DLN: 93493317008410

OMB No. 1545-0047

Inspection

Open to Public

Department of the Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable: THE NEW YORK WOMEN'S FOUNDATION INC ☐ Address change 13-3457287 ☐ Name change % ANA OLIVEIRA PRESIDENT/CEO Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite 39 BROADWAY Suite 2300 □ Application pending (212) 514-6993 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY $\,$ 10006 G Gross receipts \$ 17,167,869 **F** Name and address of principal officer: ANA OLIVEIRAPRESIDENT AND CEO H(a) Is this a group return for □Yes ☑No subordinates? 39 BROADWAY suite 2300 H(b) Are all subordinates NEW YORK, NY 10006 ☐ Yes ☐No included? Tax-exempt status: **✓** 501(c)(3) ☐ 501(c) () **4** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www.nywf.org L Year of formation: 1987 M State of legal domicile: NY K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ 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) Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 4 28 Number of independent voting members of the governing body (Part VI, line 1b) 5 31 Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . 6 7a -79,936 Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 39 7b -79.936 **Prior Year Current Year** 21,539,452 14,474,305 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) . . 465,213 250,693 12,797 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 22,260 22,026,925 14,737,795 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 11,018,825 10,124,400 **14** Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,987,251 4,069,221 Expenses 208,800 165,605 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶1,544,386 2,305,553 2,338,896 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 17,520,429 16,698,122 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . 4,506,496 -1,960,327 Net Assets or Fund Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 31,499,419 30,790,795 3,513,807 21 Total liabilities (Part X, line 26) . 3,632,717 Net assets or fund balances. Subtract line 21 from line 20 . 27.276.988 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 2020-11-11 Signature of officer Sign Here ANA OLIVEIRA PRESIDENT AND CEO Type or print name and title

Check | if P01306891 Paid self-employed Firm's EIN ▶ Preparer Use Only Firm's address ► 733 THIRD AVENUE Phone no. (212) 949-8700 NEW YORK, NY 100172703 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019) Cat. No. 11282Y

Preparer's signature

Print/Type preparer's name

Date

PTIN

Form	990 (2019)					Page 2
Pa	rt III Statem	ent of Program Service	e Accomplis	hments		
	Check if	Schedule O contains a respo	nse or note to	any line in this Part III .		🗆
1		the organization's mission:				
THE ALLI/	NEW YORK WOME ANCE THAT IGNIT	N'S FOUNDATION CREATES ES ACTION AND INVESTS I	AN EQUITABLE N BOLD, COMMU	AND JUST FUTURE FOR JNITY-LED SOLUTIONS	WOMEN AND FAMILIES BY UNITIN ACROSS THE CITY.	IG A CROSS-CULTURAL
2	Did the organiza	ation undertake any significa	int program ser	vices during the year wh	nich were not listed on	
	the prior Form 9	990 or 990-EZ?				☐ Yes ☑ No
	If "Yes," describ	e these new services on Sch	nedule O.			
3	· ·	ation cease conducting, or m		changes in how it condu	cts, any program	
		e these changes on Schedul				☐ Yes ☑ No
4	Describe the org Section 501(c)(3	ganization's program service	accomplishmer	to report the amount of	argest program services, as measu f grants and allocations to others, t	
4a	(Code:) (Expenses \$	13,565,260	including grants of \$	10,124,400) (Revenue \$)
	See Additional Dat	, , , ,	10,000,200		10/11 // 100 / (1076) do \$\psi\$,
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program s	services (Describe in Schedu incl	ule O.) uding grants of	\$) (Revenue \$)
4 e	Total program	service expenses ▶	13.565.2	60		

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Pai	tiV 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 <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part II</i>	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 2	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? <i>If "Yes," complete Schedule D,</i> 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, VIII, VIII, IX, or X as applicable.			
	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	
	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
	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
	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Yes	
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Yes	
b	Schedule D, Parts XI and XII S	12a 12b	Yes	No
13	If res, and if the organization answered to line 12a, then completing Schedule D, Parts XI and XII is optional as 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
	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,	1 47	Yes	i

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

20a 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Yes 21 Form **990** (2019)

Yes

Nο

Nο

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Part	Checklist of Required Schedules (continued)			
			Yes	No
	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
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	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>	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	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):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
ia	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Parl	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 70		Yes	No

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

1b

0

1c

Yes

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	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
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	
3а	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	
	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)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			NI-
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
b		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).		V	
	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?		Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	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			
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand	_		N.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	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?	15		No
10	If "Yes," complete Form 4720, Schedule O.	16		No

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	o" resp	onse to	lines
Sec	tion A. Governing Body and Management			
1 2	Enter the number of voting members of the governing body at the end of the tax year 1a 28		Yes	No
	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. Enter the number of voting members included in line 1a, above, who are independent			
	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? Did the organization delegate control over management duties customarily performed by or under the direct supervisior of officers, directors or trustees, or key employees to a management company or other person?	3		No No
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
	Did the organization have members or stockholders?	6		N-
	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		N
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		N
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
1	The governing body?	8a	Yes	
)	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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		N
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	N
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		N
	are Yes, and the organization have written policies and procedures governing the activities of such chapters, amiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b		
	form?	11a	Yes	
)	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
	Did the organization have a written whistleblower policy?	13	Yes	
	Did the organization have a written document retention and destruction policy?	14	Yes	
	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b		N
a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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	
)	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?			
er	tion C. Disclosure	16b	Yes	
	List the states with which a copy of this Form 990 is required to be filed▶			
	CT , NJ , NY 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) 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.			
	State the name, address, and telephone number of the person who possesses the organization's books and records: NAME OF THE PRESIDENT OF THE PROPERTY OF THE			
_		F	orm 99	0 (20

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization should be organization from the organization from t	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ 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, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (A) Name and title ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organizations organization organiza	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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 freportable compensation 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. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organi	year.		•						, ,		-	n's ta	Κ
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 organization and any related organization. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (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) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (D) (A) (B) (C) (E) (F) Name and title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the compensation from related any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensated or director Individual trustee employee organizations (ey employee MISC) MISC) related Institutional Trustee below dotted organizations line) See Additional Data Table \blacktriangleright c Total from continuation sheets to Part VII, Section A . • 1,293,302 0 108,985 d Total (add lines 1b and 1c) . 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 10 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4 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? If "Yes," complete Schedule J for such person 5 Nο Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation C Nicole Mason, CONSULTING SVS 188,018

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

ACCOUNTING SVS

CONSULTING SVS

205,879

120,000

Form 990 (2019)

1951 BEECHAM COURT

BOWIE, MD 20721

FISCAL MANAGEMENT ASSOCIATES LLC,

compensation from the organization ▶ 3

440 PARK AVENUE SOUTH 3RD FLOOR NEW YORK, NY 10016 IMARA JONES. 315 GATES AVENUE 5R BROOKLYN, NY 11216

orm 9 Part		(2019) Statement	of F	Revenue						Page 9
					respo	onse or note to any	line in this Part VIII	<u> </u>	<u> </u>	🗆
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
0	1:	a Federated campa	aigns	s	1 a			revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b Membership due:	s.	. [1 b					
, G		c Fundraising even		Ļ	1c	2,179,642				
ifts ar /		d Related organiza		Ŀ	1d					
is, G	1	Government grantsAll other contribution		Ļ	1e					
ition er S		and similar amounts above			1 f	12,294,663				
ribu Official		g Noncash contribution lines 1a - 1f:\$	ns in	icluded in	4	06.000				
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines	1a-1	f	1g	86,028				
<u> </u>						Business Code	14,474,305			
	2a									
R.Le										
Program Service Revenue	b									
ice F	c									
Serv	d									
ranı	"									
Prog	e									
_	f	All other program	serv	ice revenue.						
	┝	Total. Add lines 2				0			I	Ι
		Investment income similar amounts) .		cluding divide		nterest, and other •	106,27	3	-79,936	186,214
	l	Income from invest			npt bo			ם		
	3	Royalties		(i) Rea	· I	(ii) Personal		<u> </u>		
	62	Gross rents	6a							
		Less: rental					-			
		expenses Rental income	6b				_			
		or (loss)	6с		0)	0			
	۲	d Net rental income or (loss) (i) Secur				(ii) Other	'			
	7a	Gross amount	_				-			
		from sales of assets other than inventory	7a	2,1	16,668	3				
	b	Less: cost or	7b		72.25		7			
		other basis and sales expenses		1,5	72,253	3				
	c	Gain or (loss)	7с	1	44,415	5				
		l Net gain or (loss)					144,41	5		144,415
ne	8a		2	,179,642 of						
Other Revenue		contributions reporte See Part IV, line 18	d on	line 1c).	8a	457,821				
Re	Ŀ	Less: direct expen	ses		8b	457,821	_			
the	۰	Net income or (los	ss) fr	rom fundraisi	ng ev	ents				
	9a	Gross income from	gam	ing activities.						
	١,	See Part IV, line 19 Less: direct expen			9a 9b	0	_			
	l	Net income or (los								
	10	Cross sales of inve	-nt-	m. loca						
	10,	aGross sales of inve returns and allowa	ances	s	10a	0				
	Ŀ	Less: cost of good	s so	ld	10 b	0				
	_	Net income or (los Miscellaneo			invent	ory ► Business Code	<u> </u>			
	11	·aADMINISTRATIVE				90009	9 12,79	12,797		
	Ł	·								
	`	•								
	,	All other revenue								
	•	Total. Add lines 1	1a-:	11d		>	12,79	7		
	12	! Total revenue. S	ee ir	nstructions .			14,737,79.		-79,936	330,629
	_									Form 000 (2010)

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c				mn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			<u> U</u>
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	10,124,400	10,124,400		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			_
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	343,261	163,367	89,843	90,051
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	3,029,257	1,454,648	788,915	785,694
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	167,632	80,603	43,464	43,565
9 Other employee benefits	315,468	151,687	81,796	81,985
10 Payroll taxes	213,603	102,707	55,384	55,512
11 Fees for services (non-employees):				
a Management	0			
b Legal	13,570		13,570	
	58,000		58,000	
_	0		30,000	
d Lobbying	165,605			165,605
e Professional fundraising services. See Part IV, line 17			F7.054	163,603
f Investment management fees	57,954		57,954	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,298,464	1,006,346	204,608	87,510
12 Advertising and promotion	5,768	5,768		
13 Office expenses	171,794	92,937	13,511	65,346
14 Information technology	52,771	20,530	17,399	14,842
15 Royalties	0			
16 Occupancy	306,317	147,399	79,250	79,668
17 Travel	155,613	129,672	7,058	18,883
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			_
22 Depreciation, depletion, and amortization	50,579	24,320	13,114	13,145
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses 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	10,668		10,668	
b DUES AND SUBSCRIPTIONS	69,665	31,358	28,582	9,725
c MISCELLANEOUS EXPENSE	74,106	24,113	20,346	29,647
d EQUIPMENT RENTAL	13,627	5,405	5,014	3,208
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	16,698,122	13,565,260	1,588,476	1,544,386
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Form 990 (2019)

2

3

Assets

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 End of year

Beginning of year

418,833

319,789

5,850,507

3,169,451

12,524,042

0 4

0 5

0 6 0

0 8

63,913

58,622

0

0 13

0

8,734,203

1,098,681

31,499,419

446,838

53.506

0 20

0 21

0 22

0 23

0 24

25

26

27

28

29

30

31

32

33

128,873

3.632.717

17,477,613

10,389,089

27,866,702

31,499,419

3.003.500

1

2

3

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9

10c

11

12

14

15

16

17

18

19

Page **11**

6,758,369

2,490,837

9,962,429

0

0

76,754

99,044

9,490,037

1,095,583

30,790,795

533,842

2.878.000

817.742

0

0

0

0

0

0

0

101,965

3.513.807

17.377,597

9,899,391

27,276,988

30,790,795

Form 990 (2019)

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

Cash-non-interest-bearing Savings and temporary cash investments . . .

Pledges and grants receivable, net . . .

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

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net

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

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Capital stock or trust principal, or current funds . . .

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Total liabilities and net assets/fund balances .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

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

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

Inventories for sale or use Prepaid expenses and deferred charges . . . basis. Complete Part VI of Schedule D Investments—publicly traded securities .

10a Land, buildings, and equipment: cost or other b Less: accumulated depreciation 11

10a 10b

Intangible assets

Other assets. See Part IV, line 11 . . .

12 Investments—other securities. See Part IV, line 11 . . . 13 14 15 16

Investments—program-related. See Part IV, line 11 . **Total assets.** Add lines 1 through 15 (must equal line 34) . . Accounts payable and accrued expenses .

17 18 Grants payable .

19 Deferred revenue . . .

20 Tax-exempt bond liabilities . . .

3a

3h

No

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 13-3457287

Name: THE NEW YORK WOMEN'S FOUNDATION INC

Form 990 (2019)

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.

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

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

	Commelous	u u	u un	CCCC		usice,		(14/ 2/1000	(14/ 2/1000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ANA OLIVEIRA PRESIDENT & CEO	40.0			х				321,757	0	21,504
ANNA MARIE ALMEIDA VP OF DEVELOPMENT	40.0					Х		209,597	0	21,565
NANCY GUIDA VP OF COMMUNICATIONS	40.0					х		193,758	0	21,945
CAMILLE EMEAGWALI VP OF PROGRAMS	40.0					Х		203,100	0	10,991

0

0

0

0

0

0

167,718

11,551

21,429

NANCY GUIDA	40.0			×	193,758
VP OF COMMUNICATIONS	0.0			^	133,730
CAMILLE EMEAGWALI	40.0			_	203,100
VP OF PROGRAMS	0.0			^	203,100
LORRAINE STEPHENS	40.0			_	197,372
VP STRATEGIC PLANNING	0.0			^	197,372
MADELINE HOLDER	40.0				

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and Independent Contractors

DIRECTOR OF INDIVIDUAL GIVING

YVONNE MOORE

...... CO-CHAIR

JEANNE MULLGRAV

GRAINNE MCNAMARA

vice chair & treasurer

SECRETARY

CO-CHAIR

michelle penzer

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

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

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
LORRAINE CORTES VAZQUE	3.0	Х						0	0	0
BOARD MEMBER	0.0									
CAROLYN ROSSIP MALCOLM	3.0	Х						0	0	0
BOARD MEMBER	0.0									
MARGARET MORRISON	3.0	Х						0	0	0
BOARD MEMBER	0.0									
FRAN BARRETT BOARD MEMBER	3.0	Х						0	0	0
				-	-	_	-			

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3.0

3.0

3.0

3.0

......

FRAN BARRETT	3.0
BOARD MEMBER	0.0
PRISCILLA PAINTON	3.0
BOARD MEMBER	0.0
mary baglivo	3.0

board member

HYATT BASS

BOARD MEMBER

HELENE BANKS

BOARD MEMBER

BOARD MEMBER

KAREN CHOI

MERBLE REAGON

BOARD MEMBER

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

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

and Independent Contractors

MIGNON ESPY EDWARDS

BOARD MEMBER

BOARD MEMBER

DANIELLE MOSS

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

AYO ROACH

LOLA WEST

TILOMA JAYASINGHE

	any hours and a director/trustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MARY CARACAPPA	3.0	X						0	0	0	
BOARD MEMBER	0.0								0	Ŭ	
EILEEN KELLY	3.0	Х						0	0	0	
BOARD MEMBER	0.0									_	
ELIZABETH WANG	3.0	Х						0	0	0	
BOARD MEMBER	0.0										
ELIZABETH DE LEON BHAR BOARD MEMBER	3.0 0.0	Х						0	0	0	
	0.0				1						

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ELIZABETH WANG	3.0	~			0	
BOARD MEMBER	0.0	^			J	
ELIZABETH DE LEON BHAR	3.0					
BOARD MEMBER	0.0	X			0	
ANNE DELANEY	3.0	~			0	
BOARD MEMBER	0.0	^			0	

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and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Average Estimated than one box, unless amount of other hours per compensation compensation

person is both an officer

from the

from related

compensation

week (list

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3.0

0.0

BOARD MEMBER

BOARD MEMBER

TOMASITA SHERER

Χ

Χ

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

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustée	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
NOORAIN KHAN	3.0									
BOARD MEMBER	0.0	X						U	U	0
HAYDEE MORALES	3.0									
BOARD MEMBER	0.0	X						0	U	0
MARGARITA ROSA	3.0									

efil	e GR/	<u>APHIC prii</u>	t - DO NOT PROCESS	S As Filed Data -			DLN: 9	3493317008410
SCI		ULE A	Dublic	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
990EZ)			Complete if the	organization is a sect 4947(a)(1) nonexe ► Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 90-EZ.	r a section	2019
		the Treasury	► Go to <u>www.i</u>	<u>rs.gov/Form990</u> for i	nstructions and	the latest info	ormation.	Open to Public Inspection
Nam	e of th	ne organiza	t ion DUNDATION INC				Employer identific	cation number
							13-3457287	
Pa The o			for Public Charity Sta private foundation becau				See instructions.	
1	Gaiii		onvention of churches, or	`	•	• •	(A)(i).	
2		·	scribed in section 170(b					
3			or a cooperative hospital se		`	, ,		
4		·	esearch organization opera	-			•	nter the hospital's
•	Ш	name, city,		ated in conjunction with	a nospital descr	ibed iii sectioii :	170(b)(1)(A)(III). L	inter the hospital s
5		(b)(1)(A)	ition operated for the bene (iv). (Complete Part II.)	_	,			bed in section 170
6			tate, or local government	-				
7	✓		ition that normally receive 0(b)(1)(A)(vi). (Comple		s support from a	governmental u	ınit or from the gener	al public described in
8			ty trust described in secti	•	(Complete Part I	I.)		
9			ural research organization rant college of agriculture.					lege or university or a
10		from activit investment	ition that normally receive ies related to its exempt fi income and unrelated bus see section 509(a)(2). (4	unctions—subject to cer siness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross
11		An organiza	ition organized and operat	ed exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ition organized and operat ly supported organizations through 12d that describe	s described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
a		Type I. A so	upporting organization op n(s) the power to regularly Part IV, Sections A and	erated, supervised, or c , appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization so nt of the supporting organ plete Part IV, Sections A	upervised or controlled i ization vested in the sar			-	_
С		Type III f	unctionally integrated. A	A supporting organizatio				ated with, its
d		Type III n	on-functionally integrated integrated integrated. The organizated integrated integrated P	ted. A supporting organic ion generally must satis	ization operated fy a distribution	in connection wi	th its supported organ	
e		Check this	oox if the organization rec or Type III non-functional	eived a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organization		-			
g	Provi	de the follow	ing information about the	supported organization(s).			_
	(i) N	lame of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your governing document? monetary supported (see instruction		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes No				
			<u> </u>					
Tota			tion Act Notice, see the]	 5F :	 Schedule A (Form 9	

Schedule A (Form 990 or 990-FZ) 2019

Р	art III Support Schedule for								
	(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.)								
S	tne organization falls to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)				
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)		
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not include any "unusual grants.").								
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								
4	under section 513 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								
L	3 received from disqualified persons Amounts included on lines 2 and 3								
D	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.)								
Se	ection B. Total Support		1				Г		
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included in line 10b,								
	whether or not the business is regularly carried on.								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
13	11, and 12.).								
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>		
	check this box and stop here						▶ ⊔		
	ection C. Computation of Public S			! (6))		1 1			
15	Public support percentage for 2019 (lin		•			15			
16	Public support percentage from 2018 S	-	<u> </u>			16			
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17			
17 10	Investment income percentage for 201	-		-		17			
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not		
	more than 33 1/3%, check this box and s								
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the								
ט	not more than 33 1/3%, check this box	-			•		_		
20	Private foundation. If the organization	-	-						
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖		

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

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

5с Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection 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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection 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)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection 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 instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
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? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

	ule A (Form 990 or 990-EZ) 2019			Pag
ar	Type III Non-Functionally Integrated 509(a)(3) Supporting O)rgani:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	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		
5	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

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.	

5	Qualified set-aside amounts (prior IRS approval require	ed)		
6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	nich the organization is respon	sive (provide	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(ii) Underdistributions	(iii) Distributable	

other distributions (describe in tale 42). See mistractions						
7 Total annual distributions. Add lines 1 through 6.						
Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions						
Distributable amount for 2019 from Section C, line 6						
10 Line 8 amount divided by Line 9 amount						
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
	Underdistributions	Distributable				

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

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. 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 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Additional Data

Software ID:

Software Version: 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

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 **SCHEDULE D**

As Filed Data -

DLN: 93493317008410

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

2019

	me of the organization ENEW YORK WOMEN'S FOUNDATION INC				Emp	oloyer identification number	
IHE	E NEW YORK WOMEN'S FOUNDATION INC				13-3	3457287	
Ρā	art I Organizations Maintaining Donor Advis				r Acc	counts.	
	Complete if the organization answered "Ye		Part IV, l or advised f			(b) Funds and other accounts	
	Total number at end of year	(a) Dono	r advised i	unas		(b) Funds and other accounts	
,	Aggregate value of contributions to (during year)						
	Aggregate value of grants from (during year)						
	Aggregate value at end of year						
	,	re in writing that t	ne accets h	eld in donor ad	lvicad	funds are the	
•	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?						
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor,	or for any	other purpose o			
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	s" on Form 990	Part IV	ine 7			
	Purpose(s) of conservation easements held by the organ						
•	Preservation of land for public use (e.g., recreation	•			histor	ically important land area	
	Protection of natural habitat	r or caucacion,	_			d historic structure	
			F16	servacion or a c	.er une	d instance structure	
	☐ Preservation of open space	1.6.			,		
-	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conserva	tion contrib	oution in the for	m or a	Held at the End of the Year	
а	Total number of conservation easements				2a	Held at the line of the real	
b	Total acreage restricted by conservation easements				2b		
c	Number of conservation easements on a certified histori	c structure include	d in (a)		2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06,	and not or	n a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, exting	juished, or	terminated by	the or	ganization during the	
ļ	Number of states where property subject to conservation	n easement is loca	ited >				
;	Does the organization have a written policy regarding th	ne periodic monitor	ina, inspec	tion, handling	of viola	– ations,	
	and enforcement of the conservation easements it holds					☐ Yes ☐ No	
j	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of v	iolations, a	nd enforcing co	onserv	ation easements during the year	
,	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violati	ons, and er	nforcing conser	vation	easements during the year	
3	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$?	above satisfy the	requiremer	nts of section 1	70(h)(4)(B)(i) ☐ Yes ☐ No	
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or					
aı	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historic			er Si	milar Assets.	
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	6 (ASC 958), not t public exhibition, e	o report in	its revenue sta or research in f			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publically following amounts relating to these items:	6 (ASC 958), to re lic exhibition, educ	port in its a ation, or re	revenue statem search in furth	nent ar erance	nd balance sheet works of art, e of public service, provide the	
((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, historic following amounts required to be reported under SFAS	cal treasures, or ot	her similar	assets for fina			
а	Revenue included on Form 990, Part VIII, line 1					. > \$	
b	Assets included in Form 990, Part X					. ▶\$	

d Equipment .

Par	t III	Organizations M	aintaining Collect	ions of Art, Hist	orical	Treas	ures, or	Other :	Similar Ass	ets (con	tinued)
3		ng the organization's acq ns (check all that apply):		d other records, che	ck any	of the f	ollowing t	hat are a	significant use	e of its co	llection
а		Public exhibition		•	d _	Loar	n or excha	inge prog	rams		
b		Scholarly research		•	e _	Oth	er				
С		Preservation for future	e generations								
4		vide a description of the t XIII.	organization's collection	ons and explain how	they fu	rther th	ne organiz	ation's ex	empt purpose	in	
5		ring the year, did the org ets to be sold to raise fur								☐ Yes	□ No
Pai	rt IV	Escrow and Cust	odial Arrangemer	nts.							
		Complete if the or X, line 21.	ganization answered	d "Yes" on Form 9	90, Pa	rt IV,	line 9, or	reporte	d an amoun	t on For	n 990, Part
1a		he organization an agent uded on Form 990, Part I								☐ Yes	□ No
b	If "	Yes," explain the arrange	ement in Part XIII and	complete the follow	ina tabl	e:	Γ		Am	ount	
c		inning balance		·	-		İ	1c			
d	_	ditions during the year .					F	1d			
е		tributions during the year						1e			
f		ling balance					F	1f			
		-							[¬	
2a		the organization include								_	⊔ No
		Yes," explain the arrange		ck here if the explar	nation h	as beei	n provided	in Part X	(III L		
Pa	rt V			d "Voc" on Form O	100 Da	T\ /	lina 10				
		Complete if the on	ganization answered (a		b) Prior y		(c) Two ye	ears back	(d) Three years	back (e)	Four years back
1a	Begir	nning of year balance .		8,393,760	-	87,065		8,722,395		6,445	9,645,050
b	Cont	ributions									
		nvestment earnings, gair	ns, and losses	1,698,795	-5	38,476		1,123,917	57	8,987	-399,885
		ts or scholarships	· —	458,139		54,829		459,247	45	3,037	648,720
	Othe	r expenditures for facilitien		· ·		,		·			<u>, , , , , , , , , , , , , , , , , , , </u>
f	Admi	inistrative expenses .									
g	End o	of year balance	🗀	9,634,416	8,3	93,760		9,387,065	8,72	2,395	8,596,445
2	Pro	vide the estimated perce	ntage of the current ve	ear end balance (line	= 1a. co	lumn (a	a)) held as	 5:		I	
а		ard designated or quasi-e	-	30 %	3,	•	,,				
b	Per	manent endowment >	18.680 %								
c		 nporarily restricted endov		6							
·		percentages on lines 2a	***************************************	*********							
3а	Are	there endowment funds anization by:			that are	held a	nd admini	stered for	the		Yes No
	(i)	unrelated organizations								3a(i)	No
	(ii)	related organizations .								3a(ii) No
b	If "	Yes" on 3a(ii), are the re	lated organizations list	ed as required on S	chedule	R? .				3b	
4	Des	scribe in Part XIII the inte	ended uses of the orga	nization's endowme	nt funds	s					
Pai	rt VI	, ,		d "Vog" on Farm 0		T\ /	lino 11-	Coo Fa		V line	
	Des	cription of property	ganization answered (a) Cost or other ba						m 990, Part epreciation		IO. Book value
	DE3(cription of property	(investment)	(2) 6036 01 06		(00101)	(3) Acco	aiatea u		(4)	TION FAIGO
1-	امدا						+				
	Land						+				
	Build	•				180.889	+		00.375		
•	1030	ehold improvements	i	1		าชย ชชุ	⇒ I		88 275		92 614

237,944

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

6,430

99,044

231,514

Part VII	Investments—Other Securities.	Dort IV li	no 11k	Soo Form 990 D		/ line 12
	Complete if the organization answered "Yes" on Form 990, (a) Description of security or category (including name of security)	(b) Book value	ne III	(c) Method Cost or end-of-	d of v	aluation:
	al derivatives					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (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. li	ne 11c	. See Form 990. I	Part :	X. line 13.
	(a) Description of investment			(b) Book value	(c) Method of valuation: t or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, F	Part IV lin	▶ ne 11d	See Form 990 Par	+ X i	ne 15
(4)	(a) Description					(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6) (7)						
(8)						
(9)						
	ımn (b) must equal Form 990, Part X, col.(B) line 15.)					
Part X	Other Liabilities.				<u> </u>	
1.	Complete if the organization answered 'Yes' on Form 990, I (a) Description of liability	Part IV, lin	<u>ie 11e</u>	or 11f.See Form	<u>∍90,</u>	Part X, line 25. (b) Book value
(1) Federal (2)	income taxes					0
					<u> </u>	
(4)						
(5)						
(6)						
(7)						
(8)						
(9)					 	
	n (b) must equal Form 990, Part X, col.(B) line 25.)			•	 	101,965
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text of the footno			ion's financial stater		that reports the
organization	's liability for uncertain tax positions under FIN 48 (ASC 740). Check	here if the	text of	the footnote has be	en pr	ovided in Part XIII 🗹

2

а

b

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Schedule D (Form 990) 2019

Page 4

1,410,361

14,679,841

57,954

14,737,795

16,679,916

39,748

57.954

16.698.122

Schedule D (Form 990) 2019

16,640,168

d Other (Describe in Part XIII.) 2d 2e e Subtract line **2e** from line **1** 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

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

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1

Add lines **4a** and **4b**

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

Donated services and use of facilities . . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Net unrealized gains (losses) on investments

Donated services and use of facilities

Recoveries of prior year grants

4a 57,954

1.388.761

21,600

21,600

18,148

57.954

4c

5

2e

3

4c

5

2a

2b

2c

4b

2a

2b

2c

2d

4a

4b

Explanation

Investment expenses not included on Form 990, Part VIII, line 7b . b Add lines **4a** and **4b** C 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 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. Total expenses and losses per audited financial statements 1

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Information (continued)	
Return Reference Explanation	

Schedule D (Form 990) 2019

Additional Data

Software ID:

Software Version: **EIN:** 13-3457287

Name: THE NEW YORK WOMEN'S FOUNDATION INC

V. LINE 4

Explanation FORM 990, SCHEDULE D, PART Use of Endowment Funds: The Foundation's endowment consists of five individual funds estab

lished for a variety of purposes, consisting of both donor-restricted endowment funds and

Supplemental Information Return Reference

funds designated by the Board of Directors to function as endowment.

Supplemental Information	
Return Reference	Explanation
	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 rela tes to accounting and reporting for uncertainty in income taxes. Because of the Foundation 's general TAX-exempt status, management believes that ASC Topic 740 has not had and is no t expected to have, a material impact on the Foundation's financial statements.

- - -

Supplemental Information						
Return Reference	Explanation					
FORM 990, SCHEDULE D, PART XII, LINE 2D	LOSS ON UNCOLLECTIBLE RECEIVABLES OF \$18,148 IS INCLUDED IN EXPENSES PER THE AUDITED FINAN CIAL STATEMENTS, BUT INCLUDED AS A RECONCILING ITEM TO NET ASSETS PER RETURN.					

È

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

DLN: 93493317008410

OMB No. 1545-0047

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.

Open to Public Inspection

	ne of the organization : NEW YORK WOMEN'S FOUNDA	TION INC					Employer iden	itilication number		
ПС	. INLW TORK WOMEN 5 FOUNDA	TION INC					13-3457287			
P	Fundraising Activ		_		answered "Yes" on Fo	orm 990,	Part IV, line 1	7.		
1	Indicate whether the organiz	ation raised funds th	rough an	y of the fo	ollowing activities. Check	all that ap	ply.			
а	✓ Mail solicitations			е	Solicitation of non-	-governme	ent grants			
b	✓ Internet and email solicit	ations		f	Solicitation of gove	ernment g	rants			
c	✓ Phone solicitations			g	Special fundraising	ndraising events				
d	☑ In-person solicitations									
2a	Did the organization have a vorkey employees listed in Fo							s 🗆 No		
b	If "Yes," list the 10 highest p to be compensated at least \$			draisers)	pursuant to agreements	under whic	ch the fundraiser	is		
i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	or re fundrai	ount paid to stained by) ser listed in ol. (i)	(vi) Amount paid to (or retained by) organization		
	C.I. M.N. T	FUNDRAIGER	Yes	No						
	Cathy McNamara Inc 1325 sixth avenenue fl 27 new york, NY 10019	FUNDRAISER		No	1,901,124		95,000	1,806,124		
	Event Associates Inc 162 W 56th St 405	FUNDRAISER		No	4,839,371		70,605	4,768,766		
	new york, NY 10019									
ot	al			. ▶	6,740,495		165,605	6,574,890		
3	List all states in which the orgalicensing.	nization is registere	d or licens	sed to soli	icit contributions or has b	een notifie	ed it is exempt fr	om registration or		

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through col. (c))				
		CWB	GALA	0					
Reveiled		(event type)	(event type)	(total number)					
	1 Gross receipts	1,907,874	555,731	173,858	2,637,46				
	2 Less: Contributions	1,670,800	435,043						
- 1	Gross income (line 1 minus line 2)	237,074	120,688	·					
•	4 Cash prizes								
	5 Noncash prizes								
Controduction to an a	6 Rent/facility costs								
<u>{</u> :	7 Food and beverages	237,074	120,688	100,059	457,82				
[8 Entertainment								
, ,	9 Other direct expenses								
5 9	9 Other direct expenses								
·	10 Direct expense summary. Add lines 4 t	through 9 in column (d)			457,82				
	10 Direct expense summary. Add lines 4 t	from line 3, column (d)							
	10 Direct expense summary. Add lines 4 t	from line 3, column (d)	s" on Form 990, Part I						
art	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 III Gaming. Complete if the orga	from line 3, column (d)	s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo	▶ IV, line 19, or reported (c) Other gaming	more than \$15,000 (d) Total gaming (add				
Part	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 III Gaming. Complete if the organism on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add				
Part	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 III Gaming. Complete if the orga	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add				
Part	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 III Gaming. Complete if the organ on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add				
Part	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 III Gaming. Complete if the organ on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		more than \$15,000 (d) Total gaming (add				
Part	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant						
Part	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	more than \$15,000 (d) Total gaming (add				
Part	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant	(c) Other gaming	more than \$15,000 (d) Total gaming (add				
Part	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo Yes% No	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	more than \$15,000 (d) Total gaming (add				
Part	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 III Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes	more than \$15,000 (d) Total gaming (add				
Part Part Part Part Part Part Part Part	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 III Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes	(c) Other gaming Yes % No	more than \$15,000 (d) Total gaming (add col.(a) through col.(c))				
art	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 III Gaming. Complete if the organism on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo Yes % No Chrough 5 in column (d) t line 7 from line 1, column on conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	more than \$15,000 (d) Total gaming (add col.(a) through col.(c))				

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3			
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио				
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes					
13	Indicate the percentage of gam	ing activity conducted in:								
а	The organization's facility .			13a			%			
b	An outside facility			13b			%			
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:						
	Name •									
	Address >									
15a			m the organization receives gaming		·∏yes	Пио				
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$ $ angle$	anization 🕨 \$ and	the						
c	If "Yes," enter name and addre	ss of the third party:								
	Name •									
	Address •									
16	Gaming manager information:	Gaming manager information:								
	Name ►									
	Gaming manager compensation	1 ▶ \$								
	Description of services provided	d ▶								
	☐ Director/officer	☐ Employee	☐ Independent contractor							
17	Mandatory distributions:									
а	•		stributions from the gaming proceeds to		□Yes	Пио				
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spen	t	□ 1es					
		pt activities during the tax year 🕨	•							
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.			
	Return Reference		Explanation							

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

(Form 990)

Department of the

Treasury

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

DLN: 93493317008410

Open to Public Inspection

ternal Revenue Service							
ame of the organization HE NEW YORK WOMEN'S FOUND	DATION INC					Employer identifi	cation number
						13-3457287	
Part I General Inform							
 Does the organization main the selection criteria used to 						e, and	☑ Yes ☐ N
Describe in Part IV the org	•	_	_				
Part II Grants and Other I that received more			i nd Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, lin	e 21, for any recipient
(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
L) See Additional Data							
2)							
3)							
1)							
5)							
5)							
7)							
3)							
9)							
10)							
11)							
12)							
Enter total number of section		-					173
Enter total number of othe			<u> </u>				
or Paperwork Reduction Act Notice	e, see ine instructio	IIS IOF FORM 990.		Cat. No. 5005!) F	Sc	hedule I (Form 990) 2019

(2) (3) (4)

(5)

(6)

(7)

Schedule I (Form 990) 2019

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

Explanation

PROCEDURES FOR MONITORING THE USE OF GRANTS: NYWF GRANTEE PARTNERS SUBMIT A MINIMUM OF TWO REPORTS: MID-YEAR AND END OF THE YEAR ON

Return Reference SCHEDULE I, PART I, LINE 2 IGRANT PERFORMANCE, NYWE'S STAFF AND GRANT ADVISORY COMMITTEE CONDUCTS ANNUAL SITE VISITS TO GRANTEE PARTNERS TO ASSESS PERFORMANCE ON IDENTIFIED GOALS AND OBJECTIVES FOR THE GRANT PERIOD. IN ADDITION, FOLLOW-UP PHONE CALLS AND CONVENINGS ARE HELD TO IDENTIFY LEARNING OPPORTUNITIES AND SHARING OF BEST PRACTICES. BASED ON THESE REPORTS, SITE VISITS AND TELEPHONE INTERACTION, NYWF IN CONJUNCTION WITH GRANTEE PARTNERS DEVELOP CAPACITY BUILDING RESOURCES SUCH AS ORGANIZATIONAL DEVELOPMENT. 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.

Page 2

Additional Data

African Refuge Inc

185 Park Hill AveSte LB Staten Island, NY 10304 Cidadao Global Global Citizen

PO Box 4183 Sunnyside New York, NY 11104

Software ID: **Software Version:**

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

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	ĺ
organization		if applicable	grant	cash	(book, FMV, appraisal,	İ
or government				assistance	other)	ĺ

501(C)(3)

501(C)(3)

01-0873188

45-2978709

10,000

10,000

EIN: 13-3457287 Name: THE NEW YORK WOMEN'S FOUNDATION INC.

IFMV

IFMV

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

Capacity Building

Capacity Building

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Community Connections for 26-4482112 501(C)(3) 7,000 IFMV Capacity Building

Youth Inc	1		
369 E 149th St7th Fl			
Bronx, NY 10455			

2770 Third Avenue1st Floor Bronx, NY 10455

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

IFMV Masa-MexEd Inc 11-3640210 501(C)(3) 10.000 Capacity Building

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Cause Effective 13-3083978 501(C)(3) 77.500 Capacity Building IFMV 505 Eighth Ave Ste 1212 New York, NY 10018

Capacity Building

34.500

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

501(C)(3)

Citizens Committee for New York City

77 Water StSuite 202 New York, NY 10005

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 13-5626345 501(C)(3) 10.000 Capacity Building New York Foundation IFMV 150 W 30th St ste 1401

New York, NY 10001 Community Connections for 26-4482112 501(C)(3) 7.000 IFMV Youth Inc.

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

Capacity Building 369 East 149th Street7th Fl Bronx, NY 10455

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 47-5036606 501(C)(3) 10.000 IFMV Capacity Building Custom Collaborative 102 bradhurst Ave New York, NY 10039 Higher Heights Leadership 46-3554404 501(C)(3) 10.000 IFMV Capacity Building

Fund

147 Prince StSte 36 Brooklyn, NY 11201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 11-2444676 501(C)(3) 10.000 IFMV Capacity Building Center for Anti-Violence Education Inc

Capacity Building

20.000

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

501(C)(3)

327 7th St 2nd fl Brooklyn, NY 11215

123 William St16th Fl New York, NY 10038

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Capacity Building

Capacity Building

VoteRunLead 8 W 126th St New York, NY 10027	46-4285577	501(C)(3)	10,000	FMV
Adhikaar for Human Rights and	20-3384725	501(C)(3)	10,000	FMV

Social Justice 7107 Woodside Avenue Woodside, NY 11377

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Belmont Child Care Association 31-1646091 501(C)(3) 10.000 IFMV Capacity Building

2150 Hempstead Turnpike Belmont Par Elmont, NY 11003					
Center for Transformative Action	16-0990318	501(C)(3)	10,000	FMV	Capacity Building

Inc

119 Anabel Taylor Hall Ithaca, NY 14853

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 13-3409680 501(C)(3) 10.000 Capacity Building Community Health Project IFMV 356 West 18th Street

New York, NY 10011

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

Corona, NY 11368

Faith in New York 80-0122559 501(C)(3) 10.000 IFMV Capacity Building 103-04 39th Ave Ste 105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 11-3561651 501(C)(3) 10.000 Capacity Building Mixteca Organization Inc IFMV 245 23 Street 2 FL Brooklyn, NY 11215

Capacity Building

10.000

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

501(C)(3)

National Latina Institute for

Reproductive Health 50 Broad St Ste 1937 New York, NY 10004

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 56-2581640 501(C)(3) 10.000 Capacity Building New Leaders Council IFMV 4005 Wisconsin Ave NW 39123

Capacity Building

10.000

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

501(C)(3)

Washington, DC 20016
Sapna NYC Inc

Bronx, NY 10462

2348 Waterbury Ave 1st Floor

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 47-5036606 501(C)(3) 10.000 Capacity Building Custom Collaborative IFMV 102 bradhurst Ave New York, NY 10039 ALIGN the Alliance for a 20-0559291 130.000 IFMV Early Investment

501(C)(3) Greater New York

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

50 Broadway 29th Fl New York, NY 10004

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Backstretch Employee Service 11-2976735 501(C)(3) 70.000 IFMV Early Investment

Belmont Par Elmont, NY 11003

Team of NY 2150 Hempstead Trnpk 28B New York, NY 11003					
Belmont Child Care Association Inc 2150 Hempstead Turnpike	31-1646091	501(C)(3)	70,000	FMV	Early Investment

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Belmont Child Care Association 31-1646091 501(C)(3) 110.000 IFMV Early Investment

PO Box 1257

Long Island City, NY 11101

Elmont, NY 11003 Brandworkers International	26-0798625	501(C)(3)	70,000	FMV	Early Investment
Inc 2150 Hempstead Turnpike Belmont Par 2nd Fl					

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Make the Road New York 11-3344389 501(C)(3) 70.000l IFMV | Early Investment 301 Grove Street Brooklyn, NY 11237

Early Investment

120,000

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

501(C)(3)

Social Good Fund Inc.

12651 San Pablo Ave 5473 Richmond, CA 94805

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Custom Collaborative 47-5036606 501(C)(3) 120.000 **IFMV** Early Investment 102 bradhurst Ave Suite 1000

Early Investment

Suite 1000
New York, NY 10039

Faith in New York 80-0122559 501(C)(3) 60,000
103-04 39th Ave Ste 105

Corona

New York, NY 11368

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Gender Equality Law Center 46-4141757 501(C)(3) 120.000 IFMV Early Investment

Early Investment

INC		,		
540 President St3rd Fl				1
Brooklyn, NY 11215				

120.000

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

501(C)(3)

27-2848254

Indo-Carribean Alliance

109-11 110th Street Ozone Park, NY 11420

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Larly Investment James for Desirt and Concernia 12 2604700 E01/C \/2\ en anal LEWY.

Latino Leadership Institute Inc	11-3478120	501(C)(3)	120,000	FMV	Early Investment
Justice (JFREJ) 330 7th avenueSuite 1901 New York, NY 10001					
Jews for Racial and Economic	13-3094/90	301(C)(3)	80,000	FIMIV	Land investment

440 East 117 StSuite 5B New York, NY 10035

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Brandworkers International 26-0798625 501(C)(3) 120.000 IFMV | Early Investment PO Box 1257

Early Investment

120,000

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

501(C)(3)

Long Island City, NY 11101

11-3640210

Masa-MexEd Inc

2770 Third Ave1st FI Bronx, NY 10455

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Pride Center of Staten Island 46-3358895 501(C)(3) 70.000 IFMV Early Investment

ELMONT

New York, NY 11003

Inc 25 Victory Blvd 3rd fl Staten Island, NY 10301					
Race Track Chaplaincy of America Metropolitan New 2150 HEMPSTEAD TPKE	27-0485424	501(C)(3)	70,000	FMV	Early Investment

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Trinity Healing Center Inc 20-3235905 501(C)(3) 120.000 IFMV | Early Investment 7304 5th Ave PMB272 Brooklyn, NY 11209 A Better Balance 20-3664771 501(C)(3) 70.000 IFMV Early Investment

40 Worth Street 10th floor New York, NY 10013

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 13-3083202 501(C)(3) 60.000 Early Investment Women's Justice NOW IFMV 150 W 28th St Suite 304 11-2632404 501(C)(3) 70.000 IFMV Early Investment

New York, NY 10001 FDNY Foundation 9 Metrotech Center room 5E-

Brooklyn, NY 11201

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Fostering Progressive Advocacy 45-0592133 501(C)(3) 60.000 **IFMV** Early Investment Foundation Inc 2006 Amsterdam Ave Suite 5a New York, NY 10032 Center for Anti-Violence 11-2444676 501(C)(3) 100.000 IFMV IGYWC Fund

Education Inc 327 7th St 2nd fl Brooklyn, NY 11215

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Alex House Project Inc 47-5488301 501(C)(3) 180.000 GYWC Fund IFMV 76 Lorraine street

IGYWC Fund

155,000

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

501(C)(3)

Brooklyn, NY 11231

Audre Lorde Project Inc

147 W 24th St 3rd Floor New York, NY 10011

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-7088777 501(C)(3) 40.000 **IFMV** GYWC Fund American Indian Community House of NY 39 Eldridae St4th Fl New York, NY 10003

IGYWC Fund

130.000

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

501(C)(3)

Arab American Association of

New York 7111 5th Avenue Brooklyn, NY 11209

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government E04(0.)(3) 430.000 I = 8 43 / LOVALIONE

IGYWC Fund

Arab American Family Support	11-316/245	501(C)(3)	120,000	FMV	GYWC Funa
Center					
150 Court St 3rd Fl					
Brooklyn, NY 11201					

20.000

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

501(C)(3)

45-4316117

Atlas DIY

462 36th Street Brooklyn, NY 11232

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government BrotherhoodSister Sol Inc 13-3857387 501(C)(3) 145.000 IGYWC Fund IFMV 512 WEST 143 ST New York, NY 10031

512 WEST 143 ST New York, NY 10031 CAAAV Organizing Asian 13-3

CAAAV Organizing Asian 13-3526938 501(C)(3) 40,000 FMV GYWC Fund

Communities 55 Hester Street

New York, NY 10002

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Community Connections for 26-4492112 E01(C)(3) മറ റഹി |EM\/ CVMC Fund

Youth Inc 369 East 149th Street7th Fl Bronx, NY 10455	20-4402112	301(0)(3)	80,000	FMV	GTWC Fulla
DRUM - Desis Rising Up & Moving	38-3652741	501(C)(3)	80,000	FMV	GYWC Fund

72-18 Roosevelt Avenue 2nd Floor

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

Jackson Heights, NY 11372

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) C Fund

IGYWC Fund

Soul Sisters Leadership	47-3108951	501(C)(3)	80,000	FMV	GYWC F
Collective Inc					
6360 NE 4th Court					
Miami Fl 33138					

130.000

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

501(C)(3)

2427 Morris Avenue Bronx, NY 10468

Fierce

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Flanhwayan Haitian Literacy 27-0974276 E01(C)(2) 100 0001 IFM\/ GVWC Fund

Transfrayan hardan Electacy	2, 03, 12,0	100,000		o i ii c i aiia
Project				
208 Parkside Ave 2nd Fl				
Brooklyn, NY 11226				

Bronx, NY 10455

Girl Vow Inc. 47-4062257 501(C)(3) 100.000 IFMV IGYWC Fund 509 Willis Ave 4

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) /C Fund

Girls for Gender Equity	04-3697166	501(C)(3)	300,000	FMV	GYWC
25 Chapel Street					
Brooklyn, NY 11201					

130 W 25th St 2C New York, NY 10001

Global Action Project 11-3425000 501(C)(3) 40.000 FMV IGYWC Fund

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance assistance other) or government WC Fund

Masa-MexEd Inc 2770 Third Ave1st FI	11-3640210	501(C)(3)	40,000	FMV		GYWC
						1
Brony NY 10455					1	1

2471 University Ave Bronx, NY 10468

Mekona NYC 80-0834777 501(C)(3) 40.000 IFMV GYWC Fund

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

Now York Transgender	01 1270262	E01/C \/2\	100 000		-M)/	CV/MC Fried
Washington, DC 20036	30-4/33300	501(C)(3)	120,000		191 V	GTWC Fulld
National Asian Pacific American I	36-4799986	I 501/C)/3) I	120,0001	I FI	·MV I	GYWC Fund

New York Transgender 81-13/0263 501(C)(3) 100,000 IFMV IGYWC Fund Advocacy Group 215 W 125th StSte 2

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

New York, NY 10027

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government The Center for Anti-Violence 13-3385032 501(C)(3) 100.000 IFMV IGYWC Fund

Sadie Nash Leadership Project 4 W 43rd St Suite 502

New York, NY 10036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Sakhi for South Asian Women 13-3593806 501(C)(3) 40.000 IFMV IGYWC Fund

Station New York, NY 10008					
Staten Island Job Center - La Colmena	47-2787706	501(C)(3)	40,000	FMV	GYWC Fund

774 Port Richmond Ave 2FL Staten Island, NY 10302

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Theatre of the Oppressed NYC 45-4815944 501(C)(3) 100,000 IFMV IGYWC Fund

758 8th AvenueSuite 300 New York, NY 10036					
Research Foundation of the City University of New	13-1988190	501(C)(3)	120,000	FMV	GYWC Fund

695 Park Avenue Rm HN 302 New York, NY 10065

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government FJC A Foundation of 13-3848582 501(C)(3) 100.000 IGYWC Fund IFMV Philanthropic Funds

520 8th Ave 20th floor New York, NY 10018

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

219 W 19th Street New York, NY 10011

New York Live Arts Inc. 13-6206608 501(C)(3) 100.000 IGYWC Fund IFMV

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) New York Foundation for the 23-7129564 501(C)(3) 100.000 IFMV GYWC Fund Arts Inc 20 Jav Street Suite 740 Brooklyn, NY 11201

IGYWC Fund

100.000

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

501(C)(3)

Mary Mitchell Family and Youth

Center Inc 2007 Mapes Avenue Bronx, NY 10460

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 16-0990318 501(C)(3) 100.000 IGYWC Fund Center for Transformative IFMV Action 119 Anabel Taylor Hall

IGYWC Fund

100.000

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

501(C)(3)

Ithaca, NY 14853
Alliance for Global Justice

225 E 26th St Tucson, AZ 85713

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government C Fund

IGYWC Fund

Fractured Atlas Inc 248 W 35th St 10th Fl New York, NY 10001	11-3451703	501(C)(3)	100,000	FMV	GYWC
Resilience Advocacy Project	26-1758248	501(C)(3)	25,000	FMV	GYWC

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

147 Prince Street Brooklyn, NY 11201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Fund

Restaurant Opportunities	01-0939141	501(C)(3)	50,000	FMV	GYWC F
Centers United					
275 7th Ave Ste 1703					
New York, NY 10001					

100 Warren St Roxbury, MA 02119

Press Pass Tv Inc 80-0214659 501(C)(3) 100.000 IFMV IGYWC Fund

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Hetrick-Martin Institute 13-3104537 501(C)(3) 40.000 IFMV IGYWC Fund

2 Astor Pl 3rd Fl New York, NY 10003		= (-)(-)	,		
Rockefeller Philanthropy	13-3615533	501(C)(3)	100,000	FMV	Strategic I

New York, NY 10036

ic Initiatives Advisors Inc. 6 West 48th Street 10th Floor

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) New School 13-3297197 501(C)(3) 15.000l **IFMV** Strategic Initiatives 66 West 12th Street New York, NY 10011 John Jav College Foundation 13-3683676 501(C)(3) 50.000 IFMV Strategic Initiatives

Inc 524 West 59th Street Room 62304H

New York, NY 10019

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

Strategic Initiatives

Vibe Theater Experience	20-0482372	501(C)(3)	7,500	FMV	Strategic Initiatives
1000 Dean Street Suite 232					
Brooklyn, NY 11238					

60,000

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

501(C)(3)

New Economy Project

121 W 27th Street Ste 804 New York, NY 10001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Asset Funders Network 83-1215288 501(C)(3) 15.000l lFM∨ Strategic Initiatives 2045 W Grand Ave Ste B 50387 Chicago I, IL 60612 Adhikaar for Human Rights and 20-3384725 501(C)(3) 12.000 IFMV Strategic Initiatives

Social Justice 7107 Woodside Avenue Woodside, NY 11377

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 13-3104537 501(C)(3) 12.000l Strategic Initiatives Hetrick-Martin Institute IFMV 2 Astor Pl 3rd Fl New York, NY 10003

RespectAbility 46-2840232 501(C)(3) 60.000 IFMV Strategic Initiatives 11333 Woodalen DriveSuite

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

102

Rockville, MA 20016

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government V-Dav 94-3389430 501(C)(3) 75.000l IFMV Strategic Initiatives 4104 24th Street 4515

Strategic Initiatives

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

501(C)(3)

San Francisco, CA 94114 Girls for Gender Equity

25 Chapel StSte 1006 Brooklyn, NY 11201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Higher Heights Leadership 46-3554404 E01(C)(2) eu uoul IFM\/ Strategic Initiatives

Strategic Initiatives

riigher rieights Leadership	-0-5557707	00,000	1 1 1 V	Journalegic I
Fund				
147 Prince StSte 36				
Brooklyn, NY 11201				

90.000

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

501(C)(3)

56-2581640

New Leaders Council

PO Box 39123 Washington, DC 20016

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Gina Gibney Dance Inc 13-3623815 501(C)(3) 7.500l Strategic Initiatives IFMV 890 Broadway 5th Floor New York, NY 10003

Fund for Womens Equality Inc 47-1180199 501(C)(3) 50,000 IFMV Strategic Initiatives

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

25 Central Park West Apt 9I New York, NY 10023

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Lilly Awards Foundation CO 27-0987854 501(C)(3) 30.000 Strategic Initiatives IFMV The Dramatists Guild 1501 Broadway Ste 701 New York, NY 10036

Strategic Initiatives

65.000l

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

501(C)(3)

Borealis Philanthropy

Minneapolis, MN 55403

PO Box 3295

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Lgbt Center Intercultural 82-4397912 501(C)(3) 30.000 **IFMV** Strategic Initiatives Collective Inc 3763 83rd St 1B Jackson Heights, NY 11372

Translatina Network Inc 47-4807380 501(C)(3) 30.000 IFMV

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

New York, NY 10011

Strategic Initiatives 137 W 19th St 2nd Floor Apt

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-0640342 501(C)(3) 30.000 IFMV Strategic Initiatives

Svlvia Rivera Law Project Inc 147 W 24th Street 5th Floor New York, NY 10011

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

225 F 26th St Tucson, AZ 85713

Alliance for Global Justice 52-2094677 501(C)(3) 30,000 IFMV Strategic Initiatives

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Community Voices Heard Inc 13-3901997 501(C)(3) 25.000 Strategic Initiatives IFMV 115 East 106th St 3rd Fl New York, NY 10029

Transgender Legal Defense 04-3762842 501(C)(3) 30.000 IFMV and Education Fund Inc.

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

Strategic Initiatives 216 Avenue A New York, NY 10009

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Nytag Inc 81-1370263 501(C)(3) 30.000 Strategic Initiatives IFMV 215 W 125th Street Suite 2 New York, NY 10027 Public Policy and Education 13-3364209 501(C)(3) 25.000 IFMV Strategic Initiatives

Fund of New York Inc 94 Central Avenue Albany, NY 12206

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 45-3813436 501(C)(3) 25.000 Center for Popular Democracy IFMV Strategic Initiatives 440 Tanishanan Chanak

Strategic Discretionary

10.000

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

501(C)(3)

449 Froutman Street
Brooklyn, NY 11237
Violence Intervention Program
PO Box 1161 - Tri-horough

New York, NY 10035

Station

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Lutheran Social Services of 13-2658548 501(C)(3) 15.000l lFM∨ Strategic Discretionary Metropolitan NY Inc 475 Riverside Dr Ste 1244 New York, NY 10115

Strategic Discretionary

30.000

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

501(C)(3)

Transgender Legal Defense

and Education Fund Inc 216 Avenue A New York, NY 10009

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-1370263 501(C)(3) 30.000 New York Transgender IFMV Strategic Discretionary Advocacy Group

25.000l

Advocacy Group
215 W 125th StSte 2
New York, NY 10027

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

501(C)(3)

PowHer New York

370 Lexington Ave Ste 908 New York, NY 10543 47-3609446

Strategic Discretionary

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government National Interfaith Cable 13-3445556 501(C)(3) 10.000 IFMV Strategic Discretionary

Strategic Discretionary

	1(-/(-/)			
Coalition Inc (Odyssey I				_
12 West 31st Street 8th Floor				
New York, NY 10001				

15.000l

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

501(C)(3)

Hot Bread Kitchen Ltd.

1590 Park Avenue New York, NY 10029

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Translatina Network Inc. 47-4807380 501(C)(3) 10 0001 IFMV Strategic Discretionary

137 W 19th St 2nd Floor Apt 1D New York, NY 10011	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Women Make Movies Inc	13-2740460	501(C)(3)	7,500	FMV	Strategic Discretionary

125 W 109th StApt 7D Brooklyn, NY 10025

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Sakhi for South Asian Women 13-3593806 501(C)(3) 10.000 IFMV Strategic Discretionary PO Box 1333Church Street

Strategic Discretionary

40.000

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

501(C)(3)

Station New York, NY 10008

Hetrick-Martin Institute

2 Astor Pl 3rd Fl New York, NY 10003

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 90-1019268 501(C)(3) 10.000 Justleadershipusa Inc IFMV Strategic Discretionary 1900 Lexington Ave New York, NY 10035

Strategic Discretionary

25,000

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

501(C)(3)

New York University

295 Lafayette St 2nd Fl New York, NY 10012

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government New York Legal Assistance 13-3505428 501(C)(3) 10 0001 IFMV Strategic Discretionary

THE TOTAL LEGISTATION	13 3303 120	301(0)(3)	1 10,000	11114	podiacegie bis
Group Incorporated					_
7 Hanover Square 18th Floor					
New York, NY 10004					

122 Commerce Street Montgomery, AL 36106

25.000 Equal Justice Initiative 63-1135091 501(C)(3) IFMV Strategic Discretionary

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) National Contor for Civic 02-0500588 E01(C)(3) 10 0001 | EM\/ Stratogic Discretionary

Inc

121 Sixth Avenu New York, NY 10013

Innovation Inc CO Fun 121 Avenue of the Americas 6th Flo New York, NY 10013	02-0390366	301(C)(3)	10,000	FMV	Strategic Discretionally
Fund for the City of New York	13-2612524	501(C)(3)	30,000	FMV	Strategic Discretionary

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Fund for the City of New York 13-2612524 501(C)(3) 25.000 **IFMV** Strategic Discretionary Inc 121 Sixth Avenu

Strategic Discretionary

10.000

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

501(C)(3)

New York, NY 10013
Visual Arts Research &

Resource Ctr Relating T 120 E 125th St New York, NY 10035

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 13-3584516 501(C)(3) 10.000 New Press Inc. IFMV Strategic Discretionary 120 Wall Street 31st Floor

Strategic Discretionary

10.000

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

501(C)(3)

New York, NY 10005
Women's Enews

163 Amsterdam Ave 1330 New York, NY 10023

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 11-3425000 501(C)(3) 10.000 Global Action Project IFMV Strategic Discretionary 130 W 25th St 2C New York, NY 10001

Voices of Community Activists 13-4094385 501(C)(3) 25.000 IFMV Strategic Initiatives & Leaders Inc

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

80A Fourth Avenue New York, NY 11217

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Powerpac Foundation 26-2215714 501(C)(3) 25.000l Strategic Initiatives IFMV 268 Bush Street 3737

Strategic Initiatives

12.000

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

501(C)(3)

San Francisco, CA 94104 Alex House Project Inc

76 Lorraine street Brooklyn, NY 11231

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Exalt Youth 20-5540955 501(C)(3) 12.000l Strategic Initiatives IFMV 17 Battery Place Suite 307 New York, NY 10004 Flanbwavan Haitian Literacv 27-0974276 501(C)(3) 12.000 IFMV Strategic Initiatives Proiect

208 Parkside Ave 2nd Fl Brooklyn, NY 11226

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 13-3593885 501(C)(3) 12.000l **IFMV** Strategic Initiatives Dominican Women's Development Center 519 W 189th StGround FL New York, NY 10040 66-0413230 501(C)(3) 100.000 IFMV Strategic Initiatives Puerto Rico Community

Foundation Inc PO Box 70362 San Juan, PR 00936

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 66-0931262 501(C)(3) 7.000 l lFM∨ Strategic Initiatives Fundacion De Mujeres En

Strategic Initiatives

70,000

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

501(C)(3)

27-2077349

Puerto Rico 1863 Avenue Fernandez Juncos Apt San Juan, PR 00909

Futuro Media Group

361 W 125th St6th Fl New York, NY 10027

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

IFMV

The Fund for the Me Too

Movement and Allies

Powerpac Foundation	26-2215714	501(C)(3)	25,000	FMV	Strategic Initiatives
268 Bush Street 3737					
San Francisco, CA 94104					

25,000

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

501(C)(3)

Girls for Gender Equity

25 Chapel StSte 1006

Brooklyn, NY 11201

04-3697166

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Girls for Gender Equity 04-3697166 501(C)(3) 100.000 The Fund for the Me Too IFMV Movement and Allies

25 Chapel StSte 1006 Brooklyn, NY 11201

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

105 5th Ave S Ste 300 Minneapolis, MN 55401

Women's Foundation of 41-1635761 501(C)(3) 75.000l IFMV The Fund for the Me Too Movement and Allies

Minnesota

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government for the Me Too

Movement and Allies

Women's Foundation of	41-1635/61	501(C)(3)	180,000	FMV	The Fund for the Me To
Minnesota					Movement and Allies
105 5th Ave S Ste 300					
Minneapolis, MN 55401					

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

248 W 35th St 10th Fl

New York, NY 10001

501(C)(3) 50.000 Fractured Atlas Inc 11-3451703 IFMV The Fund for the Me Too

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Black Woman's Blueprint 27-1308862 501(C)(3) 80.000 The Fund for The Me IFMV 279 Empire Boulevard Too Movement and

Brooklyn, NY 11225 Allies Violence Intervention Program 13-3540337 501(C)(3) 100.000 IFMV PO Box 1161 - Tri-borough

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

New York, NY 10035

The Fund for The Me Too Movement and Station Allies

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Washington Area Women's 52-2028612 501(C)(3) 105.000 IFMV The Fund for The Me

420

Oakland, CA 94612

Foundation 1331 H STREET NW suite 1000 WASHINGTON, DC 20005					Too Movement and Allies
Women's Foundation of California 300 Frank H Ogawa Plaza Suite	94-2752421	501(C)(3)	120,000	FMV	The Fund for The Me Too Movement and Allies

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Women's Fund of Western 04-3342411 501(C)(3) 55.000l lFM∨ The Fund for The Me Massachusetts Too Movement and 1350 Main Street Suite 1006 Allies Springfield, MA 01103

lFM∨

The Fund for The Me

Too Movement and

Allies

10.000

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

501(C)(3)

Women's Fund of Western

Springfield, MA 01103

1350 Main Street Suite 1006

Massachusetts

04-3342411

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 83-4447513 501(C)(3) 500.000 IFMV The Fund for The Me Me Too International Inc 375 Highland Avenue NE Unit Too Movement and Allies

IFMV

100.000

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

501(C)(3)

1007 Atlanta, GA 30312 Alliance for Global Justice

225 E 26th St Tucson, AZ 85713 52-2094677

The Justice Fund

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Housing Plus Solutions Inc 13-4200638 501(C)(3) 200.000 The Justice Fund IFMV

4 W 43rd St2nd Fl New York, NY 10036

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

Bronx, NY 10451

Bronx Defenders 13-3931074 501(C)(3) 100,000 IFMV The Justice Fund 360 Fast 161st Street

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 90-1019268 501(C)(3) 100.000 The Justice Fund Justleadershipusa Inc IFMV 81-1323278 200.000 IFMV The Justice Fund

1900 Lexington Ave New York, NY 10035 Katal Center For Health Equity 501(C)(3) And Justice Inc.

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

147 Prince St Brooklyn, NY 11201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Dunaldyn Dafandau Camilaaa 11 220E406 E01/C \/2\ 25 000 LEWY. The Inchine Freed

177 Livingston St Brooklyn, NY 11201	11-3305406	501(C)(3)	25,000	FMV	The Justice Fund
The College and Community Fellowship Inc	20-3904662	501(C)(3)	23,000	FMV	The Justice Fund

475 Riverside Drive Suite 1626 New York, NY 10115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Red Hook Initiative 20-3904662 501(C)(3) 25.000 The Justice Fund IFMV 13-2969182 501(C)(3) 25.000 IFMV The Justice Fund

767 Hicks Street	
Brooklyn, NY 11231	
Urban Youth Alliance	

International 432 E 149th St Bronx, NY 10455

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Risina Ground Inc 13-1860451 501(C)(3) 25.000l The Justice Fund IFMV 463 Hawthorne Ave Yonkers, NY 10705

Brooklyn, NY 11225

Guns Down Inc 36-4770570 501(C)(3) 25,000 IFMV The Justice Fund 903 Franklin Avenue

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Trustees of Columbia 13-5598093 501/C 1/31 an nonl IFM\/ The Justice Fund

University in the City of New 615 West 131st Street 6th Floor New York, NY 10027	13 3330033	361(0)(3)	20,000		The sastice Falla
National Council for	81-3980673	501(C)(3)	25.000	FMV	The Justice Fund

Incarcerated and Formerly Inc 100 R WARREN STREET

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

Roxbury, MA 02119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Girl Vow Inc 47-4062257 501(C)(3) 30.000 IFMV The Justice Fund 509 Willis Ave 4

IFMV

The Justice Fund

30,000

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

501(C)(3)

Bronx, NY 10455 Sylvia Rivera Law Project Inc

147 W 24th Street 5th Floor New York, NY 10011

81-0640342

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Ladies of Hope Ministries Inc 83-2249413 501(C)(3) 30.000 The Justice Fund IFMV 2023 Caesar Place Bronx, NY 10473

IFMV

The Justice Fund

30,000

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

501(C)(3)

Youth Represent Inc

11 Park Place Suite 1512 New York, NY 10005 20-8034010

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Operation Restoration 61-1791941 501(C)(3) 30.000 The Justice Fund IFMV PO Box 56894 New Orleans, LA 70156 Theatre of the Oppressed NYC 45-4815944 501(C)(3) 30,000 IFMV The Justice Fund

758 8th AvenueSuite 300 New York, NY 10036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable arant cash non-cash assistance or assistance assistance other) or government

A Little Piece of Light Inc 83-1458976 501(C)(3) 30,000 FMV The Justice Fund 521 St Marks Avenue 3B

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

New York, NY 11238

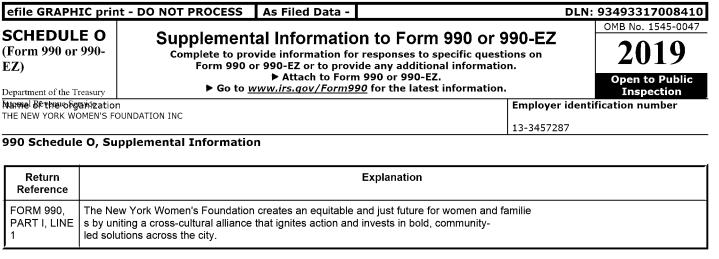
efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49331	17008	410
Sch	edule J	Co	ompensati	ion Information	0	MB No.	1545-0	0047
(For	n 990)	For certain Office	ers, Directors, T	rustees, Key Employees, and Hig	hest			
		► Complete if the org	Compensa Janization answ	ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	20)
D			▶ Attach	to Form 990. instructions and the latest inforn		Open		
•	tment of the Treasury al Revenue Service	V do to <u>www.ns.go</u>	101	mistructions and the latest mion	nation.		ectio	
	ne of the organiza NEW YORK WOMEN	ation 'S FOUNDATION INC			Employer identifica	tion nu	ımber	
					13-3457287			
Pa	rt I Questi	ons Regarding Compensa	tion				T	
1 a	Check the appro	oniate hoy(es) if the organization	n provided any of	the following to or for a person liste	d on Form		Yes	No
				y relevant information regarding the				
	☐ First-class	or charter travel		Housing allowance or residence for	personal use			
	Travel for	companions		Payments for business use of person	nal residence			
	☐ Tax idemi	nification and gross-up payment	s 📙	Health or social club dues or initiation				1
	☐ Discretion	ary spending account	Ш	Personal services (e.g., maid, chauf	feur, chef)			
b	If any of the box	xes on Line 1a are checked, did	the organization	follow a written policy regarding pay	ment or			
_		•		ve? If "No," complete Part III to expl	ain	1 b		
2				or allowing expenses incurred by all r, regarding the items checked on Lir	ne 1a? . .	2		
_	·							
3				ed to establish the compensation of the not check any boxes for methods	ne			
	used by a relate	d organization to establish com	pensation of the	CEO/Executive Director, but explain i	n Part III.			
	Compens	ation committee		Written employment contract				
		ent compensation consultant	\checkmark	Compensation survey or study				
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a		No
b				ified retirement plan?		4b		No
С				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	licable amounts for each item in Part	: III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5			=	the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а		1?				5a		No
b		anization?				5b		No
6	,	,	n A line 15 did	the organization pay or accrue any				
•		ontingent on the net earnings of		the organization pay or accrue any				
а	The organization	1?				6a		No
b	Any related orga	anization?				6b		No
	•	6a or 6b, describe in Part III.						
7				the organization provide any nonfixed rt III		7		No
8				red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de	escribe			
				section 53.4958-4(a)(3)? If "Yes," de		8		No
9	If "Yes" on line	8. did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	•		110
_						9		
For F	Panerwork Redu	ction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No. 5	50053T Schedule	1 (Forn	990)	2019

Note. The sum of column	Do no ns (B))(i)-(iii) for each listed in	t are not listed on Form 99 dividual must equal the to	tal amount of Form 990,				
(A) Name and Title		(B) Breakdowr (i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 ANA OLIVEIRA PRESIDENT & CEO	(i)	321,757	0	0	10,000	11,504	343,261	0
	(ii)	0	0	0	0	0	0	0
NANCY GUIDA OF COMMUNICATIONS	(i)	193,758	0	0	10,000	11,945	215,703	0
	(ii)	0	0	0	0	0	0	0
LORRAINE STEPHENS /P STRATEGIC PLANNING	(i)	197,372	0	0	10,000	1,551	208,923	0
	(ii)	0	0	0	0	0	0	0
4 CAMILLE EMEAGWALI /P OF PROGRAMS	(i)	203,100	0	0	10,000	991	214,091	0
	(ii)	0	0	0	0	0	0	0
5 ANNA MARIE ALMEIDA VP OF DEVELOPMENT	(i)	209,597	0	0	10,000	11,565	231,162	
	(ii)							
6 MADELINE HOLDER DIRECTOR OF INDIVIDUAL GIVING	(i)	167,718	0	0	10,000	11,429	189,147	
	(ii)							



efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493317008410 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶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. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** THE NEW YORK WOMEN'S FOUNDATION INC 13-3457287 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 10 86,028 FAIR VALUE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 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 ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
is reporting in Part I, co	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization lumn (b), the number of contributions, the number of items received, or a combination of both. Also my additional information.
Return Reference	Explanation
schedule m, PART I, LINE 32B	THE BROKERS HIRED BY THE FOUNDATION SELL THE DONATED STOCKS UPON RECEIPT.
	Schedule M (Form 990) (2019)



Return Explanation

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

Return Explanation
Reference

FORM 990, PART VI, AND INTERNS. CONFLICTS OF INTEREST ARE REVIEWED ANNUALLY AND UPDATED ON AN AS NEEDED BASI SECTION B, LINE 12C

Return

Reference FORM 990, IN DETERMINING COMPENSATION, THE PRESIDENT/CEO MEETS WITH THE DEPARTMENT SENIOR MANAGER AN

Explanation

PART VI,
SECTION B,
LINE 15A &
B
MINISTRATIVE MANAGER RESEARCHES SALARIES AMONGST OTHER SIMILAR ORGANIZATIONS AS WELL AS TH
ROUGH SALARY SURVEYS. THE DEPARTMENT SENIOR MANAGER AND PRESIDENT/CEO MAKE THE FINAL DETER
MINATION BASED ON THE SURVEYS AND JOB TITLE/RESPONSIBILITIES. THE PRESIDENT/CEO'S COMPENSA
TION IS SET BY THE BOARD OF DIRECTORS

Return Explanation
Reference

FORM 990, PART VI, ABLE TO THE PUBLIC. THE FOUNDATION 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 SECTION C, LINE 19

Return Explanation
Reference

FORM 990, PART XI, LINE 9