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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization

THE NEW YORK WOMEN'S FOUNDATION INC

% ANA OLIVEIRA PRESIDENT/CEO

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

39 BROADWAY Suite 2300

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10006

F Name and address of principal officer

ANA OLIVEIRA

39 BROADWAY suite 2300

NEW YORK, NY 10006

H(a) Is this a group return for subordinates?

Yes

No

H(b) Are all subordinates included?

Yes

No

If "No," attach a list (see instructions)

H(c) Group exemption number

D Employer identification number

13-3457287

E Telephone number

(212) 514-6993

G Gross receipts \$ 24,169,678

I Tax-exempt status

501(c)(3)

501(c) ()

(insert no)

4947(a)(1) or

527

J Website: www.nywf.org

K Form of organization

Corporation

Trust

Association

Other

L Year of formation 1987

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities

The New York Women's Foundation creates an equitable and just future for women and families by uniting a cross cultural alliance that ignites action (See completion in Schedule O)

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

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

Signature of officer

ANA OLIVEIRA PRESIDENT AND CEO

Type or print name and title

2019-11-13

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN P01306891

Firm's name EISNERAMPER LLP

Firm's EIN

Firm's address 750 THIRD AVENUE

Phone no (212) 949-8700

NEW YORK, NY 100172703

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

Yes

No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 13,639,459 including grants of \$ 11,018,825) (Revenue \$)
See Additional Data

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

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

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

4e Total program service expenses ▶ 13,639,459

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	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>		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
25b	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>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	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>		No
33	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>		No
34	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>		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
35b	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>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	43			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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

Section A. Governing Body and Management

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

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a Yes	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c Yes	
13 Did the organization have a written whistleblower policy?	13 Yes	
14 Did the organization have a written document retention and destruction policy?	14 Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a Yes	
b Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a Yes	
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?	16b Yes	

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ ANA OLIVEIRA PRESIDENT/CEO 39 BROADWAY SUITE 2300 NEW YORK, NY 10006 (212) 514-6993

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 ☐

1

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

● List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	1,357,815	0	116,211

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 ► 11

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

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)	(B)	(C)
Name and business address	Description of services	Compensation
C Nicole Mason, 1951 BEECHAM COURT BOWIE, MD 20721	CONSULTING SVS	145,797
GRIFFIN WILLIAMS CRITICAL POINT, 1300 CONNECTICUT AVE NW SUITE 600 WASHINGTON, DC 20036	ConsultING SVS	195,817
CATHY MCNAMARA INC, 1325 SIXTH AVENUE FL 27 NEW YORK, NY 10019	FUNDRAISER	180,000

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 ▶ 3

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants
and Other Similar Amounts

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns . . .	1a				
b	Membership dues . . .	1b				
c	Fundraising events . . .	1c	2,107,530			
d	Related organizations	1d				
e	Government grants (contributions)	1e				
f	All other contributions, gifts, grants, and similar amounts not included above	1f	19,431,922			
g	Noncash contributions included in lines 1a - 1f \$ <u>31,520</u>					
h Total.	Add lines 1a-1f ▶		21,539,452			

Program Service Revenue

			Business Code				
2a							
b							
c							
d							
e							
f	All other program service revenue						
g Total.	Add lines 2a-2f ▶		0				

Other Revenue

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts) ▶		156,803			156,803
4	Income from investment of tax-exempt bond proceeds ▶		0			
5	Royalties ▶		0			
6a		(i) Real	(ii) Personal			
	Gross rents					
	b Less rental expenses					
	c Rental income or (loss)	0	0			
d	Net rental income or (loss) ▶		0			
7a		(i) Securities	(ii) Other			
	Gross amount from sales of assets other than inventory	2,155,421				
	b Less cost or other basis and sales expenses	1,847,011				
	c Gain or (loss)	308,410				
d	Net gain or (loss) ▶		308,410			308,410
8a	Gross income from fundraising events (not including \$ 2,107,530 of contributions reported on line 1c) See Part IV, line 18 a		295,742			
	b Less direct expenses b		295,742			
	c Net income or (loss) from fundraising events ▶					
9a	Gross income from gaming activities See Part IV, line 19 a		0			
	b Less direct expenses b		0			
	c Net income or (loss) from gaming activities ▶		0			
10a	Gross sales of inventory, less returns and allowances a		0			
	b Less cost of goods sold b		0			
	c Net income or (loss) from sales of inventory ▶		0			
Miscellaneous Revenue		Business Code				
11a	ADMINISTRATIVE FEE	900099	22,260	22,260		
b						
c						
d	All other revenue					
e	Total. Add lines 11a–11d ▶		22,260			
12	Total revenue. See Instructions ▶		22,026,925	22,260		465,213

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		2,295,622	1	5,850,507	
	2	Savings and temporary cash investments		10,817,107	2	3,169,451	
	3	Pledges and grants receivable, net		1,497,967	3	12,524,042	
	4	Accounts receivable, net		6,119	4	0	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		0	8	0	
	9	Prepaid expenses and deferred charges		106,114	9	63,913	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	327,832			
	b	Less: accumulated depreciation	10b	269,210	68,109	10c	58,622
	11	Investments—publicly traded securities		9,076,202	11	8,734,203	
	12	Investments—other securities. See Part IV, line 11		0	12	0	
	13	Investments—program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		1,117,494	15	1,098,681	
16	Total assets. Add lines 1 through 15 (must equal line 34)		24,984,734	16	31,499,419		
Liabilities	17	Accounts payable and accrued expenses		387,696	17	446,838	
	18	Grants payable		68,000	18	3,003,500	
	19	Deferred revenue		22,500	19	53,506	
	20	Tax-exempt bond liabilities		0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		147,477	25	128,873	
	26	Total liabilities. Add lines 17 through 25		625,673	26	3,632,717	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		19,178,237	27	17,477,613	
	28	Temporarily restricted net assets		3,381,229	28	8,589,494	
	29	Permanently restricted net assets		1,799,595	29	1,799,595	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		24,359,061	33	27,866,702		
34	Total liabilities and net assets/fund balances		24,984,734	34	31,499,419		

Part XI Reconciliation of Net AssetsCheck 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	22,026,925
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,520,429
3	Revenue less expenses Subtract line 2 from line 1	3	4,506,496
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,359,061
5	Net unrealized gains (losses) on investments	5	-938,855
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 in Schedule O)	9	-60,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,866,702

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 13-3457287

Name: THE NEW YORK WOMEN'S FOUNDATION INC

Form 990 (2018)

Form 990, Part III, Line 4a:

The New York Women's Foundation creates an equitable and just future for women and families by uniting a cross-cultural alliance that ignites action and invests in bold, community-led solutions across the city. The foundation works to achieve this mission through grant-making and public education.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KWANZA BUTLER CO-CHAIR	3 0 0 0	X		X				0	0	0
JANET RICCIO CO-CHAIR	3 0 0 0	X		X				0	0	0
YVONNE MOORE VICE CHAIR	3 0 0 0	X		X				0	0	0
JEANNE MULLGRAV SECRETARY	3 0 0 0	X		X				0	0	0
GRAINNE MCNAMARA TREASURER	3 0 0 0	X		X				0	0	0
ANDREA BATISTA-SCHLESINGER BOARD MEMBER	3 0 0 0	X						0	0	0
LORRAINE CORTES VAZQUEZ BOARD MEMBER	3 0 0 0	X						0	0	0
VIRGINIA DAY BOARD MEMBER	3 0 0 0	X						0	0	0
JENNIFER GIACOBBE BOARD MEMBER(Until 6/2018)	3 0 0 0	X						0	0	0
CATHY ISAACSON BOARD MEMBER	3 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROLYN ROSSIP MALCOLM BOARD MEMBER	3 0 0 0	X						0	0	0
TRACEY SCHUSTERMAN TREASURER (UNTIL 9/2018)	3 0 0 0	X		X				0	0	0
ELBA MONTALVO BOARD MEMBER	3 0 0 0	X						0	0	0
MARGARET MORRISON BOARD MEMBER	3 0 0 0	X						0	0	0
FRAN BARRETT BOARD MEMBER	3 0 0 0	X						0	0	0
PRISCILLA PAINTON BOARD MEMBER	3 0 0 0	X						0	0	0
MICHELE O PENZER BOARD MEMBER	3 0 0 0	X						0	0	0
MERBLE REAGON BOARD MEMBER	3 0 0 0	X						0	0	0
KAREN REYNOLDS SHARKEY BOARD MEMBER(Until 6/2018)	3 0 0 0	X						0	0	0
HYATT BASS BOARD MEMBER	3 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
IRMA RODRIGUEZ BOARD MEMBER	3 0 0 0	X						0	0	0
JEAN SHAFIROFF BOARD MEMBER(Until 6/2018)	3 0 0 0	X						0	0	0
CELESTE SMITH BOARD MEMBER(Until 6/2018)	3 0 0 0	X						0	0	0
STEPHANIE WANG-BREAL BOARD MEMBER	3 0 0 0	X						0	0	0
HELENE BANKS BOARD MEMBER	3 0 0 0	X						0	0	0
KAREN CHOI BOARD MEMBER	3 0 0 0	X						0	0	0
MARY CARACAPPA BOARD MEMBER	3 0 0 0	X						0	0	0
EILEEN KELLY BOARD MEMBER	3 0 0 0	X						0	0	0
ELIZABETH WANG BOARD MEMBER	3 0 0 0	X						0	0	0
ELIZABETH DE LEON BHARGAVA BOARD MEMBER	3 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANNE DELANEY BOARD MEMBER	3 0 0 0	X						0	0	0
MIGNON ESPY EDWARDS BOARD MEMBER	3 0 0 0	X						0	0	0
TILOMA JAYASINGHE BOARD MEMBER	3 0 0 0	X						0	0	0
DANIELLE MOSS BOARD MEMBER	3 0 0 0	X						0	0	0
AYO ROACH BOARD MEMBER	3 0 0 0	X						0	0	0
LOLA WEST BOARD MEMBER	3 0 0 0	X						0	0	0
ANA OLIVEIRA PRESIDENT & CEO	40 0 0 0			X				295,647	0	20,747
JOHN EMMERT CFO (UNTIL 6/2018)	40 0 0 0			X				148,830	0	25,089
NANCY GUIDA VP OF COMMUNICATIONS	40 0 0 0					X		186,664	0	20,780
LORRAINE STEPHENS VP STRATEGIC PLANNING	40 0 0 0					X		196,532	0	11,948

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAMILLE EMEAGWALI VP OF PROGRAMS	40 0 0 0					X		175,370	0	10,991
ANNA MARIE ALMEIDA VP OF DEVELOPMENT	40 0 0 0					X		197,727	0	15,480
MADLINE HOLDER DIRECTOR OF INDIVIDUAL GIVING	40 0 0 0					X		157,045	0	11,176

SCHEDULE A

(Form 990 or 990EZ)

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION INC

Employer identification number

13-3457287

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	4,895,028	19,096,674	5,897,892	20,383,875	21,539,452	71,812,921
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	4,895,028	19,096,674	5,897,892	20,383,875	21,539,452	71,812,921
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						43,326,820
6	Public support. Subtract line 5 from line 4						28,486,101

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	4,895,028	19,096,674	5,897,892	20,383,875	21,539,452	71,812,921
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	152,800	150,731	217,348	218,681	156,803	896,363
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)		167,263	38,296	12,209	22,260	240,028
11	Total support. Add lines 7 through 10						72,949,312
12	Gross receipts from related activities, etc (see instructions)					12	267,183
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14 39.049 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 46.252 %
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <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

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
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>		
	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div>1</div> <div><input type="checkbox"/></div> <div>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</div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> 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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 13-3457287
Name: THE NEW YORK WOMEN'S FOUNDATION INC

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)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493317028449

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION INC

Employer identification number

13-3457287

Part I

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

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

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

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

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

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 are a 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 programs

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	9,387,065	8,722,395	8,596,445	9,645,050	9,459,292
b Contributions					
c Net investment earnings, gains, and losses	-538,476	1,123,917	578,987	-399,885	597,789
d Grants or scholarships	454,829	459,247	453,037	648,720	412,031
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	8,393,760	9,387,065	8,722,395	8,596,445	9,645,050

2

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

a

Board designated or quasi-endowment

70 630 %

b

Permanent endowment

21 440 %

c

Temporarily restricted endowment

7 930 %

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

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

No

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		89,888	52,488	37,400
d Equipment		237,944	216,722	21,222
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				58,622

Schedule D (Form 990) 2018

Part VII

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

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

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DEFERRED RENT LIABILITY	128,873
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	128,873

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 FIN 48 (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	21,201,289
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-938,855
b	Donated services and use of facilities	2b	164,770
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	-774,085
3	Subtract line 2e from line 1	3	21,975,374
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	51,551
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	51,551
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	22,026,925

Part 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	17,693,648
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	164,770
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	60,000
e	Add lines 2a through 2d	2e	224,770
3	Subtract line 2e from line 1	3	17,468,878
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	51,551
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	51,551
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	17,520,429

Part 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.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-3457287
Name: THE NEW YORK WOMEN'S FOUNDATION INC

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART V, LINE 4	Use of Endowment Funds The Foundation's endowment consists of five individual funds established for a variety of purposes, consisting of both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowment

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART X, LINE 2	<p>The Foundation is subject to the provisions of the Financial Accounting Standards Board's (the FASB) Accounting Standards Codification (ASC) Topic 740, Income Taxes, as it relates to accounting and reporting for uncertainty in income taxes. For the Foundation, these provisions could be applicable to the incurrence of unrealized business income tax ("ubit"), attributable to the disallowed transportation fringe benefits. Nonetheless because of the Foundation's general tax -exempt status, management believes that ASC Topic 740 has not had and is not expected to have, a material impact on the Foundation's financial statements.</p>

Supplemental Information	
Return Reference	Explanation
FORM 990, SCHEDULE D, PART XII, LINE 2D	LOSS ON UNCOLLECTIBLE RECEIVABLES OF \$60,000 IS INCLUDED IN EXPENSES PER THE AUDITED FINANCIAL STATEMENTS BUT INCLUDED AS A RECONCILING ITEM TO NET ASSETS PER RETURN

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493317028449																																																																																							
SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service		Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information			OMB No 1545-0047																																																																																						
					2018 Open to Public Inspection																																																																																						
Name of the organization THE NEW YORK WOMEN'S FOUNDATION INC				Employer identification number 13-3457287																																																																																							
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.																																																																																											
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.																																																																																											
a <input checked="" type="checkbox"/> Mail solicitations		e <input checked="" type="checkbox"/> Solicitation of non-government grants																																																																																									
b <input checked="" type="checkbox"/> Internet and email solicitations		f <input type="checkbox"/> Solicitation of government grants																																																																																									
c <input checked="" type="checkbox"/> Phone solicitations		g <input checked="" type="checkbox"/> Special fundraising events																																																																																									
d <input checked="" type="checkbox"/> In-person solicitations																																																																																											
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																											
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization																																																																																											
<table><tr><th rowspan="2">(i) Name and address of individual or entity (fundraiser)</th><th rowspan="2">(ii) Activity</th><th colspan="2">(iii) Did fundraiser have custody or control of contributions?</th><th rowspan="2">(iv) Gross receipts from activity</th><th rowspan="2">(v) Amount paid to (or retained by) fundraiser listed in col (i)</th><th rowspan="2">(vi) Amount paid to (or retained by) organization</th></tr><tr><th>Yes</th><th>No</th></tr><tr><td>1 PRASAD CONSULTING RESEARCH 20 sutton place south new york, NY 100224165</td><td>RESEARCH</td><td></td><td>No</td><td>0</td><td>28,800</td><td>0</td></tr><tr><td>2 Cathy McNamara Inc 1325 sixth avenue fl 27 new york, NY 10019</td><td>FUNDRAISER</td><td></td><td>No</td><td>2,193,666</td><td>180,000</td><td>2,013,666</td></tr><tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>6</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>7</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>10</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="4">Total ▶</td><td>2,193,666</td><td>208,800</td><td>2,013,666</td></tr></table>						(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	Yes	No	1 PRASAD CONSULTING RESEARCH 20 sutton place south new york, NY 100224165	RESEARCH		No	0	28,800	0	2 Cathy McNamara Inc 1325 sixth avenue fl 27 new york, NY 10019	FUNDRAISER		No	2,193,666	180,000	2,013,666	3							4							5							6							7							8							9							10							Total ▶				2,193,666	208,800	2,013,666
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)			(vi) Amount paid to (or retained by) organization																																																																																			
		Yes	No																																																																																								
1 PRASAD CONSULTING RESEARCH 20 sutton place south new york, NY 100224165	RESEARCH		No	0	28,800	0																																																																																					
2 Cathy McNamara Inc 1325 sixth avenue fl 27 new york, NY 10019	FUNDRAISER		No	2,193,666	180,000	2,013,666																																																																																					
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9																																																																																											
10																																																																																											
Total ▶				2,193,666	208,800	2,013,666																																																																																					
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing CT, NJ, NY																																																																																											
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2018																																																																																											

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		CWB (event type)	GALA (event type)	0 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,628,472	565,194	209,606	2,403,272
	2 Less Contributions	1,479,281	468,247	160,002	2,107,530
	3 Gross income (line 1 minus line 2)	149,191	96,947	49,604	295,742
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	149,191	96,947	49,604	295,742
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				295,742
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.

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

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
13 Indicate the percentage of gaming activity conducted in							
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;">13a</td> <td style="width: 80%;"></td> <td style="width: 10%; text-align: right;">%</td> </tr> <tr> <td>13b</td> <td></td> <td style="text-align: right;">%</td> </tr> </table>	13a		%	13b		%
13a		%					
13b		%					
b An outside facility							
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records							
Name ►							
Address ►							
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$							
c If "Yes," enter name and address of the third party							
Name ►							
Address ►							
16 Gaming manager information							
Name ►							
Gaming manager compensation ► \$							
Description of services provided ►							
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor							
17 Mandatory distributions							
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?							
<input type="checkbox"/> Yes <input type="checkbox"/> No							
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$							

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
THE NEW YORK WOMEN'S FOUNDATION INC

Employer identification number
13-3457287

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 142
- 3 Enter total number of other organizations listed in the line 1 table ▶

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANTS NYWF GRANTEE PARTNERS SUBMIT A MINIMUM OF TWO REPORTS MID-YEAR AND END OF THE YEAR ON GRANT PERFORMANCE NYWF'S STAFF AND GRANT ADVISORY COMMITTEE CONDUCTS ANNUAL SITE VISITS TO GRANTEE PARTNERS TO ASSESS PERFORMANCE ON IDENTIFIED GOALS AND OBJECTIVES FOR THE GRANT PERIOD IN ADDITION, FOLLOW-UP PHONE CALLS AND CONVENINGS ARE HELD TO IDENTIFY LEARNING OPPORTUNITIES AND SHARING OF BEST PRACTICES BASED ON THESE REPORTS, SITE VISITS AND TELEPHONE INTERACTION, NYWF IN CONJUNCTION WITH GRANT PARTNERS DEVELOP CAPACITY BUILDING RESOURCES SUCH AS ORGANIZATIONAL DEVELOPMENT, PROGRAM SUSTAINABILITY AND INNOVATION AND ADVANCING GENDER AND RACIAL EQUITY IN ADDITION, GRANTEE PARTNER ORGANIZATIONS FUNDED UNDER INITIATIVES, FOR EXAMPLE (IGNITE', CRIMINAL JUSTICE, PARTNERSHIP FOR WOMEN'S PROSPERITY) SUBMIT ADDITIONAL REPORTS AND NYWF CONDUCTS STAFF LEAD ASSESSMENTS, AS NECESSARY

Additional Data

Software ID:
Software Version:
EIN: 13-3457287
Name: THE NEW YORK WOMEN'S FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
African Refuge Inc 185 Park Hill AveSte LB Suite 324 Staten Island, NY 10304	01-0873188	501 (C) (3)	130,000		FMV		Economic Security Strategic Discretionary GYWC Fund Economic Security GYWC Fund GYWC Fund Economic Security Strategic Discretionary GYWC Fund The Fund for The Me Too Movement and Allies GYWC Fund The Fund for The Me Too Movement and Allies The Fund for The Me Too Movement and Allies Anti-Violence and Safety GYWC Fund Economic Security Economic Security Economic Security Special Initiatives (New Partnerships) Strategic Discretionary Economic Security GYWC Fund Economic Security Capacity Building GYWC Fund Strategic Discretionary Economic Security Economic Security Economic Security Economic Security Capacity Building Economic Security Anti-Violence and Safety GYWC Fund GYWC Fund Economic Security GYWC Fund Strategic Discretionary Strategic Discretionary GYWC Fund The Justice Fund Strategic Discretionary Anti- Violence and Safety Anti-Violence and Safety Economic Security Strategic Discretionary Economic Security Capacity Building Strategic Discretionary GYWC Fund The Justice Fund Strateg
Restaurant Opportunities Centers United 275 7th Ave Ste 1703 Ste LB New York, NY 10001	01-0939141	501 (C) (3)	10,000		FMV		Economic Security

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Restaurant Opportunities Centers United 275 Seventh Ave Ste 1703 New York, NY 10001	01-0939141	501 (C) (3)	10,000		FMV		Anti-Violence and Safety Relationship
DAMAYAN Migrant Workers Association Inc 406W 40th Street 3rd fl Suite 230 New York, NY 10018	03-0481206	501 (C) (3)	30,000		FMV		Economic Security

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fierce 2427 Morris Avenue Suite 2001 Bronx, NY 10468	03-0518774	501 (C) (3)	60,000		FMV		Economic Security
WomanHOOD Project 641 Grand AveApt 2B 5th Fl Brooklyn, NY 11238	04-3323467	501 (C) (3)	40,000		FMV		Economic Security

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Girls for Gender Equity 25 Chapel StSte 1006 Suite 36 Brooklyn, NY 11201	04-3697166	501 (C) (3)	40,000		FMV		Economic Security
Girls for Gender Equity 25 Chapel StSte 1006 Brooklyn, NY 11201	04-3697166	501 (C) (3)	15,000		FMV		Economic Security

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Girls for Gender Equity 25 Chapel Street 3G Brooklyn, NY 11201	04-3697166	501 (C) (3)	150,000		FMV		Anti-Violence and Safety
'The 'me too' Movement 45 W 139th Street 2 New York, NY 10037	04-3697166	501 (C) (3)	500,000		FMV		Economic Security

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Audre Lorde Project Inc 147 W 24th St 3rd Floor New York, NY 10011	06-1502452	501 (C) (3)	75,000		FMV		Economic Security
Equality Labs 248 W 35th St Fl 10 2 FL New York, NY 10001	11-3451703	501 (C) (3)	20,000		FMV		Anti-Violence and Safety

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Equality Labs 248 W 35th St Fl 10 Ste 1937 New York, NY 10001	11-3451703	501 (C) (3)	30,000		FMV		Health, Sexual Rights, and Reproductive Justice
Center for Anti-Violence Education Inc 327 7th St 2nd fl 14th Fl Brooklyn, NY 11215	11-2444676	501 (C) (3)	30,000		FMV		Economic Security

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Anti-Violence Education Inc 327 7th St 2nd fl 3rd Fl Brooklyn, NY 11215	11-2444676	501 (C) (3)	40,000		FMV		Economic Security
Neighbors Together 2094 Fulton Street Ste 610 Brooklyn, NY 11233	11-2632109	501 (C) (3)	130,000		FMV		Economic Security

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Minkwon Center for Community Action Inc 136-19 41st Ave 3rd Fl 18th fl Flushing, NY 11355	11-2710506	501 (C) (3)	130,000		FMV		Economic Security
Backstretch Employee Service Team of NY 2150 Hempstead Trpk 28B Ste 505 Elmont, NY 11003	11-2976735	501 (C) (3)	25,000		FMV		Economic Security

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Backstretch Employee Service Team of NY 2150 Hempstead Trnpk 28B Ste 908 New York, NY 11003	11-2976735	501 (C) (3)	30,000		FMV		Economic Security
Queens Library Foundation 89-11 Merrick Blvd 804 Jamaica, NY 11342	11-3009405	501 (C) (3)	10,000		FMV		Anti-Violence and Safety

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Neighbors Helping Neighbors Inc c/o Fifth Avenue Committee172 Fift Brooklyn, NY 11217	11-3059958	501 (C) (3)	130,000		FMV		Economic Security
Arab American Family Support Center 150 Court St 3rd Fl 7th Fl Brooklyn, NY 11201	11-3167245	501 (C) (3)	60,000		FMV		Anti-Violence and Safety

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Frontline Retail 7 Penn Plaza14th Fl 2nd Fl New York, NY 10001	11-3344389	501 (C) (3)	60,000		FMV		Anti-Violence and Safety
Center for Frontline Retail 7 Penn Plaza14th Fl 3rd Fl New York, NY 10001	11-3344389	501 (C) (3)	10,000		FMV		Economic Security

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Global Action Project 130 W 25th St 2C 137 New York, NY 10001	11-3425000	501 (C) (3)	40,000		FMV		Economic Security
Groundshift 248 W 35th St 10th Fl New York, NY 10001	11-3451703	501 (C) (3)	10,000		FMV		Economic Security

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Latino Leadership Institute Inc 440 East 117 St Suite 5B 2nd Fl New York, NY 10035	11-3478120	501 (C) (3)	60,000		FMV		Economic Security
Latino Leadership Institute Inc 440 East 117 St Suite 5B New York, NY 10035	11-3478120	501 (C) (3)	10,000		FMV		Economic Security

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New Immigrant Community Empowerment 7129 Roosevelt Ave 2nd Fl Jackson Heights, NY 11372	11-3560625	501 (C) (3)	30,000		FMV		Economic Security
New Immigrant Community Empowerment 7129 Roosevelt Ave 2nd Fl Ground Fl Jackson Heights, NY 11372	11-3560625	501 (C) (3)	130,000		FMV		health, Sexual Rights, and Reproductive Justice

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New Immigrant Community Empowerment 7129 Roosevelt Ave 2nd Fl Suite 1000 Jackson Heights, NY 11372	11-3560625	501 (C) (3)	10,000		FMV		Economic Security
Mixteca Organization Inc 245 23 Street 2 FL Brooklyn, NY 11215	11-3561652	501 (C) (3)	30,000		FMV		Anti-Violence and Safety

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mixteca Organization Inc 245 23 Street 2 FL 2nd Fl Brooklyn, NY 11215	11-3561652	501 (C) (3)	130,000		FMV		Economic Security
Arab American Association of New York 7111 5th Avenue Ste 55 Brooklyn, NY 11209	11-3604756	501 (C) (3)	60,000		FMV		Anti-Violence and Safety

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sadie Nash Leadership Project 4 W 43rd St Suite 502 6th Fl New York, NY 10036	11-3633912	501 (C) (3)	100,000		FMV		Anti-Violence and Safety
Masa-MexEd Inc 2770 Third Avenue1st Floor 243 Bronx, NY 10455	11-3640210	501 (C) (3)	60,000		FMV		Anti-Violence and Safety

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Masa-MexEd Inc 2770 Third Ave1st FI 5th Floor Bronx, NY 10455	11-3640210	501 (C) (3)	40,000		FMV		Economic Security
En Garde Arts co Lucille Lortel Foundation 322 8th Ave 21st FI Suite 2001 New York, NY 10001	11-5347056	501 (C) (3)	15,000		FMV		Economic Security

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mount Sinai Hospital One Gustave L Levy Pl Suite 5B New York, NY 10029	13-1624096	501 (C) (3)	10,000		FMV		Anti-Violence and Safety
Welfare Rights Initiative Hunter College695 Park Ave Rm HN 3rd Floor New York, NY 10065	13-1988190	501 (C) (3)	60,000		FMV		Anti-Violence and Safety

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Robert F Kennedy Center for Justice and Human Righ 88 Pine Street 22nd Fl New York, NY 10005	13-2522784	501 (C) (3)	160,000		FMV		Economic Security
Fund for the City of New York 121 6th Ave 6 New York, NY 10013	13-2612524	501 (C) (3)	30,000		FMV		Economic Security

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Queer Detainee Empowerment Project 505 8th Ave1212 28B New York, NY 10018	13-2612524	501 (C) (3)	60,000		FMV		Economic Security
Rise 224 W 30th St 804 22nd Fl New York, NY 10001	13-2612524	501 (C) (3)	130,000		FMV		Economic Security

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New American Leaders 25 West 39th St14th Fl New York, NY 10018	13-2612524	501 (C) (3)	150,000		FMV		Economic Security
Black Agency Executives Inc 475 Riverside Dr Ste 1244 2nd fl New York, NY 10115	13-2658548	501 (C) (3)	10,000		FMV		Anti-Violence and Safety

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LatinoJustice PRLDEF 99 Hudson Street New York, NY 10013	13-2722664	501 (C) (3)	70,000		FMV		Economic Security
LatinoJustice PRLDEF 99 Hudson Street New York, NY 10013	13-2722664	501 (C) (3)	10,000		FMV		Economic Security

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Grace and Mattie Films LLC 125 W 109th StApt 7D 3rd Fl Brooklyn, NY 10025	13-2740460	501 (C) (3)	10,000		FMV		Economic Security
RAISE 99 Hudson St12th Fl 3rd Fl New York, NY 10013	13-2855641	501 (C) (3)	40,000		FMV		Economic Security

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Beyond the Box 432 E 149th Street Bronx, NY 10455	13-2969182	501 (C) (3)	10,000		FMV		Economic Security
Asset Funders Network 1500 Broadway 7th Fl New York, NY 10036	13-3001403	501 (C) (3)	20,000		FMV		Economic Security

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Resource Exchange 42 Broadway 20th Fl New York, NY 10004	13-3048638	501 (C) (3)	35,000		FMV		Economic Security
Community Funds Inc (New York Community Trust) 909 Third Ave 22nd Fl New York, NY 10022	13-3062214	501 (C) (3)	15,000		FMV		Anti-Violence and Safety

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Funds Inc (New York Community Trust) 909 Third Ave 22nd Fl New York, NY 10022	13-3062214	501 (C) (3)	25,000		FMV		Economic Security
Women's Justice NOW 150 West 28th St Ste 304 New York, NY 10001	13-3083202	501 (C) (3)	60,000		FMV		Anti-Violence and Safety

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Women's Justice NOW 150 W 28th St Suite 304 New York, NY 10001	13-3083202	501 (C) (3)	10,000		FMV		Economic Security
Cause Effective 505 Eighth Ave Ste 1212 New York, NY 10018	13-3083978	501 (C) (3)	85,000		FMV		Special Initiatives (New Partnerships)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Hetrick-Martin Institute 2 Astor Pl 3rd Fl New York, NY 10003	13-3104537	501 (C) (3)	10,000		FMV		Special Initiatives (New Partnerships)
Hetrick-Martin Institute 2 Astor Place 3rd Fl New York, NY 10003	13-3104537	501 (C) (3)	40,000		FMV		Special Initiatives (New Partnerships)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New York City Gay & Lesbian Anti-Violence Project 116 Nassau St 3rd Fl New York, NY 10038	13-3149200	501 (C) (3)	150,000		FMV		Special Initiatives (New Partnerships)
New York City Gay & Lesbian Anti-Violence Project 116 Nassau St 3rd Fl New York, NY 10038	13-3149200	501 (C) (3)	10,000		FMV		Special Initiatives (New Partnerships)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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New York City Gay & Lesbian Anti-Violence Project 116 Nassau Street 3rd Fl New York, NY 10038	13-3149200	501 (C) (3)	150,000		FMV		Special Initiatives (New Partnerships)
United Women Firefighters 219 W 19th St New York, NY 10011	13-3157272	501 (C) (3)	60,000		FMV		Special Initiatives (New Partnerships)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Graduate Center Foundation 365 Fifth Avenue New York, NY 10016	13-3219419	501 (C) (3)	15,000		FMV		Special Initiatives (New Partnerships)
The New School 66 W 12th Street New York, NY 10011	13-3297197	501 (C) (3)	15,000		FMV		Special Initiatives (New Partnerships)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BLK Project 928 Intervale Ave Bronx, NY 10459	13-3385032	501 (C) (3)	40,000		FMV		Special Initiatives (New Partnerships)
Community Health Project (DBA Callen-Lorde Commun 356 West 18th Street New York, NY 10011	13-3409680	501 (C) (3)	30,000		FMV		Special Initiatives (New Partnerships)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Urban Justice Center Community Development Project 123 William St16th Fl New York, NY 10038	13-3442022	501 (C) (3)	30,000		FMV		Special Initiatives (New Partnerships)
CAAAY Organizing Asian Communities 55 Hester Street New York, NY 10002	13-3526938	501 (C) (3)	40,000		FMV		Special Initiatives (New Partnerships)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Violence Intervention Program PO Box 1161 - Tri-borough Station New York, NY 10035	13-3540337	501 (C) (3)	100,000		FMV		Special Initiatives (New Partnerships)
Violence Intervention Program PO Box 1161 - Tri-borough Station New York, NY 10035	13-3540337	501 (C) (3)	20,000		FMV		Special Initiatives (New Partnerships)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Coro New York Leadership Center 42 Broadway Suite 2001 New York, NY 10004	13-3571610	501 (C) (3)	125,000		FMV		Special Initiatives (New Partnerships)
Coro New York Leadership Center 42 Broadway Suite 2001 New York, NY 10004	13-3571610	501 (C) (3)	10,000		FMV		Special Initiatives (New Partnerships)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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New York Immigration Coalition 131 W 33rd StSte 610 New York, NY 10001	13-3573409	501 (C) (3)	150,000		FMV		Special Initiatives (New Partnerships)
New York Immigration Coalition 131 W 33rd StSte 610 New York, NY 10001	13-3573409	501 (C) (3)	7,500		FMV		Special Initiatives (New Partnerships)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Sakhi for South Asian Women PO Box 1333Church Street Station New York, NY 10008	13-3593806	501 (C) (3)	40,000		FMV		Special Initiatives (New Partnerships)
Dominican Women's Development Center 519 W 189th StGround Fl New York, NY 10040	13-3593885	501 (C) (3)	10,000		FMV		Special Initiatives (New Partnerships)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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A Call To Men 250 Merrick Road813 Rockville, NY 11570	13-3615533	501 (C) (3)	100,000		FMV		Special Initiatives (New Partnerships)
Human Services Council of New York 130 E 59th St New York, NY 10022	13-3620059	501 (C) (3)	15,000		FMV		Special Initiatives (New Partnerships)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Jews for Racial and Economic Justice (JFREJ) 330 7th avenue Suite 1901 New York, NY 10001	13-3694790	501 (C) (3)	60,000		FMV		Capacity Building
New Economy Project 121 W 27th Street Ste 804 New York, NY 10001	13-3842270	501 (C) (3)	60,000		FMV		Capacity Building

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Young Women of Color HIVAIDS Coalition 116-51 224th St Cambria Heights New York, NY 11411	13-3848582	501 (C) (3)	40,000		FMV		Capacity Building
BrotherhoodSister Sol Inc 512 WEST 143 ST New York, NY 10031	13-3857387	501 (C) (3)	75,000		FMV		Capacity Building

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Community Voices Heard 115 East 106th St 3rd Fl New York, NY 10029	13-3901997	501 (C) (3)	30,000		FMV		Capacity Building
Voices of Community Activists & Leaders Inc 80A Fourth Avenue New York, NY 11217	13-4094385	501 (C) (3)	130,000		FMV		Capacity Building

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Voices of Community Activists and Leaders 80A Fourth Avenue Brooklyn, NY 11217	13-4094385	501 (C) (3)	10,000		FMV		Capacity Building
Girls Educational and Mentoring Services Inc 20 West 148th Street Ground Fl New York, NY 10039	13-4150972	501 (C) (3)	20,000		FMV		Capacity Building

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Debt Collective 46 West 36 St 6th Fl New York, NY 10018	13-4188834	501 (C) (3)	60,000		FMV		Capacity Building
Housing Plus Solutions Inc 4 W 43rd St 2nd Fl New York, NY 10036	13-4200638	501 (C) (3)	80,000		FMV		Capacity Building

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NYU Fellowship for Emerging Leaders in Public Ser 295 Lafayette St 2nd Fl New York, NY 10012	13-5562308	501 (C) (3)	25,000		FMV		Capacity Building
Correctional Association of New York 22 Cortlandt St 33rd Fl New York, NY 10007	13-5562324	501 (C) (3)	35,000		FMV		Capacity Building

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United Neighborhood Houses of New York Inc 45 Broadway Suite 2210 New York, NY 10006	13-5563409	501 (C) (3)	15,000		FMV		Capacity Building
New York Foundation 150 W 30th St ste 1401 New York, NY 10001	13-5626345	501 (C) (3)	10,000		FMV		Capacity Building

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Truthworker Theatre Company 484 1st St Brooklyn, NY 11215	13-6206608	501 (C) (3)	40,000		FMV		Capacity Building
New York State Tenants & Neighbors Information Ser 255 West 36th StSte 505 New York, NY 10018	14-1761209	501 (C) (3)	130,000		FMV		Strategic Discretionary

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New York State Tenants & Neighbors Information Ser 255 W 36th StSte 505 New York, NY 10018	14-1761209	501 (C) (3)	10,000		FMV		Strategic Discretionary
Vibe Theater Experience 1000 Dean StSte 232 Brooklyn, NY 11238	20-0482372	501 (C) (3)	80,000		FMV		Strategic Discretionary

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ALIGN the Alliance for a Greater New York 50 Broadway 29th Fl New York, NY 10004	20-0559291	501 (C) (3)	60,000		FMV		Strategic Discretionary
Ancient Song Doula Services 7 Marcus Garvey BlvdSte 436 Brooklyn, NY 11206	20-2015286	501 (C) (3)	25,000		FMV		Strategic Discretionary

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Trinity Healing Center Inc 7304 5th Ave PMB272 Brooklyn, NY 11209	20-3235905	501 (C) (3)	60,000		FMV		Strategic Discretionary
Adhikaar for Human Rights and Social Justice 7107 Woodside Avenue Woodside, NY 11377	20-3384725	501 (C) (3)	30,000		FMV		Strategic Discretionary

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Indian Community House of NY 39 Eldridge St4th Fl New York, NY 10003	23-7088777	501 (C) (3)	40,000		FMV		Strategic Discretionary
Omega Institute for Holistic Studies 150 Lake Drive Rhinebeck New York, NY 12572	23-7233306	501 (C) (3)	11,700		FMV		Strategic Discretionary

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Brandworkers PO Box 1257 Long Island City, NY 11101	26-0798625	501 (C) (3)	60,000		FMV		Strategic Discretionary
Laundry Workers Center 80 Broad St Suite 613A New York, NY 10004	26-0798625	501 (C) (3)	60,000		FMV		Strategic Discretionary

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Resilience Advocacy Project 147 Prince Street Brooklyn, NY 11201	26-1758248	501 (C) (3)	50,000		FMV		Strategic Discretionary
Civically Re-Engaged Women 31-69 49th StSte 2D Woodside, NY 11377	26-2090212	501 (C) (3)	25,000		FMV		Strategic Discretionary

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Westchester Square Partnership Inc (DBASapna NY 2348 Waterbury Ave 1st Floor Bronx, NY 10462	26-3123969	501 (C) (3)	30,000		FMV		Strategic Discretionary
New York State Youth Leadership Council 168 Canal St Fl 6 New York, NY 10013	26-3599242	501 (C) (3)	10,000		FMV		Strategic Discretionary

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New York State Youth Leadership Council 168 Canal St Fl 6 New York, NY 10013	26-3599242	501 (C) (3)	120,000		FMV		Strategic Discretionary
Community Connections for Youth Inc 369 E 149th St 7th Fl Bronx, NY 10455	26-4482112	501 (C) (3)	130,000		FMV		Strategic Discretionary

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Connections for Youth Inc 369 East 149th St7th Fl Bronx, NY 10455	26-4482112	501 (C) (3)	10,000		FMV		Strategic Discretionary
Community Connections for Youth Inc 369 East 149th Street7th Fl Bronx, NY 10455	26-4482112	501 (C) (3)	40,000		FMV		Strategic Discretionary

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Race Track Chaplaincy of America Metropolitan New PO Box 37191 Elmont, NY 11003	27-0485424	501 (C) (3)	30,000		FMV		Strategic Discretionary
Flanbwayan Haitian Literacy Project 208 Parkside Ave 2nd Fl Brooklyn, NY 11226	27-0974276	501 (C) (3)	40,000		FMV		Strategic Discretionary

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Lilly Awards Foundation C/O The Dramatists Guild1501 Broad New York, NY 10036	27-0987854	501 (C) (3)	30,000		FMV		Strategic Discretionary
Black Woman's Blueprint PO BOX 24713 Brooklyn, NY 11202	27-1308862	501 (C) (3)	130,000		FMV		Strategic Discretionary

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Black Women's Blueprint PO BOX 24713 Brooklyn, NY 11202	27-1308862	501 (C) (3)	15,000		FMV		Strategic Discretionary
Black Woman's Blueprint PO BOX 24713 Brooklyn, NY 11202	27-1308862	501 (C) (3)	80,000		FMV		Strategic Discretionary

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Black Woman's Blueprint PO BOX 24713 Brooklyn, NY 11202	27-1308862	501 (C) (3)	150,000		FMV		Strategic Discretionary
Black Alliance for Just Immigration 660 Nostrand Ave Brooklyn, NY 11216	27-1911378	501 (C) (3)	25,000		FMV		Strategic Discretionary

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Generation Citizen Inc 110 Wall Street 5th Fl New York, NY 10005	27-2039522	501 (C) (3)	150,000		FMV		Strategic Discretionary
Generation Citizen Inc 110 Wall Street 5th Fl New York, NY 10005	27-2039522	501 (C) (3)	6,000		FMV		Strategic Discretionary

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Futuro Media Group 361 W 125th St6th Fl New York, NY 10027	27-2077349	501 (C) (3)	70,000		FMV		Strategic Discretionary
Dari Project CO National Queer Asian Pacific Isla 217 W 18th St Box 1277 New York, NY 10011	27-2114866	501 (C) (3)	5,500		FMV		Strategic Discretionary

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Jahajee Sisters Empowering Indo-Caribbean Women 221 East 10th St 1 New York, NY 10029	27-2848254	501 (C) (3)	60,000		FMV		Strategic Discretionary
Jahajee Sisters Empowering Indo-Caribbean Women 221 East 10th St 1 New York, NY 10029	27-2848254	501 (C) (3)	40,000		FMV		Strategic Discretionary

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Brown Girl Recovery 780 Concourse Village WestAPT 9J Bronx, NY 10451	30-0044814	501 (C) (3)	40,000		FMV		Strategic Discretionary
Active Citizen Project Inc 336 W 37th StSte 1040 New York, NY 10018	30-0558873	501 (C) (3)	15,000		FMV		Strategic Discretionary

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Belmont Child Care Association Inc 2150 Hempstead Turnpike Gate 6 Bel Elmont, NY 11003	31-1646091	501 (C) (3)	30,000		FMV		Strategic Discretionary
Belmont Child Care Association Inc 2150 Hempstead Turnpike Gate 6 Bel Elmont, NY 11003	31-1646091	501 (C) (3)	50,000		FMV		Strategic Discretionary

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Justice Committee 3440 79th St3G Jackson Heights, NY 11372	36-4576355	501 (C) (3)	130,000		FMV		Strategic Discretionary
National Asian Pacific American Women's Forum 1730 Rhode Island Ave NW Suite 210 Washington, DC 20036	36-4799986	501 (C) (3)	60,000		FMV		Strategic Discretionary

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DRUM - Desis Rising Up & Moving 72-18 Roosevelt Av 2nd Fl Jackson Heights, NY 11372	38-3652741	501 (C) (3)	130,000		FMV		Strategic Discretionary
DRUM - Desis Rising Up & Moving 72-18 Roosevelt Avenue 2nd Floor New York, NY 11372	38-3652741	501 (C) (3)	40,000		FMV		Strategic Discretionary

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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IGNITE 510 16th St Oakland California, NY 94612	38-3819049	501 (C) (3)	150,000		FMV		Strategic Discretionary
Women's Foundation of Minnesota 105 5th Ave S Ste 300 Minneapolis, MN 55401	41-1635761	501 (C) (3)	10,000		FMV		Strategic Discretionary

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Women's Foundation of Minnesota 105 5th Ave S Suite 300 Minneapolis, MN 55401	41-1635761	501 (C) (3)	55,000		FMV		Community Support
Fostering Progressive Advocacy Foundation Inc 2006 Amsterdam Ave Suite 5a New York, NY 10032	45-0592133	501 (C) (3)	60,000		FMV		Community Support

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Movement for Justice in El Barrio 232 East 11th St New York, NY 10003	45-0927557	501 (C) (3)	30,000		FMV		Community Support
Soledad O'Brien & Brad Raymond Foundation 134 W 26th St Ste 1150 New York, NY 10001	45-2440475	501 (C) (3)	10,000		FMV		Community Support

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Cidadao Global Global Citizen PO Box 4183 Sunnyside New York, NY 11104	45-2978709	501 (C) (3)	30,000		FMV		Community Support
Atlas DIY 462 36th Street Brooklyn, NY 11232	45-4316117	501 (C) (3)	75,000		FMV		Community Support

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Theatre of the Oppressed NYC 758 8th Avenue Suite 300 New York, NY 10036	45-4815944	501 (C) (3)	50,000		FMV		Community Support
New York City Urban Debate League 25 Broadway 12th Fl New York, NY 10004	45-5249743	501 (C) (3)	25,000		FMV		Community Support

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Cooperative Economics Alliance of NY City co S 12651 San Pablo Ave 5473 Richmond, NY 94805	46-1323531	501 (C) (3)	60,000		FMV		Community Support
African Communities Together 127 W 127th St Suite 324 New York, NY 10027	46-1689772	501 (C) (3)	130,000		FMV		Community Support

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United We Dream Network Inc 1900 L St NW Suite 900 Washington, DC 20036	46-2216565	501 (C) (3)	40,000		FMV		Community Support
WOW Project 26 Mott St New York, NY 10013	46-2236078	501 (C) (3)	30,000		FMV		Community Support

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RespectAbility 11333 Woodglen Drive Suite 102 Rockville, MD 20016	46-2840232	501 (C) (3)	60,000		FMV		Community Support
Pride Center of Staten Island Inc 25 Victory Blvd 3rd fl Staten Island, NY 10301	46-3358895	501 (C) (3)	60,000		FMV		Hildegard

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Higher Heights Leadership Fund 147 Prince Street Suite 36 Brooklyn, NY 11201	46-3554404	501 (C) (3)	60,000		FMV		Hildegard
Higher Heights Leadership Fund 147 Prince Street Suite 36 Brooklyn, NY 11201	46-3554404	501 (C) (3)	130,000		FMV		Hildegard

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Latinas On the Verge of Excellence LOVE Mentor 23-90 29 ST 2 Queens New York, NY 11105	46-3732667	501 (C) (3)	130,000		FMV		GYWC Fund
Gender Equality Law Center INC 540 President St3rd Fl Brooklyn, NY 11215	46-4141757	501 (C) (3)	60,000		FMV		GYWC Fund

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VoteRunLead 8 W 126th St New York, NY 10027	46-4285577	501 (C) (3)	150,000		FMV		GYWC Fund
Staten Island Job Center - La Colmena 774 Port Richmond Ave 2FL Staten Island, NY 10302	47-2787706	501 (C) (3)	30,000		FMV		GYWC Fund

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SOUL Sisters leadership Collective 6360 NE 4th Court Miami, FL 33138	47-3108951	501 (C) (3)	80,000		FMV		GYWC Fund
Civic Nation 1415 Chapin Street Washington, DC 20009	47-3576918	501 (C) (3)	10,000		FMV		GYWC Fund

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PowHer New York co Neufeld & O'Leary 370 Lexington Ave Ste 908 New York, NY 10543	47-3609446	501 (C) (3)	130,000		FMV		GYWC Fund
PowHer New York co Neufeld & O'Leary 370 Lexington Ave Ste 908 New York, NY 10543	47-3609446	501 (C) (3)	10,000		FMV		GYWC Fund

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Girl Vow Inc 509 Willis Ave 4 Bronx, NY 10455	47-4062257	501 (C) (3)	40,000		FMV		GYWC Fund
Custom Collaborative 102 bradhurst Ave New York, NY 10039	47-5036606	501 (C) (3)	60,000		FMV		GYWC Fund

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BlackFem Inc 8 W 126th St New York, NY 10027	47-5331017	501 (C) (3)	25,000		FMV		GYWC Fund
Alex House Project Inc 76 Lorraine street Brooklyn, NY 11231	47-5488301	501 (C) (3)	100,000		FMV		GYWC Fund

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Citizens Committee for New York City 77 Water St Suite 202 New York, NY 10005	51-0171818	501 (C) (3)	25,000		FMV		GYWC Fund
PUBLIC COMMUNICATORS INC 2900 WELTON ST STE 300 DENVER, CO 80205	51-0173482	501 (C) (3)	26,000		FMV		GYWC Fund

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National Latina Institute for Reproductive Health 50 Broad St Ste 1937 New York, NY 10004	52-1891734	501 (C) (3)	130,000		FMV		GYWC Fund
Washington Area Women's Foundation 1331 H STREET NW suite 1000 WASHINGTON, DC 20005	52-2028612	501 (C) (3)	85,000		FMV		GYWC Fund

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ALLIANCE FOR GLOBAL JUSTICE 225 E 26TH ST TUCSON, AZ 85713	52-2094677	501 (C) (3)	40,000		FMV		GYWC Fund
Turning Point for Women and Families PO Box 670086 Flushing New York, NY 11367	54-2177390	501 (C) (3)	100,000		FMV		GYWC Fund

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New Leaders Council PO Box 39123 Washington, DC 20016	56-2581640	501 (C) (3)	40,000		FMV		GYWC Fund
New York Paid Leave Coalition co CWE 275 7th Ave 18th fl New York, NY 10001	56-2641262	501 (C) (3)	130,000		FMV		GYWC Fund

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Faith in New York 103-04 39th Ave Ste 105 Corona New York, NY 11368	80-0122559	501 (C) (3)	60,000		FMV		GYWC Fund
PA'LANTE Harlem 1411 Amsterdam Avenue New York, NY 10027	80-0209989	501 (C) (3)	130,000		FMV		GYWC Fund

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Women of Color in Solidarity 921 St Marks Avenue Brooklyn, NY 11213	80-0214659	501 (C) (3)	40,000		FMV		GYWC Fund
Mekong NYC 2471 University Avenue Bronx, NY 10468	80-0834777	501 (C) (3)	130,000		FMV		GYWC Fund

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Mekong NYC 2471 University Avenue Bronx, NY 10468	80-0834777	501 (C) (3)	10,000		FMV		GYWC Fund
Mekong NYC 2471 University Ave Bronx, NY 10468	80-0834777	501 (C) (3)	40,000		FMV		GYWC Fund

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Business Center for New Americans 120 Broadway Ste 230 New York, NY 10271	81-0584343	501 (C) (3)	130,000		FMV		GYWC Fund
New York Transgender Advocacy Group 215 W 125th StSte 2 New York, NY 10027	81-1370263	501 (C) (3)	40,000		FMV		GYWC Fund

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Womens Foundation of California 300 Frank H Ogawa Plaza Suite 420 Oakland, CA 94612	94-2752421	501 (C) (3)	55,000		FMV		GYWC Fund
Womens Foundation of California 300 Frank H Ogawa Plaza Suite 420 Oakland, CA 94612	94-2752421	501 (C) (3)	55,000		FMV		GYWC Fund

Schedule J (Form 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div> <div style="background-color: black; color: white; text-align: center; padding: 5px;"> Open to Public Inspection </div>
	Department of the Treasury Internal Revenue Service	
	Name of the organization THE NEW YORK WOMEN'S FOUNDATION INC	Employer identification number 13-3457287

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) </div> </div>			
b If any of the boxes in 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, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>			
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		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		No
Only 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		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b		No
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		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b		No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
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		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

For 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 are not listed on Form 990, Part VII.

[illegible]

Part III **Supplemental Information**

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

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2018

Open to Public Inspection

Name of the organization
THE NEW YORK WOMEN'S FOUNDATION INC

Employer identification number
13-3457287

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	7	31,520	FAIR VALUE
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts . . .				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

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 is not required to be used for exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

30a

No

31

Yes

32a

Yes

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

Cat No 51227J

Schedule M (Form 990) (2018)

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.

Return Reference	Explanation
schedule m, PART I, LINE 32B	THE BROKERS HIRED BY THE FOUNDATION SELL THE DONATED STOCKS UPON RECEIPT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

13-3457287

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	The New York Women's Foundation creates an equitable and just future for women and families by uniting a cross-cultural alliance that ignites action and invests in bold, community-led solutions across the city FORM 990, PART V, LINE 3A AND 3B DUE TO THE TAX CUTS AND JOBS ACT, NYWF WAS SUBJECT TO UBIT ON THE DISALLOWED TRANSIT AND QUALIFIED PARKING BENEFITS AND ACCORDINGLY FILED THE FORM 990-T

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 BASI S

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAIL ABLE TO THE PUBLIC THE FOUNDATION MAKES ITS 990 AND FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE AND ALSO AVAILABLE THROUGH GUIDESTAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	LOSS ON UNCOLLECTIBLE RECEIVABLES OF \$60,000