

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. THE JEWISH WOMEN'S FOUNDATION OF N.Y. INC C/O UJA-FEDERATION OF NEW YORK	Taxpayer identification number (TIN) 13-3897852
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 130 EAST 59TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10022-1302	

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

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

UJA-FEDERATION OF NEW YORK

- The books are in the care of ▶ **130 EAST 59TH STREET - NEW YORK, NY 10022**
Telephone No. ▶ **212-836-1730** Fax No. ▶ **212-836-1353**
- If the organization does not have an office or place of business in the United States, check this box X
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2020** , and ending **JUN 30, 2021** .

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

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

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

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.**

A For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE JEWISH WOMEN'S FOUNDATION OF N.Y. INC C/O UJA-FEDERATION OF NEW YORK Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 130 EAST 59TH STREET City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022-1302	D Employer identification number 13-3897852
	F Name and address of principal officer: RACHEL WEINSTEIN 130 EAST 59TH STREET, NEW YORK, NY 10022	E Telephone number 212-836-1730
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ 3,171,116.
J Website: WWW.JEWISHWOMEN.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ 8055
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1995	M State of legal domicile: NY

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>REFER TO FORM 990, PART III,</u> LINE 1		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,031,148.	Current Year 1,048,866.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	350,963.	394,188.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-63,456.	-1,922.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,318,655.	1,441,132.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	375,000.	387,500.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	733,985.	733,111.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 276,689.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	328,589.	434,979.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,437,574.	1,555,590.	
19 Revenue less expenses. Subtract line 18 from line 12	-118,919.	-114,458.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,446,472.	End of Year 4,639,216.
	21 Total liabilities (Part X, line 26)	762,396.	727,755.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,684,076.	3,911,461.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer RACHEL WEINSTEIN, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN	Firm's name ▶ Firm's address ▶ Firm's EIN ▶ Phone no.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
INSPIRED BY OUR JEWISH VALUES, THE JEWISH WOMEN'S FOUNDATION OF NEW YORK INC. (JWFNY) PURSUES AND PROMOTES A WORLD IN WHICH ALL WOMEN AND GIRLS ARE ENSURED A HEALTHY AND SUPPORTIVE ENVIRONMENT...A WORLD IN (CONTINUED ON SCHEDULE O)

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

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

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

4a (Code:) (Expenses \$ 1,148,842. including grants of \$ 387,500.) (Revenue \$)
JWFNY'S LEADING VOICE AND PRESENCE RAISES THE CONSCIOUSNESS OF A BROAD-BASED COMMUNITY TO THE ISSUES AFFECTING MARGINALIZED COMMUNITIES. TO ACHIEVE CHANGE, WE PROVIDE ORGANIZATIONS FOUNDED AND/OR RUN BY EXEMPLARY WOMEN WITH A PLATFORM OF SUPPORT AND GUIDANCE TO HELP CREATE AND SUSTAIN SOCIAL CHANGE ORGANIZATIONS WITH MISSIONS ALIGNED WITH THE GOALS OF THE FOUNDATION. MOST RECENT EXAMPLES OF SUPPORT THAT SERVE THE WORLD'S MOST VULNERABLE USING A JEWISH AND GENDER LENS INCLUDE WOMEN WORKING IN MATERNAL HEALTH, RACIAL JUSTICE, LGBTQ EQUITY, WOMEN'S RIGHTS, QUEER TALMUDIC STUDY, ELIMINATING MASS INCARCERATION, ENDING SEX TRAFFICKING, AND EDUCATING DISADVANTAGED COMMUNITIES. TO SUPPLEMENT OUR GRANTMAKING, JWFNY EDUCATES THE COMMUNITY AND ADVOCATES FOR (CONTINUED ON SCHEDULE O)

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

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

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

4e Total program service expenses 1,148,842.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **UJA-FEDERATION OF NEW YORK - 212-836-1730
130 EAST 59TH STREET, NEW YORK, NY 10022**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RACHEL WEINSTEIN PRESIDENT	0.00	X		X				0.	0.	0.
(2) MADELYN BUCKSBAUM ADAMSON VICE PRESIDENT	0.00	X		X				0.	0.	0.
(3) SHELLY MITCHELL VICE PRESIDENT	0.00	X		X				0.	0.	0.
(4) AELA BOYUM MORGAN SECRETARY	0.00	X		X				0.	0.	0.
(5) FERN HURST TREASURER	0.00	X		X				0.	0.	0.
(6) DEBBIE COSGROVE IMM PAST PRES & NOMINATING	0.00	X		X				0.	0.	0.
(7) LOREN AVERICK DIRECTOR	0.00	X						0.	0.	0.
(8) KATHRYN WEG BRANDT DIRECTOR	0.00	X						0.	0.	0.
(9) PROSPER DE PASSE DIRECTOR	0.00	X						0.	0.	0.
(10) STEPHANIE GARRY DIRECTOR	0.00	X						0.	0.	0.
(11) EMILY GINDI DIRECTOR	0.00	X						0.	0.	0.
(12) AVRA GORDIS DIRECTOR	0.00	X						0.	0.	0.
(13) ROBERTA GORDON DIRECTOR	0.00	X						0.	0.	0.
(14) MARILYN GOTTLIEB DIRECTOR	0.00	X						0.	0.	0.
(15) HAFTM YIZHAK HEATHWOOD DIRECTOR	0.00	X						0.	0.	0.
(16) RABBI MIRA RIVERA DIRECTOR	0.00	X						0.	0.	0.
(17) ELISE HAHN RUBIN DIRECTOR	0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JULIE SISSMAN DIRECTOR	0.00	X						0.	0.	0.
(19) DANA LEVINSON STEINER DIRECTOR	0.00	X						0.	0.	0.
(20) DIANE STERN DIRECTOR	0.00	X						0.	0.	0.
(21) MARILYN THYPIN DIRECTOR	0.00	X						0.	0.	0.
(22) REBECCA YOUNGERMAN DIRECTOR	0.00	X						0.	0.	0.
(23) BARBARA ZUCKERBERG DIRECTOR	0.00	X						0.	0.	0.
(24) JAMIE ALLEN BLACK CHIEF EXECUTIVE OFFICER	35.00				X			180,699.	0.	22,462.
1b Subtotal								180,699.	0.	22,462.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								180,699.	0.	22,462.

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 1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	464,940.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	116,868.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	467,058.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 25,788.			
	h	Total. Add lines 1a-1f		1,048,866.			
	Program Service Revenue	2 a	_____	Business Code			
b		_____					
c		_____					
d		_____					
e		_____					
f		All other program service revenue					
g		Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		26,077.	26,077.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				2,080,735.			
	b	Less: cost or other basis and sales expenses	7b	1,712,624.			
	c	Gain or (loss)	7c	368,111.			
d	Net gain or (loss)		368,111.	368,111.			
8 a	Gross income from fundraising events (not including \$ 464,940. of contributions reported on line 1c). See Part IV, line 18		15,438.				
		8b	17,360.				
c	Net income or (loss) from fundraising events		-1,922.		-1,922.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	_____	Business Code				
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		1,441,132.	394,188.	0.	-1,922.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	367,500.	367,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	20,000.	20,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	212,515.	116,883.	53,129.	42,503.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	367,385.	274,791.	15,553.	77,041.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	114,948.	85,977.	4,866.	24,105.
10 Payroll taxes	38,263.	26,397.	3,951.	7,915.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	35,753.		35,753.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	294,530.	232,293.		62,237.
12 Advertising and promotion	59,836.	10,736.	3,579.	45,521.
13 Office expenses	28,396.	9,932.	4,259.	14,205.
14 Information technology	8,616.		8,426.	190.
15 Royalties				
16 Occupancy				
17 Travel	1,168.	424.	9.	735.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	3,576.	3,576.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CREDIT CARD FEES	2,570.	333.		2,237.
b MEMBERSHIPS/DUES	216.		216.	
c _____				
d _____				
e All other expenses _____	318.		318.	
25 Total functional expenses. Add lines 1 through 24e	1,555,590.	1,148,842.	130,059.	276,689.
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)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	230,207.	1	29,404.
	2 Savings and temporary cash investments	540,109.	2	561,714.
	3 Pledges and grants receivable, net	174,460.	3	178,999.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	3,000.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities	3,501,696.	11	3,866,099.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,446,472.	16	4,639,216.	
Liabilities	17 Accounts payable and accrued expenses	39,581.	17	49,857.
	18 Grants payable	415,000.	18	430,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	307,815.	25	247,898.
	26 Total liabilities. Add lines 17 through 25	762,396.	26	727,755.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,684,076.	27	3,911,461.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,684,076.	32	3,911,461.
33 Total liabilities and net assets/fund balances	4,446,472.	33	4,639,216.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,441,132.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,555,590.
3	Revenue less expenses. Subtract line 2 from line 1	3	-114,458.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,684,076.
5	Net unrealized gains (losses) on investments	5	341,843.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,911,461.

Part XII Financial Statements and Reporting

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	713,829.	625,896.	831,722.	1,031,148.	1,048,866.	4,251,461.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	713,829.	625,896.	831,722.	1,031,148.	1,048,866.	4,251,461.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						4,251,461.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	713,829.	625,896.	831,722.	1,031,148.	1,048,866.	4,251,461.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	51,567.	82,255.	42,336.	46,412.	26,077.	248,647.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	152.					152.
11 Total support. Add lines 7 through 10						4,500,260.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	94.47 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	93.15 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

THE JEWISH WOMEN'S FOUNDATION OF N.Y. INC
C/O UJA-FEDERATION OF NEW YORK

Employer identification number

13-3897852

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization THE JEWISH WOMEN'S FOUNDATION OF N.Y. INC C/O UJA-FEDERATION OF NEW YORK	Employer identification number 13-3897852
---	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LEGACY HERITAGE FUND 55 EAST 59TH STREET #20 NEW YORK, NY 10022	\$ 127,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	AUDREY CAPPELL C/O FELICITY HOUSE 25 EAST 22ND STREET NEW YORK, NY 10010	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SRE COALITION C/O NEW VENTURE FUND 1201 CONNECTICUT AVE, NW, STE 300 WASHINGTON, DC 20036	\$ 50,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MADELYN BUCKSBAUM ADAMSON 1020 PARK AVENUE, APT. 20B NEW YORK, NY 10028	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	DIANE STERN 5 HENRY COURT SUFFERN, NY 10901	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MIRIAM CASLOW 80 OLD HOUSE LANE SANDS POINT, NY 11050	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE JEWISH WOMEN'S FOUNDATION OF N.Y. INC C/O UJA-FEDERATION OF NEW YORK	Employer identification number 13-3897852
---	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	KLARA SILVERSTEIN 30 PARK PLACE NEW YORK, NY 10007	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	AELA MORGAN 47 EAST 91ST STREET, APT. 4 NEW YORK, NY 10128	\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	MADLINE CASLOW 62 BARKERS POINT ROAD SANDS POINT, NY 11050	\$ 26,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	BARBARA DOBKIN C/O JEWISH WOMEN'S ARCHIVE ONE HARVARD STREET BROOKLINE, MA 02445	\$ 25,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	THE BARBARA HOPE FOUNDATION INC. C/O BARBARA ZUCKERBERG 151 EAST 58TH STREET, APT. 37E NEW YORK, NY 10022	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	FRANCES BRANDT 201 WEST 70TH STREET, APT. 19E NEW YORK, NY 10023	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE JEWISH WOMEN'S FOUNDATION OF N.Y. INC C/O UJA-FEDERATION OF NEW YORK	Employer identification number 13-3897852
---	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization THE JEWISH WOMEN'S FOUNDATION OF N.Y. INC C/O UJA-FEDERATION OF NEW YORK	Employer identification number 13-3897852
---	--

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization THE JEWISH WOMEN'S FOUNDATION OF N.Y. INC C/O UJA-FEDERATION OF NEW YORK Employer identification number 13-3897852

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

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

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

Form with multiple questions (1-9) regarding conservation easements, including purpose, acreage, monitoring, and expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Form with questions 1a-1b and 2a-2b regarding reporting requirements for art and historical treasures, including revenue and asset values.

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO UJA-FEDERATION	105,101.
(3) PAYCHECK PROTECTION PROGRAM LOAN	142,797.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	247,898.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

ALL ISRAEL BASED AND OTHER GRANTEES OUTSIDE THE UNITED STATES SIGN A CONTRACT THAT INDICATES THE TERMS OF THE GRANT. DURING EACH YEAR OF THE GRANT, JWFNY SPEAKS WITH AGENCY REPRESENTATIVES TWICE, IN PERSON OR BY PHONE, TO REVIEW THE PROGRESS OF THE PROJECT. WHEN JWFNY STAFF OR JWFNY BOARD MEMBERS TRAVEL TO ISRAEL, ARRANGEMENTS ARE MADE TO CONDUCT AN IN-PERSON SITE VISIT. IN ADDITION, AGENCIES SUBMIT A MID-YEAR AND END OF THE YEAR REPORT DURING EACH YEAR OF THE GRANT. THE REPORTS INCLUDE A WRITTEN NARRATIVE AND BUDGET TO DATE.

PART II, COLUMN (D):

REGION: MIDDLE EAST

(D) PURPOSE OF GRANT: SEE SCHEDULE F, PART V, SUPPLEMENTAL INFORMATION NIVCHAROT, THE FIRST AND ONLY HAREDI (ULTRA-ORTHODOX) FEMINIST ORGANIZATION IN ISRAEL, PROMOTES THE STATUS AND RIGHTS OF ULTRA-ORTHODOX WOMEN AND THE INCLUSION OF ULTRA-ORTHODOX WOMEN IN POLITICAL PROCESSES AND POSITIONS OF POWER.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL BENEFIT LUNCHEON (event type)	CONVENING (event type)	NONE (total number)	
Revenue	1	Gross receipts	260,903.	219,475.	480,378.
	2	Less: Contributions	260,903.	204,037.	464,940.
	3	Gross income (line 1 minus line 2)		15,438.	15,438.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	2,634.	376.	3,010.
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment	3,000.	4,804.	7,804.
	9	Other direct expenses	6,231.	315.	6,546.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			17,360.
11	Net income summary. Subtract line 10 from line 3, column (d)			-1,922.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **THE JEWISH WOMEN'S FOUNDATION OF N.Y. INC**
C/O UJA-FEDERATION OF NEW YORK

Employer identification number
13-3897852

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
APPETITE FOR CHANGE, INC. 1200 WEST BROADWAY AVE #250 MINNEAPOLIS, MN 55411	27-5112040	501(C)(3)	20,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
PEF ISRAEL ENDOWMENT FUNDS (FISCAL SPONSOR) - 630 THIRD AVENUE, #1501 - NEW YORK, NY 10017	13-6104086	501(C)(3)	10,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
PEF ISRAEL ENDOWMENT FUNDS (FISCAL SPONSOR) - 630 THIRD AVENUE, 15TH FLOOR - NEW YORK, NY 10017	13-6104086	501(C)(3)	20,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
SOCIAL GOOD FUND (FISCAL SPONSOR) 12651 SAN PABLOE AVE #5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	20,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
DIMENSIONS EDUCATIONAL CONSULTING 716 BEACON STREET, #590633 NEWTON, MA 02459	82-2019412	501(C)(3)	10,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
CENTER FOR COMMUNITY STEWARDSHIP (C4CS) (FISCAL SPONSOR) - 116 NORTH FEW ST. SUITE 3 - MADISON, WI 53703	68-0501459	501(C)(3)	20,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **23.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESHEL, INC. 125 MAIDEN LANE, #8B NEW YORK, NY 10038	46-0539206	501(C)(3)	10,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
HATUA LIKONI 11 POLHEMUS PLACE BROOKLYN, NY 11215	82-3586544	501(C)(3)	10,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
MARLENE MYERSON JCC MANHATTAN (FISCAL SPONSOR) - 334 AMSTERDAM AVENUE - NEW YORK, NY 10023	13-3490745	501(C)(3)	20,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
SUKKAT SHALOM INC. (FISCAL SPONSOR) - 2012 SANDFIELD PLACE - TUSTAN, CA 92780	27-2818244	501(C)(3)	20,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
FJC (FISCAL SPONSOR) 520 8TH AVENUE, 20TH FLOOR NEW YORK, NY 10018	13-3848582	501(C)(3)	20,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
JIMENA: JEWS INDIGENOUS TO THE MIDDLE EAST AND NORTH AFRICA - JIMENA INC P.O. BOX 6872 - SAN RAFAEL, CA	26-2893844	501(C)(3)	20,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
KESHET 284 ARMORY STREET BOSTON, MA 02130	48-1278664	501(C)(3)	20,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
LIVELYHOODS 11766 WILSHIRE BOULEVARD, #900 LOS ANGELES, CA 90025	27-1856081	501(C)(3)	10,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
MOTHER HEALTH INTERNATIONAL (MHI) 8004 TREVOR PLACE VIENNA, VA 22182	27-3165657	501(C)(3)	10,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOTHERS AGAINST SENSELESS KILLINGS FOUNDATION - 5044 S. MICHIGAN AVENUE - CHICAGO, IL 60615-2127	81-3209025	501(C)(3)	20,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
PROJECT KESHER 2660 BROADWAY #16 NEW YORK, NY 10025	36-3673594	501(C)(3)	20,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
S.O.U.L. FOUNDATION, INC. PO BOX 404 SUFFERN, NY 10901	27-0918927	501(C)(3)	20,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
SVARA 4700 NORTH RAVENSWOOD AVE, SUITE B CHICAGO, IL 60640	20-0292435	501(C)(3)	10,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
THE MOSAIC PROJECT 478 SANTA CLARA AVE #200 OAKLAND, CA 94610	94-3367263	501(C)(3)	20,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
T'RUAH: THE RABBINIC CALL FOR HUMAN RIGHTS - 266 WEST 37TH STREET SUITE 803 - NEW YORK, NY 10018	45-0464545	501(C)(3)	20,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
PEF ISRAEL ENDOWMENT FUNDS (FISCAL SPONSOR) - 630 THIRD AVENUE, #1501 - NEW YORK, NY 10017	13-6104086	501(C)(3)	10,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
WITNESS TO MASS INCARCERATION (WMI) - 111 WEST 71ST STREET, #4H - NEW YORK, NY 10023	82-5460402	501(C)(3)	10,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
WOMEN'S LINK WORLDWIDE (WLW) 99 WALL STREET, SUITE 502 NEW YORK, NY 10005	03-0371141	501(C)(3)	20,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

SCHEDULE I, PART I, LINE 2:

ALL U.S. BASED GRANTEES SIGN A CONTRACT THAT INDICATES THE TERMS OF THE GRANT. DURING EACH YEAR OF THE GRANT, JWFNY MEETS WITH AGENCY REPRESENTATIVES TWICE, IN PERSON OR BY PHONE, TO REVIEW THE PROGRESS OF THE PROJECT. IN ADDITION, AGENCIES SUBMIT A MID-YEAR AND END-OF-THE-YEAR REPORT DURING EACH YEAR OF THE GRANT. THE REPORTS INCLUDE A WRITTEN NARRATIVE AND A BUDGET TO DATE.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: APPETITE FOR CHANGE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

SUPPLEMENTAL INFORMATION

APPETITE FOR CHANGE USE FOOD AS A TOOL TO BUILD HEALTH, WEALTH, AND SOCIAL CHANGE IN NORTH MINNEAPOLIS. WE BRING PEOPLE TOGETHER TO LEARN, COOK, EAT, AND GROW FOOD, CREATING CHANGE THAT LASTS. THE GRANT FUNDS GENERAL OPERATING SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT:

PEF ISRAEL ENDOWMENT FUNDS (FISCAL SPONSOR)

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

SUPPLEMENTAL INFORMATION

PEF ISRAEL ENDOWMENT FUNDS IS THE FISCAL SPONSOR FOR THE BENEFIT OF CENTER FOR WOMEN'S JUSTICE (CWJ). CWJ SEEKS TO STRENGTHEN RELIGIOUS FREEDOM AND LIMIT THE AUTHORITY OF STATE-BACKED RELIGIOUS INSTITUTIONS OVER WOMENS BODIES. THIS GRANT FUNDS GENERAL OPERATING SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT:

PEF ISRAEL ENDOWMENT FUNDS (FISCAL SPONSOR)

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

SUPPLEMENTAL INFORMATION

PEF ISRAEL ENDOWMENT FUNDS IS THE FISCAL SPONSOR FOR THE BENEFIT OF CHOCHMAT NASHIM. CHOCHMAT NASHIM BELIEVES THAT JUDAISM IS BETTER WHEN WOMEN ARE HEARD. WITH VOICES IN POLICYMAKING, COMMUNITY ACTIVISM, AND RELIGIOUS DISCOURSE, WOMENS INVOLVEMENT WILL DIRECTLY ENGENDER A HEALTHIER, SUSTAINABLE JEWISH WORLD.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SOCIAL GOOD FUND (FISCAL SPONSOR)

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

SUPPLEMENTAL INFORMATION

SOCIAL GOOD FUND IS THE FISCAL SPONSOR FOR THE BENEFIT OF DAYENU. DAYENU

IS BUILDING A DYNAMIC, MULTI-GENERATIONAL MOVEMENT OF AMERICAN JEWS

COURAGEOUSLY CONFRONTING THE CLIMATE CRISIS.

NAME OF ORGANIZATION OR GOVERNMENT: DIMENSIONS EDUCATIONAL CONSULTING

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

SUPPLEMENTAL INFORMATION

THROUGH TRAINING, CONSULTANCY AND COMMUNITY EDUCATION, LEADERS ARE

EQUIPED TO ACHIEVE DIVERSITY, EQUITY AND INCLUSION. THIS GRANT FUNDS

GENERAL OPERATING SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR COMMUNITY STEWARDSHIP (C4CS) (FISCAL SPONSOR)

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

SUPPLEMENTAL INFORMATION

CENTER FOR COMMUNITY STEWARDSHIP (C4CS) IS THE FISCAL SPONSOR FOR THE

BENEFIT OF EDOT MIDWEST REGIONAL JEWISH DIVERSITY COLLABORATIVE (EDOT).

EDOT IS A NETWORK OF PARTNERSHIPS AND ACTIVITIES FOCUSED ON AFFIRMING

JEWISH RACIAL AND ETHNIC DIVERSITY ACROSS COMMUNITIES IN THE MIDWEST

REGION. INVESTING IN THE LEADERSHIP OF JEWISH PEOPLE OF COLOR (JOCS) IS

OUR DRIVER FOR CHANGE.

NAME OF ORGANIZATION OR GOVERNMENT: ESHEL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

Part IV Supplemental Information

SUPPLEMENTAL INFORMATION

ESHEL EDUCATES AND ADVOCATES FOR ACCEPTANCE OF LGBT JEWS AND THEIR FAMILIES IN ORTHODOX AND TRADITIONALLY JEWISH COMMUNITIES. THIS GRANT FUNDS GENERAL OPERATING SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: HATUA LIKONI

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

SUPPLEMENTAL INFORMATION

HATUA LIKONI PREPARES YOUTH TO THRIVE IN KENYAS WORKFORCE BY PROVIDING PROMISING, LOW-INCOME STUDENTS WITH ACCESS TO EDUCATION, CAREER GUIDANCE AND PROFESSIONAL NETWORKS. THIS GRANT FUNDS GENERAL OPERATING SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT:

MARLENE MYERSON JCC MANHATTAN (FISCAL SPONSOR)

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

SUPPLEMENTAL INFORMATION

MARLENE MYERSON JCC MANHATTAN (FISCAL SPONSOR) FOR THE BENEFIT OF JCC HARLEM. JCC HARLEM CREATES UNIQUE AND DIVERSE ACCESS POINTS TO JEWISH AND COMMUNAL LIFE FOR MEMBERS OF THE HARLEM COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: SUKKAT SHALOM INC. (FISCAL SPONSOR)

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

SUPPLEMENTAL INFORMATION

SUKKAT SHALOM INC. IS THE FISCAL SPONSOR FOR THE BENEFIT OF JWETINA Y CO. JWETINA Y CO. IS A JEWISH AND LATIN ORGANIZATION ON A MISSION TO NURTURE LATIN-JEWISH COMMUNITY, LEADERSHIP AND RESILIENCY, AND CELEBRATE LATIN-JEWISH HERITAGE AND MULTICULTURALISM.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FJC (FISCAL SPONSOR)

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

SUPPLEMENTAL INFORMATION

FJC IS THE FISCAL SPONSOR FOR THE BENEFIT OF JGIRLS MAGAZINE. JGIRLS
MAGAZINE PROVIDES A PLATFORM FOR SELF-IDENTIFYING JEWISH TEENAGE GIRLS TO
SHARE THEIR VOICES WITH THE WORLD AND EACH OTHER. IN DOING SO, THEY HAVE
THE OPPORTUNITY TO HONE THEIR COMMUNICATION SKILLS, SHARE THEIR
CHALLENGES AND VICTORIES, EXPLORE THEIR IDENTITIES, TALK ACROSS
DIFFERENCE, AND ENGAGE WITH A COMMUNITY OF PEERS ON THEIR OWN TERMS.

NAME OF ORGANIZATION OR GOVERNMENT:

JIMENA: JEWS INDIGENOUS TO THE MIDDLE EAST AND NORTH AFRICA

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

SUPPLEMENTAL INFORMATION

JIMENA AIMS TO ACHIEVE UNIVERSAL RECOGNITION FOR THE HERITAGE AND HISTORY
OF THE ONE MILLION INDIGENOUS JEWISH REFUGEES FROM THE MIDDLE EAST AND
NORTH AFRICA AND THEIR DESCENDANTS. OUR PROGRAMS AIM TO CREATE DEEPER
KNOWLEDGE AND BALANCE IN ATTITUDES, NARRATIVES, AND DISCOURSE ABOUT
MIDDLE EASTERN REFUGEES AND THE MODERN JEWISH EXPERIENCE.

NAME OF ORGANIZATION OR GOVERNMENT: KESHET

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

SUPPLEMENTAL INFORMATION

KESHET WORKS FOR THE FULL EQUALITY OF ALL LGBTQ JEWS AND OUR FAMILIES IN
JEWISH LIFE. THE GRANT FUNDS GENERAL OPERATING SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: LIVELYHOODS

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

Part IV Supplemental Information

SUPPLEMENTAL INFORMATION

LIVELYHOODS CREATES ECONOMIC EMPOWERMENT OPPORTUNITIES FOR DISADVANTAGED

YOUTH AND WOMENS. THIS GRANT FUNDS GENERAL OPERATING SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: MOTHER HEALTH INTERNATIONAL (MHI)

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

SUPPLEMENTAL INFORMATION

MOTHER HEALTH INTERNATIONAL (MHI). MHI PROVIDES RELIEF TO PREGNANT WOMEN

AND CHILDREN IN AREAS OF DISASTER, WAR AND EXTREME ECONOMIC POVERTY. THIS

GRANT FUNDS GENERAL OPERATING SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT:

MOTHERS AGAINST SENSELESS KILLINGS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

SUPPLEMENTAL INFORMATION

MASK BUILDS STRONGER COMMUNITIES THROUGH A FOCUS ON VIOLENCE PREVENTION,

FOOD INSECURITY, AND HOUSING. THE GRANT FUNDS GENERAL OPERATING SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT KESHER

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

SUPPLEMENTAL INFORMATION

PROJECT KESHERS MISSION IS TO BUILD JEWISH COMMUNITY AND ADVANCE CIVIL

SOCIETY BY DEVELOPING AND EMPOWERING WOMEN LEADERS. PROJECT KESHER WILL

EXPAND AND DEEPEN A SUSTAINABLE, GLOBAL NETWORK OF WOMEN LEADERS WHO ARE

STEEPED IN JEWISH VALUES AND WORK TO IMPROVE THE QUALITY OF THEIR LIVES

AND THEIR SOCIETIES.

NAME OF ORGANIZATION OR GOVERNMENT: S.O.U.L. FOUNDATION, INC.

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

SUPPLEMENTAL INFORMATION

S.O.U.L. FOUNDATION FOSTERS SUSTAINABLE AND VIBRANT UGANDAN COMMUNITIES THROUGH UNIQUE PARTNERSHIPS FOCUSED ON EDUCATION, WOMEN'S EMPOWERMENT, FOOD SECURITY, AND MATERNAL HEALTH. THE GRANT FUNDS GENERAL OPERATING SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: SVARA

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

SUPPLEMENTAL INFORMATION

SVARA TEACHES TALMUD THROUGH A TRADITIONALLY RADICAL LENS TO DEVELOP COURAGEOUS HUMANS WHO WORK TO CREATE A MORE JUST, PEACEFUL & HEALTHY WORLD. THIS GRANT FUNDS GENERAL OPERATING SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: THE MOSAIC PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

SUPPLEMENTAL INFORMATION

THE MOSAIC PROJECT WORKS TOWARD A PEACEFUL FUTURE BY UNITING CHILDREN OF DIVERSE BACKGROUNDS, PROVIDING THEM WITH ESSENTIAL COMMUNITY BUILDING SKILLS, AND EMPOWERING THEM TO BECOME PEACEMAKERS.

NAME OF ORGANIZATION OR GOVERNMENT:

T'RUAH: THE RABBINIC CALL FOR HUMAN RIGHTS

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

SUPPLEMENTAL INFORMATION

TRUAH BRINGS A RABBINIC VOICE AND THE POWER OF THE JEWISH COMMUNITY TO PROTECTING AND ADVANCING HUMAN RIGHTS IN NORTH AMERICA, ISRAEL, AND THE OCCUPIED PALESTINIAN TERRITORIES. THE GRANT FUNDS GENERAL OPERATING

Part IV Supplemental Information

SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT:

PEF ISRAEL ENDOWMENT FUNDS (FISCAL SPONSOR)

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

SUPPLEMENTAL INFORMATION

PEF ISRAEL ENDOWMENT FUNDS IS THE FISCAL SPONSOR FOR THE BENEFIT OF

WEPOWER. WEPower PROACTIVELY PROMOTES WOMENS LEADERSHIP TO THE HIGH

LEVELS OF DECISION-MAKING AND ELECTED POSITIONS. THIS GRANT FUNDS GENERAL

OPERATING SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: WITNESS TO MASS INCARCERATION (WMI)

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

SUPPLEMENTAL INFORMATION

WITNESS TO MASS INCARCERATION (WMI). WMI WORKS TO END MASS INCARCERATION

BY PLACING FORMERLY INCARCERATED WOMEN AND LGBTQIA+ EXPERIENCES AT THE

CENTER. THIS GRANT FUNDS GENERAL OPERATING SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN'S LINK WORLDWIDE (WLW)

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

SUPPLEMENTAL INFORMATION

WOMEN'S LINK WORLDWIDE (WLW). WLW USE THE POWER OF THE LAW TO PROMOTE

SOCIAL CHANGE THAT ADVANCES THE HUMAN RIGHTS OF WOMEN AND GIRLS,

ESPECIALLY THOSE FACING MULTIPLE INEQUALITIES. THE GRANT FUNDS GENERAL

OPERATING SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: TIDES FOUNDATION (FISCAL SPONSOR)

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV,

Part IV Supplemental Information

SUPPLEMENTAL INFORMATION

TIDES FOUNDATION IS THE FISCAL SPONSOR FOR THE BENEFIT OF WORLD WITHOUT
EXPLOITATION (WWE). WWE SERVES AS A VEHICLE THROUGH WHICH COALITION
MEMBERS CAN SHARE EXPERTISE AND SPEAK WITH ONE STRONG VOICE IN THE FIGHT
TO END HUMAN TRAFFICKING AND SEXUAL EXPLOITATION. THIS GRANT FUNDS
GENERAL OPERATING SUPPORT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization THE JEWISH WOMEN'S FOUNDATION OF N.Y. INC
C/O UJA-FEDERATION OF NEW YORK

Employer identification number
13-3897852

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMIE ALLEN BLACK CHIEF EXECUTIVE OFFICER	(i)	179,058.	0.	1,641.	5,624.	18,943.	205,266.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **THE JEWISH WOMEN'S FOUNDATION OF N.Y. INC**
C/O UJA-FEDERATION OF NEW YORK

Employer identification number
13-3897852

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	25,788.	SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

SCHEDULE M, LINE 32B:

THE ORGANIZATION UTILIZES INDEPENDENT BROKERS, THROUGH UJA-FEDERATION,
TO SELL SECURITIES CONTRIBUTED TO THE ORGANIZATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization	THE JEWISH WOMEN'S FOUNDATION OF N.Y. INC C/O UJA-FEDERATION OF NEW YORK	Employer identification number 13-3897852
--------------------------	---	--

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

(CONTINUED)

WHICH WE ALL HAVE EQUAL OPPORTUNITY FOR ECONOMIC, RELIGIOUS, SOCIAL AND

POLITICAL ACHIEVEMENT. WE WORK TO MAKE THIS A REALITY BY CULTIVATING

LEADERS FOR NOW AND THE FUTURE, FUNDING INNOVATIVE PROGRAMS AND

ADVOCACY EFFORTS, BY PROVIDING EDUCATION ON VITAL ISSUES, AND BY

ENCOURAGING OUR DONORS TO VIEW ALL PHILANTHROPIC GIVING THROUGH A

JEWISH AND GENDER LENS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

(CONTINUED)

POLICIES THAT POSITIVELY IMPACT MARGINALIZED COMMUNITIES AT THE LOCAL,

FEDERAL, AND INTERNATIONAL LEVEL. JWFNY IS UNIQUELY POSITIONED TO

CREATE LONG LASTING, SYSTEMIC, AND IMPACTFUL CHANGE. MEMBERS OF JWFNY

HAVE THE OPPORTUNITY TO HONE AND SHARE THEIR PHILANTHROPIC VOICE TO

AFFECT CHANGE IN NEW YORK, ISRAEL, AND AROUND THE GLOBE. SINCE OUR

INCEPTION IN 1995, JWFNY HAS AWARDED OVER \$6 MILLION TO MORE THAN 250

PROJECTS, PROGRAMS, AND ORGANIZATIONS.

FORM 990, PART VI, SECTION A, LINE 6:

UJA-FEDERATION OF NEW YORK (UJA-FEDERATION) IS THE SOLE MEMBER OF JWFNY.

FORM 990, PART VI, SECTION A, LINE 7A:

AS THE SOLE MEMBER OF THE ORGANIZATION, UJA-FEDERATION APPOINTS THE

DIRECTORS OF JWFNY'S GOVERNING BODY.

Name of the organization THE JEWISH WOMEN'S FOUNDATION OF N.Y. INC C/O UJA-FEDERATION OF NEW YORK	Employer identification number 13-3897852
--	--

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

DESCRIPTION OF PROCESS FOR PROVIDING FORM 990 TO THE GOVERNING BODY BEFORE

FILING:

THE FORM 990 WAS PROVIDED TO THE PRESIDENT AND TREASURER FOR THEIR REVIEW
AND APPROVAL PRIOR TO FILING. A COPY OF FORM 990 WAS THEN MADE AVAILABLE
TO THE FINANCE COMMITTEE AND BOARD OF DIRECTORS.

FORM 990, PART V, LINE 2A, NUMBER OF EMPLOYEES REPORTED ON FORM W-3

ALL PAYROLL FILINGS FOR THE JWFNY ARE REPORTED UNDER THE FEDERAL
EMPLOYER IDENTIFICATION NUMBER OF ITS SOLE MEMBER, UJA-FEDERATION. THE
JWFNY IS ALSO AN ENTITY INCLUDED WITHIN THE GROUP EXEMPTION (#8055)
FILED UNDER UJA-FEDERATION. UJA-FEDERATION'S 990 FILING INCLUDES THE
APPLICABLE PAYROLL REPORTING.

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

JWFNY HAS A FORMAL CONFLICT OF INTEREST POLICY. IN ADDITION, GRANTS
COMMITTEE MEMBERS ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST FORM IF
THEY SIT ON THE BOARD OF DIRECTORS OR MAINTAIN A SPECIAL RELATIONSHIP WITH
ANY OF THE AGENCIES APPLYING FOR A GRANT. THE ORGANIZATION ASKS AND
REMINDS THE GRANTS COMMITTEE TO SUBMIT THIS CONFLICT FORM THROUGHOUT THE
GRANT CYCLE.

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

JWFNY UTILIZES THE SERVICES OF THE VICE PRESIDENT OF HUMAN RESOURCES OF
UJA-FEDERATION, THE SOLE MEMBER, TO HELP DETERMINE COMPENSATION FOR THEIR
EXECUTIVE DIRECTOR.

Name of the organization	THE JEWISH WOMEN'S FOUNDATION OF N.Y. INC C/O UJA-FEDERATION OF NEW YORK	Employer identification number 13-3897852
--------------------------	---	--

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND WHISTLEBLOWER POLICIES AVAILABLE TO THE PUBLIC UPON REQUEST. NO SEPARATE FINANCIAL STATEMENTS ARE ISSUED FOR JWFNY. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SOLE MEMBER, UJA-FEDERATION. UJA-FEDERATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE ON ITS WEBSITE AND UPON REQUEST.

FORM 990, PART VII, COMPENSATION OF OFFICERS AND DIRECTORS

SECTION A, COLUMN B - AVERAGE HOURS PER WEEK

LAY LEADERSHIP DEVOTES A SIGNIFICANT AMOUNT OF TIME TO THE AFFAIRS OF JWFNY. AS THE ORGANIZATION DOES NOT MAINTAIN A SYSTEM FOR TRACKING VARIOUS HOURS WORKED BY THESE NON-COMPENSATED INDIVIDUALS, NO AVERAGE HOURS PER WEEK WERE INDICATED FOR THESE LISTED DIRECTORS AND/OR OFFICERS.

FORM 990, PART IX, STATEMENT OF FUNCTIONAL EXPENSES, LINE 11G

CONSULTANT SERVICES FOR TA'AMOD PROGRAM \$110,330

PROFESSIONAL DEVELOPMENT FOR THE COHORTS \$62,237

OTHER CONSULTANT SERVICES \$121,963 :

EXECUTIVE COACHING \$9,863

FEASIBILITY STUDY AND DEVELOPMENT PLAN \$25,000

GRANT WRITING \$17,100

BOARD DEVELOPMENT \$30,000

CURRICULUM DEVELOPMENT \$40,000

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **THE JEWISH WOMEN'S FOUNDATION OF N.Y. INC**
C/O UJA-FEDERATION OF NEW YORK

Employer identification number
13-3897852

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2020

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK, INC.	P	757,000.	ACTUAL EXPENSE AMOUNTS
(2)			
(3)			
(4)			
(5)			
(6)			

