	51-0171818		10,000.	0.			STRATEGIC DISCRETIONARY
EQUAL RIGHTS ADVOCATES INC 611 MISSION ST. FLOOR 4 SAN FRANCISCO, CA 94105	23-7217027		10,000.	0.			STRATEGIC DISCRETIONARY
EQUAL RIGHTS ADVOCATES INC 611 MISSION ST. FLOOR 4 SAN FRANCISCO, CA 94105	23-7217027		25,000.	0.			STRATEGIC DISCRETIONARY
NYC ALLIANCE AGAINST SEXUAL ASSAULT - 32 BROADWAY SUITE 1101 - NEW YORK, NY 10004	31-1702032		25,000.	0.			STRATEGIC DISCRETIONARY
WARM INC 1560 BROADWAY, SUITE 1101 NEW YORK, NY 10036	45-2455826		15,000.	0.			STRATEGIC DISCRETIONARY
SANCTUARY FOR FAMILIES INC. PO BOX 1406, WALL STREET STATION NEW YORK, NY 10268	13-3193119		25,000.	0.			STRATEGIC DISCRETIONARY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2LEAF PRESS INC. PO BOX 4378 GRAND CENTRAL STATION NEW YORK, NY 10163-4378	83-3394048		10,000.	0.			STRATEGIC DISCRETIONARY
BLACK WOMEN'S BLUEPRINT 279 EMPIRE BOULEVARD BROOKLYN, NY 11225	27-1308862		50,000.	0.			STRATEGIC DISCRETIONARY
URBAN INDIGENOUS COLLECTIVE INC 178 COLUMBUS, AVE 237190 SMB 6923 NEW YORK, NY 10023	84-2703558		30,000.	0.			STRATEGIC DISCRETIONARY
COLLEGE AND COMMUNITY FELLOWSHIP INC. - 475 RIVERSIDE DRIVE, SUITE 1626 - NEW YORK, NY 10115	31-1720017		10,000.	0.			STRATEGIC DISCRETIONARY
FLANBWAYAN HAITIAN LITERACY PROJECT - 208 PARKSIDE AVENUE 2ND FLOOR - BROOKLYN, NY 11226	27-0974276		10,000.	0.			STRATEGIC DISCRETIONARY
COMMUNITY VOICES HEARD 115 EAST 106TH ST. 3RD FL. NEW YORK, NY 10029	13-3901997		10,000.	0.			STRATEGIC DISCRETIONARY
BROOKLYN ARTS COUNCIL (F/B/O TRANSLASH MEDIA INC) - 20 JAY STREET #616 - BROOKLYN, NY 11216	85-3318942		20,000.	0.			STRATEGIC DISCRETIONARY
HUDSON COUNTY LATINO FOUNDATION (F/B/O KILOMBA COLLECTIVE) - 97 NEWKIRK STREET - JERSEY CITY, NJ 07306	82-1430393		10,000.	0.			STRATEGIC DISCRETIONARY
FUND FOR THE CITY OF NEW YORK (F/B/O AMERICAN MUSEUM OF LGBT CULTURE & HISTORY) - 121 SIXTH AVENUE, 6TH FLOOR - NEW YORK, NY	13-2612524		10,000.	0.			STRATEGIC DISCRETIONARY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICES OF COMMUNITY ACTIVISTS & LEADERS-VOCAL-NY-INC - 80A FOURTH AVENUE - BROOKLYN, NY 11217	13-4094385		25,000.	0.			STRATEGIC INITIATIVES
NEW AMERICAN LEADERS 530 7TH AVE, M1 NEW YORK, NY 10018	45-3770977		25,000.	0.			STRATEGIC INITIATIVES
VOTERUNLEAD 8 W 126TH ST NEW YORK, NY 10027	46-4285577		25,000.	0.			STRATEGIC INITIATIVES
POWHER NEW YORK INC C/O NEUFELD & O'LEARY 370 LEXINGTON AVENUE, SUITE 908 - NEW YORK, NY 10543	47-3609446		30,000.	0.			STRATEGIC INITIATIVES
STREET VENDOR PROJECT OF THE URBAN JUSTICE CENTER - 40 RECTOR STREET, 9TH FL - NEW YORK, NY 10006	13-3442022		30,000.	0.			STRATEGIC INITIATIVES
FAITH IN NEW YORK 103-04 39TH AVENUE, SUITE 105 CORONA, NY 11368	80-0122559		10,000.	0.			STRATEGIC INITIATIVES
MUSLIM COMMUNITY NETWORK 110 WALL STREET, 3RD FLOOR NEW YORK, NY 10005	75-3163555		10,000.	0.			STRATEGIC INITIATIVES
TRANSLATINA NETWORK INC. 137 W 19TH ST, 2ND FLOOR NEW YORK, NY 10011	47-4807380		13,500.	0.			STRATEGIC INITIATIVES
MIXTECA ORGANIZATION INC 245 23 STREET, 2 FL BROOKLYN, NY 11215	11-3561651		13,500.	0.			STRATEGIC INITIATIVES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN REFUGE INC 185 PARK HILL AVE. SUITE LB STATEN ISLAND, NY 10304	01-0873188		13,500.	0.			STRATEGIC INITIATIVES
MAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN, NY 11237	11-3344389		10,000.	0.			STRATEGIC INITIATIVES
PUBLIC POLICY AND EDUCATION FUND OF NEW YORK (F/B/O NEW YORK CIVIC ENGAGEMENT TA - 88 THIRD AVENUE, 4TH FLOOR - BROOKLYN, NY 11217	13-3364209		25,000.	0.			STRATEGIC INITIATIVES
STATEN ISLAND COMMUNITY JOB CENTER INC - 774 PORT RICHMOND AVE, 2FL - STATEN ISLAND, NY 10302	47-2787706		10,000.	0.			STRATEGIC INITIATIVES
FUND FOR THE CITY OF NEW YORK (F/B/O SMART) - 121 SIXTH AVENUE, 6TH FLOOR - NEW YORK, NY 10013	13-2612524		10,000.	0.			STRATEGIC INITIATIVES
ASSET FUNDERS NETWORK 2045 W GRAND AVE STE B #50387 CHICAGO, IL 60612	83-1215288		50,000.	0.			STRATEGIC INITIATIVES
SEX WORKERS PROJECT OF URBAN JUSTICE CENTER - 40 RECTOR STREET, 9TH FL - NEW YORK, NY 10006	13-3442022		10,000.	0.			STRATEGIC INITIATIVES
YOUNG INVINCIBLES 1201 CONNECTICUT AVE NW, STE 600 WASHINGTON, DC 20036	46-2214021		30,000.	0.			STRATEGIC INITIATIVES
CENTER FOR SURVIVOR AGENCY AND JUSTICE - 641 S STREET, NW, THIRD FLOOR - WASHINGTON, DC 20001	26-0645142		30,000.	0.			STRATEGIC INITIATIVES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SURVIVORS JUSTICE PROJECT (AT BROOKLYN LAW SCHOOL) - 250 JORALEMON ST. - BROOKLYN, NY 11201	23-7227990		30,000.	0.			STRATEGIC INITIATIVES
BOREALIS PHILANTHROPY P.O. BOX 3295 MINNEAPOLIS MINNEAPOLIS, MN 55403	46-4598642		65,000.	0.			STRATEGIC INITIATIVES
HIDDEN WATER 375 GREENWICH ST, 7TH FLOOR NEW YORK, NY 10013	47-5130674		15,000.	0.			STRATEGIC INITIATIVES
AFRICAN AMERICAN POLICY FORUM 435 W. 116TH STREET NEW YORK, NY 10027	06-1597874		100,000.	0.			STRATEGIC INITIATIVES
CENTER FOR AMERICAN PROGRESS 1333 H STREET, NW, 10TH FLOOR WASHINGTON, DC 20005	30-0126510		30,000.	0.			STRATEGIC INITIATIVES
A CALL FOR MEN CORP 250 MERRICK ROAD, #813 ROCKVILLE CENTRE, NY 11570	90-0641200		30,000.	0.			STRATEGIC INITIATIVES
GOODNATION FOUNDATION 100 CROSBY STREET, #301 NEW YORK, NY 10012	81-4768448		75,000.	0.			STRATEGIC INITIATIVES
NEW YORK UNIVERSITY FELLOWSHIP FOR EMERGING LEADERS IN PUBLIC SERVICE - 295 LAFAYETTE ST, 2ND FLOOR - NEW YORK, NY 10012	13-5562308		25,000.	0.			STRATEGIC INITIATIVES
CCF COMMUNITY INITIATIVES FUND (F/B/O PODERISTAS, A PROJECT OF HARNESS) - 221 S. FIGUEROA STREET, SUITE 400 - LOS ANGELES, CA 90012	95-4774698		100,000.	0.			STRATEGIC INITIATIVES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUND FOR THE CITY OF NEW YORK (F/B/O 21 WOMXN CAPACITY BUILDING PROJECT) - 121 SIXTH AVENUE, 6TH FLOOR - NEW YORK, NY 10013	13-2612524		30,000.	0.			STRATEGIC INITIATIVES
HIGHER HEIGHTS LEADER FUND 147 PRINCE STREET SUITE 36 NEW YORK, NY 11201	46-3554404		100,000.	0.			STRATEGIC INITIATIVES
FUNDACION DE MUJERES EN PUERTO RICO - 1863 AVENUE FERNANDEZ JUNCOS, APT. 205 - SAN JUAN, PR 00909	66-0931262		300,000.	0.			STRATEGIC INITIATIVES
BROADWAY HOUSING COMMUNITIES INC 583 RIVERSIDE DRIVE NEW YORK, NY 10031	13-3212867		150,000.	0.			STRATEGIC INITIATIVES
RISING GROUND 151 LAWRENCE ST. 5TH FL. BROOKLYN, NY 11201	13-1860451		15,000.	0.			THE CRIMINAL JUSTICE FUND
A LITTLE PIECE OF LIGHT INC 521 ST MARKS AVENUE, 3B BROOKLYN, NY 11238	83-1458976		50,000.	0.			THE CRIMINAL JUSTICE FUND
ALLIANCE OF FAMILIES FOR JUSTICE 8 W. 126 ST. FL. 3 NEW YORK NEW YORK UNITED STATES 10027, NY 10027	82-1971330		150,000.	0.			THE CRIMINAL JUSTICE FUND
KATAL CENTER FOR HEALTH EQUITY AND JUSTICE - 147 PRINCE ST - BROOKLYN, NY 11201	81-1323278		50,000.	0.			THE CRIMINAL JUSTICE FUND
TRANSGENDER LAW CENTER PO BOX 741803 LOS ANGELES, CA 90074-1803	05-0544006		50,000.	0.			THE CRIMINAL JUSTICE FUND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD CALL NYC CO 7 MARCUS GARVEY BLVD OFFICE 445 BROOKLYN, NY 11206	82-1011857		35,000.	0.			THE CRIMINAL JUSTICE FUND
JUSTICE FOR FAMILIES 2090 HONEYWELL AVE BRONX, NY 10460	45-2625169		50,000.	0.			THE CRIMINAL JUSTICE FUND
LATINOJUSTICE PRLDEF 475 RIVERSIDE DRIVE, SUITE 1901 NEW YORK, NY 10115	13-2722664		50,000.	0.			THE CRIMINAL JUSTICE FUND
NEW YORK CITY GAY & LESBIAN ANTI-VIOLENCE PROJECT - 116 NASSAU STREET, 3RD FLOOR - NEW YORK, NY 10038	13-3149200		50,000.	0.			THE CRIMINAL JUSTICE FUND
MEKONG INC 2471 UNIVERSITY AVENUE BRONX, NY 10468	80-0834777		50,000.	0.			THE CRIMINAL JUSTICE FUND
PURELEGACEE INC. 2729 WEST 33RD STREET BROOKLYN, NY 11224	83-3712849		40,000.	0.			THE CRIMINAL JUSTICE FUND
SYLVIA RIVERA LAW PROJECT INC 147 W. 24TH STREET, 5TH FLOOR NEW YORK, NY 10011	81-0640342		40,000.	0.			THE CRIMINAL JUSTICE FUND
THEATRE OF THE OPPRESSED NYC 758 8TH AVENUE, SUITE 300 NEW YORK, NY 10036	45-4815944		40,000.	0.			THE CRIMINAL JUSTICE FUND
YOUTH REPRESENT 11 PARK PLACE, SUITE 1512 NEW YORK, NY 10007	20-8034010		40,000.	0.			THE CRIMINAL JUSTICE FUND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LADIES OF HOPE MINISTRIES INC 2023 CAESAR PLACE BRONX, NY 10473	83-2249413		40,000.	0.			THE CRIMINAL JUSTICE FUND
NEW HOUR FOR WOMEN AND CHILDREN LI INC - 1725 BRENTWOOD ROAD, MAIN BUILDING 2 - BRENTWOOD, NY 11717	47-4718783		50,000.	0.			THE CRIMINAL JUSTICE FUND
THE OSBORNE ASSOCIATION 809 WESTCHESTER AVENUE BRONX, NY 10455	13-5563028		100,000.	0.			THE CRIMINAL JUSTICE FUND
EXODUS TRANSITIONAL COMMUNITY 2271 THIRD AVENUE MANHATTAN, NY 10035	31-1731465		50,000.	0.			THE CRIMINAL JUSTICE FUND
FUND FOR THE CITY OF NEW YORK (F/B/O RISE) - 121 SIXTH AVENUE, 6TH FLOOR - NEW YORK, NY 10013	13-2612524		35,000.	0.			THE CRIMINAL JUSTICE FUND
URBAN JUSTICE CENTER (F/B/O FREEDOM AGENDA) - 40 RECTOR STREET, 9TH FLOOR - NEW YORK, NY 10006	13-3442022		75,000.	0.			THE CRIMINAL JUSTICE FUND
VOICES OF COMMUNITY ACTIVISTS & LEADERS-VOCAL-NY-INC - 80A FOURTH AVENUE - BROOKLYN, NY 11217	13-4094385		100,000.	0.			THE CRIMINAL JUSTICE FUND
KATAL CENTER FOR HEALTH EQUITY AND JUSTICE - 147 PRINCE ST - BROOKLYN, NY 11201	81-1323278		150,000.	0.			THE CRIMINAL JUSTICE FUND
ALLIANCE OF FAMILIES FOR JUSTICE 8 W. 126 ST. FL. 3 NEW YORK, NY 10027	82-1971330		50,000.	0.			THE CRIMINAL JUSTICE FUND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL VOW INC. 509 WILLIS AVE #4 BRONX, NY 10455	47-4062257		40,000.	0.			THE CRIMINAL JUSTICE FUND
THE BRONX DEFENDERS 360 EAST 161ST STREET BRONX, NY 10451	13-3931074		150,000.	0.			THE CRIMINAL JUSTICE FUND
ME TOO INTERNATIONAL, INC. 245 N. HIGHLAND AVENUE NE, SUITE 23 ATLANTA, GA 30307	83-4447513		100,000.	0.			ME TOO MOVEMENT AND ALLIES
WOMANHOOD PROJECT INC 1102 EAST 180TH STREET BRONX, NY 10460	81-2556333		25,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
AMERICAN INDIAN COMMUNITY HOUSE OF NEW YORK - 39 ELDRIDGE STREET, 4TH FLOOR - NEW YORK, NY 10002	23-7088777		25,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
ARAB AMERICAN ASSOCIATION OF NEW YORK - 7111 5TH AVENUE - BROOKLYN, NY 11209	11-3604756		70,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
THE ARAB-AMERICAN FAMILY SUPPORT CENTER - 150 COURT STREET, 3RD FLOOR - BROOKLYN, NY 11201	11-3167245		60,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
THE BROTHERHOOD SISTER SOL 512 WEST 143 STREET NEW YORK, NY 10031	13-3857387		70,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
THE CENTER FOR ANTI-VIOLENCE EDUCATION - PO BOX 260488 2273 CHURCH AVE. - BROOKLYN, NY 11226	11-2444676		50,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CONNECTIONS FOR YOUTH INC. - 369 EAST 149TH STREET, 7TH FLOOR - BRONX, NY 10455	26-4482112		40,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
DRUM - DESIS RISING UP AND MOVING 72-18 ROOSEVELT AVENUE, 2ND FLOOR JACKSON HEIGHTS, NY 11372	38-3652741		40,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
FLANBWAYAN HAITIAN LITERACY PROJECT - 208 PARKSIDE AVENUE, 2ND FLOOR - BROOKLYN, NY 11226	27-0974276		50,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
SOUL SISTERS LEADERSHIP COLLECTIVE INC - 1951 NW 7TH AVE, #600 - MIAMI, FL 33138	47-3108951		80,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
GIRLS FOR GENDER EQUITY INC. 25 CHAPEL STREET, STE 1006 BROOKLYN, NY 11201	04-3697166		150,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
NATIONAL ASIAN PACIFIC AMERICAN WOMEN'S FORUM - PO BOX 13255 - CHICAGO, IL 60613	36-4799986		60,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
SADIE NASH LEADERSHIP PROJECT 4 WEST 43RD STREET, SUITE 502 NEW YORK, NY 10036	11-3633912		80,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
GIRL VOW INC. 509 WILLIS AVE #4 BRONX, NY 10455	47-4062257		50,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
ALEX HOUSE PROJECT INC. 76 LORRAINE STREET BROOKLYN, NY 11231	47-5488301		80,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE AUDRE LORDE PROJECT INC 85 SOUTH OXFORD STREET BROOKLYN, NY 11217	06-1502452		80,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
THEATRE OF THE OPPRESSED NYC 758 8TH AVENUE SUITE 300 , NY 10036	45-4815944		50,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
NEW YORK TRANSGENDER ADVOCACY GROUP - 215 W 125TH STREET, SUITE 2 - NEW YORK, NY 10027	81-1370263		50,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
WOMANHOOD PROJECT INC 1102 EAST 180TH STREET BRONX, NY 10460	81-2556333		40,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
MARY MITCHELL FAMILY AND YOUTH CENTER INC (F/B/O BLACK FEMINIST PROJECT) - 2007 MAPES AVENUE - BRONX, NY 10460	13-3385032		50,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
ALLIANCE FOR GLOBAL JUSTICE (F/B/O BLACK TRANS MEDIA) - 225 E. 26TH ST. SUITE 1 - TUCSON, AZ 85713	52-2094677		50,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
FRACTURED ATLAS INC. (F/B/O BROWN GIRL RECOVERY) - 228 PARK AVE SOUTH, #56651 - NEW YORK, NY 10003	11-3451703		50,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK (F/B/O WELFARE RIGHTS INI - 230 W. 41ST STREET - NEW YORK, NY 10036	13-1988190		60,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
TRANSFORMATIVE CULTURE PROJECT (F/B/O WOMEN OF COLOR IN SOLIDARITY) - 100 WARREN ST - ROXBURY, MA 02119	80-0214659		50,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FJC - A FOUNDATION OF DONOR ADVISED FUNDS (F/B/O YOUNG WOMEN OF COLOR) - 505 EIGHT AVENUE, 20TH FLOOR - NEW YORK, NY 10018	13-3848582		50,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
CENTER FOR TRANSFORMATIVE ACTION (F/B/O JAHAJEE SISTERS: EMPOWERING INDO-CARIBBE - PO BOX 760 - ITHACA, NY 14851	16-0990318		50,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
OPERATION RESTORATION (F/B/O FIERCE-FIERCE) - 505 EIGHT AVENUE, 20TH FLOOR - NEW YORK, NY 10018	61-1791941		60,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR
NEW YORK FOUNDATION FOR THE ARTS INC. (F/B/O THE WOW PROJECT) - 20 JAY STREET, SUITE 740 - BROOKLYN, NY 11201	23-7129564		50,000.	0.			THE NYC FUND FOR GIRLS AND YOUNG WOMEN OF COLOR

**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 noncash assistance

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

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF GRANTS:

NYWF GRANTEE PARTNERS SUBMIT A MINIMUM OF TWO REPORTS: MID-YEAR AND END OF THE YEAR ON GRANT PERFORMANCE. NYWF'S STAFF AND GRANT ADVISORY COMMITTEE CONDUCTS ANNUAL SITE VISITS, IF POSSIBLE TO GRANTEE PARTNERS TO ASSESS PERFORMANCE ON IDENTIFIED GOALS AND OBJECTIVES FOR THE GRANT PERIOD. IN ADDITION, FOLLOW-UP PHONE CALLS AND CONVENINGS ARE HELD TO IDENTIFY LEARNING OPPORTUNITIES AND SHARING OF BEST PRACTICES. BASED ON THESE REPORTS, SITE VISITS, IF POSSIBLE AND TELEPHONE INTERACTION, NYWF IN



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **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 ..... **1b**

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

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

<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? ..... **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4c**
- 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? ..... **5a**
- b** Any related organization? ..... **5b**
- 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? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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)	325,000.	0.	0.	10,000.	15,108.	350,108.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CAMILLE EMEAGWALI SENIOR VP, PROGRAMS	(i)	240,000.	10,000.	0.	10,000.	1,053.	261,053.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MADELINE HOLDER VP OF DEVELOPMENT	(i)	200,000.	10,000.	0.	10,000.	22,744.	242,744.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KATHARINE LANDON VP, PROGRAMS & INSTITUTIONAL	(i)	190,000.	10,000.	0.	10,000.	22,744.	232,744.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LYNNA MARIA MERCADO VP, FINANCE & ADMIN	(i)	175,000.	10,000.	0.	10,000.	24,635.	219,635.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ALEJANDRA NARANJO (TO 9/2021) VP OF DEVELOPMENT	(i)	168,462.	0.	0.	10,000.	16,093.	194,555.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DEBRA MILLER SR DIRECTOR, PEOPLE & OPERATIONS	(i)	160,000.	10,000.	0.	10,000.	10,374.	190,374.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 7:

THE FOUNDATION PROVIDED BONUS PAYMENTS TO IDENTIFIED EMPLOYEES.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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 **NEW YORK WOMEN'S FOUNDATION, INC.** Employer identification number **13-3457287**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	20	291,283.	COMPARABLE SALES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT NOTED IN COLUMN B REPRESENTS THE TOTAL NUMBER OF  
CONTRIBUTORS.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

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 15:

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

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF  
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 IX, LINE 11G, OTHER FEES:

OTHER CONSULTING FEES:

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

Schedule O (Form 990) 2021

132211 11-11-21

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

PROGRAM SERVICE EXPENSES	1,177,863.
MANAGEMENT AND GENERAL EXPENSES	226,480.
FUNDRAISING EXPENSES	346,902.
TOTAL EXPENSES	1,751,245.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,751,245.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON UNCOLLECTIBLE RECEIVABLES	-242,449.
CHANGE IN VALUE OF BENEFICIAL INTERST	48,218.
TOTAL TO FORM 990, PART XI, LINE 9	-194,231.