PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 43-09-02

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Form	Э	Э	U

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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



AF	or the 20	020 calendar year, or tax year beginning and	ending		
B C a	heck if pplicable:	C Name of organization		D Employer identific	cation number
	Address change	WNY WOMEN'S FOUNDATION, INC.			
	Name change	Doing business as		27-41546	72
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	742 DELAWARE AVENUE		716-887-2	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	608,606.
	Amended return	BUFFALO, NY 14209		H(a) Is this a group re	
	Applica- tion pending	F Name and address of principal officer: SHERI L. SCAVONE		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		pt status: $X = 501(c)(3) = 501(c) () < (insert no.) = 4947(a)(1)$	or 527	If "No," attach a	list. See instructions
		► WWW.WNYWOMENSFOUNDATION.ORG		H(c) Group exemption	
		ganization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 2010 N	State of legal domicile: NY
Ра		ummary			
e		efly describe the organization's mission or most significant activities: <u>ALL</u>			
Activities & Governance		PORTUNITY TO THRIVE LEADING TO A VIBRAN	-		
erna		eck this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	1 1	
Ň					28
ۍ ه		mber of independent voting members of the governing body (Part VI, line 1b)			28
ies		tal number of individuals employed in calendar year 2020 (Part V, line 2a)			7
ivit		tal number of volunteers (estimate if necessary)			
Act		tal unrelated business revenue from Part VIII, column (C), line 12			0.
	b Ne	t unrelated business taxable income from Form 990-T, Part I, line 11			
	•			Prior Year 754,892.	Current Year 603,112.
ne		ntributions and grants (Part VIII, line 1h)		0.	005,112.
Revenue		ogram service revenue (Part VIII, line 2g)		9,547.	5,494.
Re		restment income (Part VIII, column (A), lines 3, 4, and 7d)		-8,772.	<u> </u>
		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		755,667.	608,606.
		ants and similar amounts paid (Part IX, column (A), lines 1-3)		141,488.	235,511.
		nefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		316,944.	356,149.
ses		ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		tal fundraising expenses (Part IX, column (D), line 25)			
ĔĂ		her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		105,326.	117,637.
		tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		563,758.	709,297.
		venue less expenses. Subtract line 18 from line 12		191,909.	-100,691.
or		· · · · · · · · · · · · · · · · · · ·		ginning of Current Year	End of Year
Assets Balanc		tal assets (Part X, line 16)		2,966,384.	3,055,384.
Ase	21 To	tal liabilities (Part X, line 26)		52,670.	37,339.
- Lund		t assets or fund balances. Subtract line 21 from line 20		2,913,714.	3,018,045.
Pa	rt II 🛛	Signature Block			
Lind					1 1 1 1 1 1 1 1 1

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	Signature of officer		Date
Here	SHERI L. SCAVONE, EXECU	JTIVE DIRECTOR	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature Date	Check PTIN
Paid	SARAH M. HOPKINS	SARAH M. HOPKINS 08/11	L/21 self-employed P02010701
Preparer	Firm's name 🕨 LUMSDEN & MCCORMI		Firm's EIN 🕨 16-0765486
Use Only	Firm's address 369 FRANKLIN STRE	CET	
	BUFFALO, NY 14202	2	Phone no. (716)856-3300
May the II	S discuss this return with the preparer shown abov	ve? See instructions	X Yes No
032001 12-2	LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Form 990 (2020)

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Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO CREATE A CULTURE OF POSSIBILITY SO EACH WOMAN AND GIRL CAN LIVE,
	GROW AND LEAD TO HER FULLEST POTENTIAL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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. (Code:) (Expenses \$ 457,241. including grants of \$ 222,186.) (Revenue \$)
4a	(Code:) (Expenses \$ 457,241. including grants of \$ 222,186.) (Revenue \$) MOMS:THE WNY WOMEN'S FOUNDATION HAS CREATED THE PROGRAM MODEL, MOMS:
	FROM EDUCATION TO EMPLOYMENT, BASED ON RESEARCH ON THE BARRIERS SINGLE
	MOTHERS OFTEN FACE WHEN COMPLETING THEIR EDUCATION AND WORKFORCE
	TRAINING. SINCE 2013, WE HAVE PARTNERED WITH LOCAL COMMUNITY COLLEGES
	TO IMPLEMENT THE PROGRAM IN ORDER TO IMPROVE RETENTION, GRADUATION, AND
	EMPLOYMENT RATES WITHIN REGIONAL ECONOMIC COUNCIL TARGETED HIGH DEMAND,
	HIGH WAGE FIELDS SUCH AS HEALTH, TOURISM, AND SCIENCE, TECHNOLOGY,
	ENGINEERING AND MATH (STEM). IN 2020, MOMS WAS EXPANDED FROM 3
	COMMUNITY COLLEGES TO ADD 2 WORKFORCE CERTIFICATION EDUCATION PARTNERS
	IN THE CITY OF BUFFALO, EXPANDING ACCESS TO TRAINING LEADING TO A
	FAMILY SUSTAINING JOB.
4b	(Code:) (Expenses \$13,331. including grants of \$13,325.) (Revenue \$)
	IMPACT GRANTS ARE DESIGNED TO SERVE THE NEEDS OF ADOLESCENT GIRLS. EACH
	PROGRAM VARIES BY GEOGRAPHIC LOCATION, PROGRAM OFFERINGS AND
	EXPERIENCES. THESE AFTER SCHOOL PROGRAMS OFFER OPPORTUNITIES FOR OVER 240 YOUNG WOMEN BETWEEN THE AGES OF 10 AND 18 TO BUILD SELF-ESTEEM,
	DEVELOP NEW SKILLS, AND ENHANCE INTERPERSONAL RELATIONSHIPS - ALL OF
	WHICH WILL LEAD TO POSITIVE ACADEMIC, SOCIAL, AND EMOTIONAL CHANGES. IN
	ADDITION TO FINANCIAL SUPPORT, THE IMPACT GRANT PARTNERS RECEIVE
	"VALUE-ADDED" EXPERIENCES AND CONNECTIONS THAT ENHANCE THE GIRLS'
	EXPERIENCES AND PROGRAMMATIC CAPACITY.
4c	(Code:) (Expenses \$34,549. including grants of \$) (Revenue \$)
	LIVE WELL INITIATIVES: THE FOUNDATION RECEIVED GRANT FUNDING TO
	STRATEGICALLY DRIVE MORE ELIGIBLE PARENTS TO KNOW ABOUT AND ACCESS
	CHILD CARE SUBSIDIES. THE FOUNDATION PARTNERED WITH 211 WNY AND NYS WORKFORCE DEVELOPMENT INITITIAVE TO ACHIEVE THIS.
	WORKFORCE DEVELOPMENT INITITIAVE TO ACHIEVE THIS.
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 505,121.
<u>4e</u>	Total program service expenses ► 505,121.
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Part IV Checklist of Required Schedules

WNY WOMEN'S FOUNDATION, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	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? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		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?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	х	
h	Part VI	<u>11a</u>	~	
D		11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
• -	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

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 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			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? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u>x</u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Do	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				37
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-	x	
00000	(gambling) winnings to prize winners?	1c		(2020)
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Form 990				FOUNDATION,		
Part V	St	atements Regard	ing Other IR	S Filings and Tax	Compliance	(continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file form 2000 To			5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
0a				6a		х
h	any contributions that were not tax deductible as charitable contributions?					
, N	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices i	provided to the pavor?	7a	х	
b				7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	:t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
~				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a h				9a 9b		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			90		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter:					
а		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	•	44-		X
				14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			14b	$\left \right $	
15	excess parachute payment(s) during the year?			15		х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					

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WNY WOMEN'S FOUNDATION, INC.

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

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

		1 1			Yes	N
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	28			
	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 0.		20			
	Enter the number of voting members included on line 1a, above, who are independent		28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other				
	officer, director, trustee, or key employee?			2		X
	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	-				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockholders, or				
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:				
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
		,			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	-		10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done	,		12c	х	
3	Did the organization have a written whistleblower policy?			13	Х	
	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approva					
U	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	x	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			130		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	popt with a				
Ua	to active at the standard state of the second			160		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			16a		- 23
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		1			
				104		
	exempt status with respect to such arrangements?			16b		
	List the states with which a copy of this Form 990 is required to be filed NY		501 (-)(0)			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-1 (Section	1 50 1 (C)(3)5	s oniy)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply.					
		on Schedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest p	policy, and	financ	cial	
	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 boo	oks and records	▶			
	SHERI SCAVONE - 716-887-2621					
	742 DELAWARE AVENUE, BUFFALO, NY 14209					(202

Form	990	(2020)
	330	

Part VII	Compensation of Officers, Director	ors, Trustees, Key Employees	, Highest Compensated
	Employees, and Independent Con	tractors	

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 Т

(A)	(B))			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar	laaa	recio	r/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	al trus		yee	mpen		(00-2/1033-10130)		and related
	below	idual t	In stit utio nal tru stee	5	Key employee	est co oyee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			0
(1) SHERI SCAVONE	60.00									
EXECUTIVE DIRECTOR				Х				111,532.	0.	9,490.
(2) ANDREA VOSSLER, ESQ.	3.00									
CHAIR		Х		Х				0.	0.	0.
(3) TERESA BAIR, ESQ.	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) NICOLE NOBEL, LCSW-R	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) JEANETTE M. ROBE, CPA	3.00									
TREASURER		Х		Х				0.	0.	0.
(6) LENORA B. FOOTE-BEAVERS, ESQ.	2.00									
SECRETARY		Х		Х				0.	0.	0.
(7) CHRISTINE BONAGUIDE, ESQ.	1.00									
DIRECTOR		Х						0.	0.	0.
(8) HELEN CAPPUCCINO, MD	1.00									
DIRECTOR		Х						0.	0.	0.
(9) REBECCA COLLINS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) BETSY CONSTANTINE	2.00									
DIRECTOR		Х						0.	0.	0.
(11) KATHERINE S. CONWAY-TURNER, PHD	1.00									
DIRECTOR		Х						0.	0.	0.
(12) MARY ANN COULSON	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JACKIE SANCHEZ CULLITON	2.00									
DIRECTOR		Х						0.	0.	0.
(14) GRETCHEN GEITTER	1.00									
DIRECTOR	1	Х						0.	0.	0.
(15) CAROLYN HUMAN	1.00									
DIRECTOR	1	Х						0.	0.	0.
(16) KAWANZA HUMPHREY	1.00	I						_		•
DIRECTOR	0.00	Х						0.	0.	0.
(17) ALICE JACOBS, ESQ.	2.00	I						_		•
DIRECTOR		Х						0.	0.	0.
032007 12-23-20										Form 990 (2020)

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orm 990 (2020) WNY WOMEN'S FOUNDATION, INC. 27-4154672 Page 8										
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploye	ees,	and	High	nest C	ompensated Employee	s (continued)		
(A)	(B)			(C))		(D)	(E)	(F)	
Name and title	Average	(do		Posit		an one	Reportable	Reportable	Estima	ted
	hours per	box,	unles	s pers	son is b	ooth an	compensation	compensation	amoun	t of
	week		cer and	d a dire	ector/t	trustee)	from	from related	othe	r
	(list any	ector					the	organizations	compens	
	hours for related	or di	ee		ated	aren	organization	(W-2/1099-MISC)	from t	
	organizations	ustee	truste		e		(W-2/1099-MISC)		organiza	
	below	ual tru	ional		ploye	ee			and rela	
	line)	Individual trustee or director	n stit utio nal tru stee	Officer	(ey employee Hinhest comp	employee Former			organiza	lions
(18) LISA KIRISITS, CPA, MBA	1.00	-		0	<u>× =</u>	- a) LL				
DIRECTOR		х					0.	0.		0.
(19) ALLISON KUPFERMAN	1.00									
DIRECTOR		х					0.	0.		0.
(20) GIA MANLEY	1.00									
DIRECTOR	1.00	х					0.	0.		0.
(21) CINDY ODOM	1.00	Δ		_	-					0.
DIRECTOR	1.00	х					0.	0.		0.
	1.00	Δ		_	+	_	0.	0.		0.
(22) ADRYAN PARKS	1.00	77								0
DIRECTOR	1 0 0	Х			_		0.	0.		0.
(23) PAULA JOY REINHOLD	1.00									•
DIRECTOR	1	Х					0.	0.		0.
(24) ALLISON SAGRAVES	1.00									
DIRECTOR		Х					0.	0.		0.
(25) SUSANNA SCHENK	1.00									
DIRECTOR		Х					0.	0.		0.
(26) SIOBHAN SMITH	1.00									
DIRECTOR		Х					0.	0.		0.
1b Subtotal 111,532. 0.						9,4	190.			
c Total from continuation sheets to Part VII, Section A								0.		
d Total (add lines 1b and 1c)							190.			
2 Total number of individuals (including but no						who r	eceived more than \$100.	000 of reportable		
compensation from the organization					,					1
									Yes	No
3 Did the organization list any former officer,	director trust	oo k		mnlo		or hid	nhest compensated emp	lovee on		
line 1a? If "Yes," complete Schedule J for su	-			•					3	x
									5	
4 For any individual listed on line 1a, is the su										x
and related organizations greater than \$150	,		'						4	
5 Did any person listed on line 1a receive or a									-	v
rendered to the organization? <i>If</i> "Yes," com	plete Schedule	e J fo	or su	ch pe	ersor	<u>n</u>			5	X
Section B. Independent Contractors										
1 Complete this table for your five highest con	•	•						•	tion from	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g wit	th or	withir		ear.		
(A)	addraaa						(B)		(C)	~ ~
Name and business	address	NC	ONE				Description of s		ompensati	on
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	to th	nose	listec	above) who received m	ore than		
\$100,000 of compensation from the organiz	•				0					
SEE PART VII, SECTION		IN	UA'	ΓIC	DN	SHE	EETS		Form 990	(2020)
032008 12-23-20										. ,

Part VII Section A. Officers, Directors, Trus (A) Name and title	stees, Key En (B) Average hours per week (list any hours for related organizations below line) 1.00 1.00	stee or director		(C Pos	C) ition		ly)	Compensated Employe (D) Reportable compensation from the organization (W-2/1099-MISC)	ees (continued) (E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
Name and title	Average hours per week (list any hours for related organizations below line) 1.00	Individual trustee or director	neck	Posi all t	ition that	app	-	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related
(27) TONI VAZQUEZ	week (list any hours for related organizations below line) 1.00		Institutional trustee	Officer	Key em ployee	hest com pen sated em ployee		the organization	organizations	compensation from the organization and related
F		х				Hig	Former			organizations
	1.00	Δ						0.	0.	0.
(28) THERESE M. VITA										0.
DIRECTOR		х						Ο.	0.	0.
(29) LAURA ZAEPFEL	1.00									
DIRECTOR		х						Ο.	0.	0.
·										
Total to Part VII, Section A, line 1c		<u></u>		<u></u>						

032201 04-01-20

Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Revenue Unrelated business revenue Unrelated business revenue Revenue excluder from tax under sections 512 - 51 status 1 a Federated campaigns 1 a 1 b Revenue excluder from tax under sections 512 - 51 status C Fundraising events 1 c 134,327. 1 d Revenue excluder from tax under sections 512 - 51 e Government grants (contributions) 1 d 92,712. 1 d 1 g \$ g Noncash contributions included above 1 g \$ 603,112. 1 d 1 d g Noncash contributions included in lines 1a-11 1 g \$ 0 d 1 d 1 d g Ald other contributions included above 1 d 1 d 1 d 1 d g Noncash contributions included in lines 1a-11 1 d 1 d 1 d 1 d g I Ald other program service revenue I I I I I g Total. Add lines 2a-2f I I I I I				2020) WNY WOMEN'S	FOUNDATIO	N, INC.		27-4154	672 Page 9
Image: second	Pa	rt V	111	Statement of Revenue					
Total revenue Pertue acubes Pertue acubes Total revenue Pertue acubes Total revenue Total revenue Demonstrations Colspan="2">Pertue acubes Colspan="2">Pertue acubes OPERTUE acubes OPERTUE acubes Colspan="2">Pertue acubes Colspan="2">Colspan="2">Pertue acubes OPERTUE acubes <th< td=""><td></td><td></td><td></td><td>Check if Schedule O contains a respons</td><td>e or note to any lin</td><td>(</td><td>(5)</td><td>(0)</td><td></td></th<>				Check if Schedule O contains a respons	e or note to any lin	((5)	(0)	
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go of set of the set of	s, o lini		е	Government grants (contributions) 1e	92,712.				
go of set of the set of	tion S		f	All other contributions, gifts, grants, and					
go of set of the set of	ibu				376,073.				
go of set of the set of	and the second		÷.			602 110			
george georg	<u>ų p</u>		h	Total. Add lines 1a-1f		603,112.			
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contributions reported on line 1c). See Ba 0. Part IV, line 18 Ba 0. b Less: direct expenses Bb 0. c Net income or (loss) from fundraising events 0. 0. 9 a Gross income from gaming activities. See 9a 9a Part IV, line 19 9a 9a b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities. See 9a nd allowarces 9b 0. b Less: cost of goods sold 10a c Net income or (loss) from sales of inventory. 0. stincome or (loss) from sales of inventory 0. b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 0. c dial other revenue 0. c dial other revenue 0. c dial other revenue 0. c dial trevenue. See instructions 608, 606. 0. 12 Total revenue. See instructions 608, 606. 0.	ler								
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory c All other revenue e Total revenue. See instructions 608, 606. 0.					-				
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold 10 a c Net income or (loss) from sales of inventory b Less: cost of goods sold 10 a c Net income or (loss) from sales of inventory b Less: cost of goods sold c All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions				· · · · · · · · · · · · · · · · · · ·					
Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities and allowances 10a b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory c Mathematical sector d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions						0.			
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c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory b Business Code b Solution c All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions									
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and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory b Business Code b					····· P				
b Less: cost of goods sold 10b 0000000000000000000000000000000000		10	a	-	0a				
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e Total. Add lines 11a-11d ► 608,606 0. 0. 5,494				, ,,,,,,,					
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e Total. Add lines 11a-11d ► 608,606 0. 0. 5,494	Misc								
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					····· P	000,000.	<u> </u>	U •	

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11

WNY WOMEN'S FOUNDATION, 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).

INC.

	Check if Schedule O contains a respons		(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	005 544			
	and domestic governments. See Part IV, line 21	235,511.	235,511.		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	101 000		10 100	04 207
	trustees, and key employees	121,990.	85,395.	12,198.	24,397
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)		112 520	00 210	C1 E10
7	Other salaries and wages	195,575.	113,739.	20,319.	61,517
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10 071	E 577	1 056	2 420
9	Other employee benefits	10,071.	5,577.	1,056.	3,438
10	Payroll taxes	28,513.	17,815.	۷,944.	1,110
11	Fees for services (nonemployees):				
	Management				
b					
	Accounting				
	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,	26 270	6 7 7 7	17 240	2 400
	column (A) amount, list line 11g expenses on Sch 0.)	26,379. 27,578.	6,722. 27,578.	17,248.	2,409
12	Advertising and promotion	21,753.	3,533.	4,242.	13,978
13	Office expenses	21,755.	5,555.	4,242.	13,970
14	Information technology				
15	Royalties	13,070.	8,166.	1,339.	3,565
16		703.	593.	80.	30
17 18		705.		00.	50
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	505.	492.	13.	
19 20	Conferences, conventions, and meetings		494.	- L J •	
20 21	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization				
22 23	Insurance	2,132.		2,132.	
23 24	Other expenses. Itemize expenses not covered	2,152.		2,152.	
24	above (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ESTIMATED UNCOLLECTIBLE	22,883.		22,883.	
b		,		,	
c					
d					
	All other expenses	2,634.		1,533.	1,101
25	Total functional expenses. Add lines 1 through 24e	709,297.	505,121.	85,965.	118,211
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 Fight following SOP 98-2 (ASC 958-720)				

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032010 12-23-20

Form 990 (2020)

11360811 783816 R0324800.00

Form 990 (2020)

Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net

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

WNY WOMEN'S FOUNDATION, INC. Part X | Balance Sheet

494,864. 412,971. 1 1 508,950. 562,868. 2 2 137,779. 114,231. 3 3 4 4 5 5 6 6 7 7 Assets 8 Inventories for sale or use 8 2,415. 2,459. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other <u>20,2</u>65. basis. Complete Part VI of Schedule D _____ 10a 19,470. 0. 795. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 1,822,376. 1,962,060. 15 15 Other assets. See Part IV, line 11 2,966,384. 3,055,384. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 37,339. 52,370. Accounts payable and accrued expenses 17 17 18 18 Grants payable 300. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 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 25 52,670. 37,339. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 2,557,213. 27 2,755,137. 27 Net assets with donor restrictions 356,501. 262,908. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 3,018,045. 2,913,714. Total net assets or fund balances 32 32 2,966,384. 3,055,384. 33 33 Total liabilities and net assets/fund balances

Form 990 (2020)

(B)

End of year

(A)

Beginning of year

	990 (2020) WNY WOMEN'S FOUNDATION, INC.	27 - 415	4672	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	608		
2	Total expenses (must equal Part IX, column (A), line 25)	2	709	-	
3	Revenue less expenses. Subtract line 2 from line 1	3	-100	-	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,913	,71	14.
5	Net unrealized gains (losses) on investments	5			
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	205	,02	22.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	3,018	,04	<u>15.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			. 2a	_	<u>X</u>
	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?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	0			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form		0000

Form **990** (2020)

SCHE	DUL	.E A
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the	organization
-------------	--------------

Nan	ne of	the organization			~				Identification number
Da				UNDATION, INC					7-4154672
Ра	rt I	Reason for Public (Sharity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	orgar	nization is not a private found	ation because it is:	(For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or associati	on of churches described	in sectio	on 170(b)(1	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	onjunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	ollege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go	vernment or governi	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-					e general r	oublic described in
		section 170(b)(1)(A)(vi). (C	-		5			5	
8		A community trust describe)(1)(A)(vi), (Complete Parl	EIL)				
9	\square	An agricultural research or				ed in coniu	unction with a	land-grant	college
-		or university or a non-land-	-			-		-	-
		university:	, and conlege of agin				, and clare e.		
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membersh	in fees and	d aross receipts from
		activities related to its exen	•					-	•
		income and unrelated busin		-					-
		See section 509(a)(2). (Co				ses acqui	red by the org	anization a	
11		An organization organized	• •	sively to test for public sat	foty Soo	coction 5($\Omega(a)(4)$		
12	H	An organization organized a	•		•			m out the	purposes of one or
12		more publicly supported or	•	•			-		
			-						
_		lines 12a through 12d that	• •			-		-	
а		Type I. A supporting orga		-	• • • •	-			
		the supported organization			majority c	of the aired	ctors or trustee	es of the su	ipporting
		organization. You must o	-					- (-)	•
b		Type II. A supporting org	-				-		•
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	orted
		organization(s). You mus	-						
С		Type III functionally inte	• • • •					ly integrate	d with,
		its supported organizatio		· ·			-		
d		Type III non-functionally	• •						
		that is not functionally int	с С	e ,			•	an attentiv	/eness
		requirement (see instruct	,	•					
е		Check this box if the orga					Туре I, Туре	I, Type III	
		functionally integrated, or	• •	onally integrated supporting	ng organiz	ation.			[
		er the number of supported of	•						
g		vide the following information (i) Name of supported	i about the support (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetany	(vi) Amount of other
		organization		(described on lines 1-10	in your governi	ing document?	support (see ir		support (see instructions)
		organization		above (see instructions))	Yes	No			
Tota	al								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 15

Schedule A (Form 990 or 990-EZ) 2020 WNY WOMEN'S FOUNDATION, INC. Part II Support Schedule for Organizations Described in Sections 170

27-4154672 Page 2

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.)

See	ction A. Public Support	-					
Cale	ndar 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.")	695,331.	634,647.	467,821.	818,890.	603,112.	3219801.
2	Tax revenues levied for the organ- ization'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	695,331.	634,647.	467,821.	818,890.	603,112.	3219801.
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)						390,349.
	Public support. Subtract line 5 from line 4.						2829452.
See	ction B. Total Support		F	[[[
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	695,331.	634,647.	467,821.	818,890.	603,112.	3219801.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,					F 404	1 - 0 4 1
	and income from similar sources				9,547.	5,494.	15,041.
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.)						3234842.
	Total support. Add lines 7 through 10		````				3234042.
	Gross receipts from related activities,		,				
13	First 5 years. If the Form 990 is for th						
Ser	organization, check this box and stor ction C. Computation of Publi						
	Public support percentage for 2020 (I		-	olumn (f))		14	87.47 %
	Public support percentage for 2020 (i Public support percentage from 2019		•			15	86.18 %
	33 1/3% support test - 2020. If the c						
108	stop here. The organization qualifies						N 37
F	33 1/3% support test - 2019. If the d		•			or more, check thi	······································
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test					und line 14 is 10% (
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		withow the organiz	
۲	10% -facts-and-circumstances test	•	• •	,	•		
~	more, and if the organization meets the	•					
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization		•		• •		
	<u> </u>		,			edule A (Form 990	

Schedule A (Form 990 or 990 EZ) 2020 WNY WOMEN'S FOUNDATION, INC. 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.)

16 Public support percentage from 2019 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 10 %	Sec	ction A. Public Support		1		1	1	
arrow of the service of the organization's tax events break of the organization's tax events the the organization's tax events the tax of tax events the tax of tax events tax events the tax of tax events tax event	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Include any 'unusual grants') 2 Gross receipts from activities in any activity that is related to the organization's take-emerit purpose 3 Gross receipts from activities that are not an unpacted trade to the organization's take-emerit purpose 3 Gross receipts from activities that are not an unpacted trade to the organization's take-emerit purpose 3 Gross receipts from activities that are not an unpacted trade to the organization's take-emerit purpose 3 Gross receipts from activities that are not an unpacted trade to the organization's take-emerit purpose 3 Gross receipts from activities that are not an unpacted trade to the organization's take-emerit purpose 3 Gross receipts from activities that are not an unpacted trade to the organization's take-emerit purpose 3 Gross receipts from activities that are not an unpacted trade to the organization's take-emerit purpose 3 Gross receipts from activities that are not an unpacted trade to the organization without charge 6 Total. Acti Inters 1 Travity 5 5 Device 1 Statistics of the statistics of the organization activities that are not an unpacted trade to the organization unpacted trade to the statistics of the statistics of the statistics of the statistic trade to the statistic trade to the statistics of the statistic trade to the statistic tra	1	Gifts, grants, contributions, and						
2 Gross receipts from admissions, methandings and one of the organization's tax-exempt purpose 3 Gross receipts from admissions and the organization's tax-exempt purpose 3 Gross receipts from admitse that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's tax-exempt purpose 4 Tax revenues levied for the organization's tax-exempt purpose 5 That value or services or takities 4 Tax revenues levied for the organization's tax-exempt purpose 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 8 received from disquified persons 9 exercise particles or the services or takities 9 exervices or takities 9 exervices or the services or takities 9 exervices or the services or takities 9 exervices or the services or takities 9 exervices o		membership fees received. (Do not						
metchadies add or services performed, or facilities turbited in any activity that is related to the organization's backeting purpose Image: construction of the		include any "unusual grants.")						
are not an unrelated trade or bus- hess under section 513	2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	3							
tation's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to fue organization without charge for Total. Add lines 1 Inrough 5 Ta Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and b Amounts form lines included on lines 1, 2, and b Amounts form lines included on lines 1, 2, and b Amounts included on lines 1, 2, and b Amounts included on lines 1, 2, and b Amounts form lines included on line 1, 2, and b Amounts form lines included on line 1, 2, and b Amounts form lines included on line 1, and to the experime science of the e		iness under section 513						
5 The value of services or facilities furnished by a governmental unit to the organization without charge Image: Constraint of the organization without charge 6 Total. Add lines 1 through 5 Image: Constraint of the organization without charge Image: Constraint of the organization without charge 6 Total. Add lines 1 through 5 Image: Constraint of the organization without charge Image: Constraint of the organization without charge 6 Total. Add lines 1 through 5 Image: Constraint of the organization without charge Image: Constraint of the organization of the organization of the organization of the organization without charge 9 Anounts from the 8 Image: Constraint of the organization of the ore	4	ization's benefit and either paid to						
function of the organization without charge	5							
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		furnished by a governmental unit to						
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Schedule A (Form 990 or 990-EZ) 2020 WNY WOMEN'S FOUNDATION, INC.

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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)? 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.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Schedule A (Form 990 or 990-EZ) 2020 WNY WOMEN'S FOUNDATION, INC.

Pa	rt 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? 11a		
b	A family member of a person described in line 11a above? 11b		
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
See	ction 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</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> 1		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? 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.		
Se	tion C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s)		

the supported organization(s). Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the	e organization used to satisi	y the Integral Part Test during	the year (see instructions).
---	---	-------------------------------	---------------------------------	------------------------------

- a The organization satisfied the Activities Test. *Complete* line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗋	The organization s	upported a government	tal entity. Describe i	n Part VI how	you supported a	governmental entity	(see instructions).
-----	--------------------	-----------------------	------------------------	---------------	-----------------	---------------------	---------------------

19

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- 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? 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.
- **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? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

11360811 783816 R0324800.00

Schedule A	(Form 990 or 990-EZ) 2020	WNY WO	MEN'S FC	OUNDATION,	INC.
Part V	Type III Non-Functio	onally Integ	grated 509(a	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.

Sect	on 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		
	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	on 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	Check here if the current year is the organization's first as a non-functiona	lly integrator		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990 EZ) 2020 WNY WOMEN'S FOUNDATION, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
	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: \$				
<u>a</u>	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, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

chedule A (Form 990 or 990-EZ) 2020 WNY	WOMEN'S	FOUNDATION	, INC.	27-4154672 _{Page}
	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3d line 1; Part IV, Section D, lines 2 ar Section D, lines 5, 6, and 8; and Pa (See instructions.)	id 3; Part IV, Se	ECTION E, lines 1C, 2a,	2b, 3a, and 3b, Pan	art II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C, : V, line 1; Part V, Section B, line 1e; Part V, t for any additional information.

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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service ** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

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

INC.

OMB No. 1545-0047

2020

Employer identification number

Name of the organization	
W	NY

Organization type (check one):

27-4154672

Filers of:	Section:
Form 990 or 990-EZ	X 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

WOMEN'S 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

X 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 \dots \blacktriangleright \$

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).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

WNY WOMEN'S FOUNDATION, INC.

Name of organization

Employer identification number

27-4154672

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 16,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 15,060. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 30,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 16,250. Noncash \$ (Complete Part II for noncash contributions.) 023452 11-25-20

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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WNY WOMEN'S FOUNDATION, INC.

Name of organization

Employer identification number

27-4154672

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 34,549. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 58,163. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 29,258. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 X Person Payroll Noncash 110,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

11360811 783816 R0324800.00

2020.04010 WNY WOMEN'S FOUNDATION, I R0324801

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Name of organization

Employer identification number

27 - 4154672

WNY WOMEN'S FOUNDATION, INC.

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

	Noncash Property (see instructions). Use duplicate copies of Part	II II additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)		v	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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Page **4**

Name of orga	anization		Employer identification numb
Part III			27 - 4154672 section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	ntry. For organizations r less for the year. (Enter this info. once.) *
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transfer of gif	ift Relationship of transferor to transferee
- - (a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			<u> </u>
-	Transferee's name, address, ar	(e) Transfer of gif nd ZIP + 4	Relationship of transferor to transferee
- - (a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif	ift Relationship of transferor to transferee
-			

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023454 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEDULE C Political Campaign and Lobbying Activities						OMB No. 1545-0047
(Form 990 or 990-EZ)		anizations Exempt From Incom	-	-		2020
		if the organization is described				Open to Public
Department of the Treasury Internal Revenue Service	Inspection					
If the organization ans	wered "Yes," on	Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, li	ne 46 (Political Cam	paign Ac	tivities), then
	•	plete Parts I-A and B. Do not com	•			
		11(c)(3)) organizations: Complete F	Parts I-A and C below	. Do not complete Pa	rt I-B.	
• Section 527 organiz	•			ine 47 (Lebbring Act		h
		Form 990, Part IV, line 4, or For nave filed Form 5768 (election und				
	•	nave NOT filed Form 5768 (election difference)	(//	•		
	•	Form 990, Part IV, line 5 (Proxy				•
Tax) (See separate inst				,		
 Section 501(c)(4), (5)), or (6) organizat	ions: Complete Part III.				
Name of organization					Employ	ver identification number
	WNY WOM	EN'S FOUNDATION,	INC.		07	27-4154672
Part I-A Compl	ete if the org	anization is exempt unde	r section 501(c)	or is a section 5	27 orga	inization.
4 Decide a decident		and a set of the set of the stress of the set of the set				
•	8	ation's direct and indirect politica	1 0		•	
2 Political campaign3 Volunteer hours for						
	political campai					
Part I-B Compl	ete if the org	anization is exempt unde	r section 501(c)((3).		
1 Enter the amount of	f any excise tax	incurred by the organization unde	r section 4955		► \$ _	
2 Enter the amount of	f any excise tax	incurred by organization manager				
		n 4955 tax, did it file Form 4720 f				Yes No
						Yes No
b If "Yes," describe in		anization is exempt unde	r as a tion $501(a)$	avaant aastian	501(0)(2)
-		-		-		<i>о</i> ј.
		l by the filing organization for sect ization's funds contributed to othe			► \$ _	
exempt function ac			-		▶\$	
•		. Add lines 1 and 2. Enter here an				
-	-				▶\$	
						Yes No
		ployer identification number (EIN				
		tion listed, enter the amount paid				
		omptly and directly delivered to a additional space is needed, provid	1 1 0	,	eparate s	segregated fund or a
· · · · · · · · · · · · · · · · · · ·			Т		6	
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid filing organization		(e) Amount of political contributions received and
				funds. If none, en		promptly and directly
						delivered to a separate political organization.
						If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020	WNY WO	MEN'S	FOUNDATION	, INC.	27-4	154672 Page 2
Part II-A Complete if the org	anizatior	n is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).						
A Check ► if the filing organiza	tion belong:	s to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and shar		, .	• •			
B Check ▶ if the filing organiza	tion checke	d box A ar	d "limited control" pro	visions apply.	[
	ts on Lobby ditures" me		nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public	c opinion (c	arassroots lobbving)			
b Total lobbying expenditures to influ					1,277.	
c Total lobbying expenditures (add lir					1,277.	
d Other exempt purpose expenditure					708,020.	
e Total exempt purpose expenditures	s (add lines	1c and 1d)		709,297.	
f Lobbying nontaxable amount. Ente	er the amou	nt from the	following table in both	n columns.	131,395.	
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable amo	ount is:		
Not over \$500,000		20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (en	ter 25% of l	ine 1 f)			32,849.	
h Subtract line 1g from line 1a. If zero	o or less, er	iter -0-			0.	
i Subtract line 1f from line 1c. If zero					0.	
j If there is an amount other than zer	ro on either	line 1h or l	ine 1i, did the organiza	tion file Form 4720	-	
reporting section 4911 tax for this						Yes No
(Some organizations th	nat made a	section 50	raging Period Under D1(h) election do not h ate instructions for lin	nave to complete all o	of the five columns be	low.
	Lobby	ing Exper/	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	92	,616.	109,741.	109,564.	131,395.	443,316.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						664,974.
c Total lobbying expenditures	2	,603.	1,602.	1,833.	1,277.	7,315.
d Grassroots nontaxable amount	23	,154.	27,435.	27,391.	32,849.	110,829.
e Grassroots ceiling amount (150% of line 2d, column (e))						166,244.
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 WNY WOMEN'S FOUNDATION, INC.

27-4154672 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

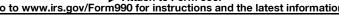
For e	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description)	(b)	
	lobbying activity.	Yes	No	Amo	ount
b	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (b) Part I		3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al			
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po-	olitical			
F	expenditure next year?		4		
5 Par	Taxable amount of lobbying and political expenditures (See instructions) t IV Supplemental Information		5		
		liet). Dort II.	Linco 1 c	ad 2 (Sac	
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	1151), Fait 11-7		iu 2 (388	

Schedule C (Form 990 or 990-EZ) 2020

SCHEDULE D	
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Department of the Treasury

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.





Internal Revenue Service Name of the organization

WNY WOMEN'S FOUNDATION, INC.

Employer identification number 27-4154672

Par	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes No
Par	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the c	organization during the tax
	year 🕨		
4	Number of states where property subject to conservation eas	ement is located 🕨	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing conse	rvation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	-	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemer	nts that describes the
Da	organization's accounting for conservation easements.	Art Historical Treasures or Oth	or Similar Assots
ı aı	Complete if the organization answered "Yes" on Form		er omnidi Assets.
10	If the organization elected, as permitted under FASB ASC 958		d balance aboat works
Ia	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958		
D	art, historical treasures, or other similar assets held for public		
	(i) Revenue included on Form 990, Part VIII, line 1		*
	f m m m m m m m m m m		
2	If the organization received or held works of art, historical trea	asures or other similar assets for financial (
2	the following amounts required to be reported under FASB AS		
~		-	▶ \$
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2020
	1 12-01-20		

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~	~	~	~		

Sche		EN'S FOUNDA							54672		_{age} 2
Par	t III Organizations Maintaining Co	ollections of Art	, Histo	rical Tre	easures, oi	r Other	Similar	Assets	contir	nued)	
3	Using the organization's acquisition, accessio	n, and other records	, check a	any of the t	following that	make sig	gnificant us	se of its	•	,	
	collection items (check all that apply):										
а	Public exhibition	d	L	oan or exc	hange progra	am					
b	Scholarly research	е									
с	Preservation for future generations										
4	Provide a description of the organization's col	llections and explain	how the	y further th	ne organizatio	n's exem	pt purpose	e in Part	XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be mai								Yes		No
Par	t IV Escrow and Custodial Arrang							Part IV, I	ine 9, or		
	reported an amount on Form 990, Part			•					-		
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for co	ontribution	s or other ass	sets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
	······································		- ···· 3 ···						Amoun	t	
с	Beginning balance						1c			-	
	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						tv?		Yes		No
	If "Yes," explain the arrangement in Part XIII.						,				Ī
Par							0.				
		(a) Current year		ior year	(c) Two year		(d) Three ye	ars back	(e) Four	vears	back
1a	Beginning of year balance	(j			()		(-)	J	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
Ū	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	I I vear end balance	(line 1a	column (a)) held as:						
- -	Board designated or quasi-endowment		% (inte rg,	column (a							
b	Permanent endowment		_/0								
		<u> </u>									
U	The percentages on lines 2a, 2b, and 2c shou	-									
39	Are there endowment funds not in the posses		tion that	are held ar	nd administer	ed for the	organizat	ion			
0a	by:	Sion of the organiza					sorganizat		ſ	Yes	No
	(i) Unrelated organizations								3a(i)	165	NU
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations								3b		
4	Describe in Part XIII the intended uses of the								50		
<u> </u>	t VI Land, Buildings, and Equipme			nus.							
	Complete if the organization answered		Part IV	line 11a S	See Form 990	Part X I	ine 10				
	Description of property	(a) Cost or of			t or other		cumulated	4	(d) Boo	k valu	
	Description of property	basis (investm		.,	(other)	• •	reciation	1	(u) Doo	valu	C
19	Land		,		· · /						
	Buildings Leasehold improvements										
	Equipment			2	0,265.		19,47	0.		7	95.
	Other										
	Add lines 1a through 1e. (Column (d) must ec		(aalum							7	95.
TULA	i Aud illes ta tillougit te. (Loiumn (a) must ec	<u>uai Forni 990, Part /</u>	<u>, columi</u>	<u>, (в), Iine I</u>	UC.)			chodulo	D (Forn		
							3	uleuule	וווטיון ש	1 330)	2020

	FOUNDATION,	INC.	27-4154672 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	on Form 990, Part IV, lin (b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or	
		(c) Method of Valuation. Cost of	end-or-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.)			
Complete if the organization answered "Yes" of	on Form 990 Part IV lin	e 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" (a)	on Form 990, Part IV, Iin Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) ASSETS HELD IN TRUST	Description		1,962,060.
			1,502,000.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		▶ 1,962,060.
	on Form 000 Port IV/ lin	a 11a ar 11f Saa Earm 000 Bart V lina	25
Complete if the organization answered "Yes" (1. (a) Description of liability	511 F0111 990, Fait IV, 111	e Tre or TTI. See Form 990, Part A, line	(b) Book value
1. (a) Description of liability (1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		▶

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ...

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

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 WNY WOMEN'S FOUNDATION,	INC.		27-4	154672	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With				
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	813	628.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	205,022.			
е	Add lines 2a through 2d			2e		,022.
3	Subtract line 2e from line 1			3	608	606.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	608,	606.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta		Expenses per F	leturn	-	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin					
1	Total expenses and losses per audited financial statements			1	709	.297.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments					
С	Other losses	2c				
d	Other (Describe in Part XIII.)					•
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	709	297.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				-
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3 <u>.</u>)		5	709	,297.
Pa	t XIII Supplemental Information.					

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

APPRECIATION OF ASSETS HELD IN TRUST

205,022.

032054 12-01-20

SCHEDULE G	LE G Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545-0047									
(Form 990 or 990-EZ)										
Department of the Treasury			Open to Public							
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.									
Name of the organization	WNY WOM	Employer ide 27-4154	oyer identification number 4154672							
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not		
	complete this part	t. ed funds through any of the followin	a activ	rities (Check all that apply					
a Mail solicitat	-		-		overnment grants					
	email solicitations				nment grants					
c Phone solici d In-person so		g 🛄 Special	fundra	lising	events					
•		or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or			
		art VII) or entity in connection with p			•		Yes			
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu	ant to	agreei	ments under which th	ne fur	ndraiser is to be	÷		
							• • • •	1		
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have ci or con contribu	aiser ustody	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No	-					
Total										
		n is registered or licensed to solicit o	contrib	utions	or has been notified	it is (exempt from re	gistration		
or licensing.										
						_				
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	990 or	990-E	Z. 9	Sche	dule G (Form 9	990 or 990-EZ) 2020		

032081 11-25-20

Schedule G (Form 990 or 990 EZ) 2020 WNY WOMEN'S FOUNDATION, INC. Pa

27-4154672 Page 2

art 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 contri	butions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000).

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WHAT SHE'S	FALL IN	NONE	(add col. (a) through
			MADE OF	FASHION		
			(event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts	113,852.	20,475.		134,327.
Re	•		110,0021	20/1/51		101/02/0
	2	Less: Contributions	113,852.	20,475.		134,327.
	-					. , .
	3	Gross income (line 1 minus line 2)				
	Ŭ					
	4	Cash prizes				
	-					
	F	Noncash prizos				
Direct Expenses	5	Noncash prizes				
	~	Dept/feeility.coote				
bei	6	Rent/facility costs				
ĒX	_					
ect	7	Food and beverages				
ē						
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through			►	
_	11					
Ра	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(u) Billige	bingo/progressive bingo	(e) outor garning	col. (a) through col. (c))
eve						
Ē	1	Gross revenue				
6	2	Cash prizes				
Ise						
per	3	Noncash prizes				
Direct Expenses						
ect	4	Rent/facility costs				
Dir	•					
	5	Other direct expenses				
	5		Yes %	Yes %	Yes %	
	e	Volunteer labor		No 765 %	No 765 70	
	0	Volunteer labor	No			
	-	Direct evenese comments Additions Other	E in column (d)		•	
	7	Direct expense summary. Add lines 2 through	1 5 IN COlUMN (0)		▶	
	~		former the state of the			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_						
		ter the state(s) in which the organization condu	• • –			
		he organization licensed to conduct gaming a				Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re			ear?	Yes No
b	lf "`	Yes," explain:				
03204	22 11	-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 WNY WOMEN'S FOUNDATION, INC.	27-41	54672	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	S:		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	unt		
	of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions: It is the organization required under state law to make charitable distributions from the gaming proceeds to			
c	in the state mention lineares 0		Yes	No
k	Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	ITTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part	III, lines 9,	9b, 10b,
_				
0320	83 11-25-20 Schedule (38	3 (Form ፡	990 or 990)-EZ) 2020

	G (Form 990 or 990-EZ)			FOUNDATION,	INC
Part IV	Supplemental In	formation	(continued)		

Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)			arants and Oth vernments, an					OMB No. 1545-0047
			ete if the organizatio					2020
Department of the Treasury			-	Attach to For				Open to Public
Internal Revenue Service			Go to www.ir	s.gov/Form990 fo	r the latest inforn	nation.		Inspection
Name of the organization	WNY WOMEN	'S FOUNDA	TION, INC.					Employer identification number $27 - 4154672$
	ation on Grants a							
1 Does the organization	maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on
criteria used to award								
2 Describe in Part IV the	organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Oth	er Assistance to	Domestic Organiz	zations and Domestic	: Governments. C	complete if the org	anization answered "Y	/es" on Form 990, Part	IV, line 21, for any
recipient that rec	ceived more than §	5,000. Part II can	be duplicated if additi	onal space is need	ed.		1	
1 (a) Name and address or governm	U U	(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
ERIE COMMUNITY COLLEG CAMPUS - S-4041 SOUTH - ORCHARD PARK, NY 142	NESTERN BLVD	11-3682643	GOVT	86,596.	0.			MOMS: FROM EDUCATION TO EMPLOYMENT
JAMESTOWN COMMUNITY CO	DLLEGE							MOMS: FROM EDUCATION TO
JAMESTOWN, NY 14701		16-1191893	GOVT	125,015.	0.			EMPLOYMENT
UNITED WAY OF NORTHERN COUNTY - 626 CENTRAL DUNKIRK, NY 14048		16-0811787	501(C)(3)	10,335.	0.			CHAUTAUQUA COALIATION FOR WOMEN & GIRLS W2W-NORTH PROGRAM
2 Enter total number of s3 Enter total number of of			5	l line 1 table			<u> </u>	2.

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

Schedule I (Form 990) 2020

27-4154672

Page 2

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:

GRANTS ARE MONITORED OVER THE TERM OF THE GRANT PERIOD TO ENSURE COMPLIANCE

WITH THE TERMS OF THE AWARD. GRANT RECIPIENTS ARE REQUIRED TO SUBMIT

REPORTS AT THE END OF EACH GRANT PERIOD.

PART 1, LINE 2:

GRANTS ARE MONITORED OVER THE TERM OF THE GRANT PERIOD TO ENSURE

COMPLIANCE WITH THE TERMS OF THE AWARD. GRANT RECIPIENTS ARE REQUIRED

TO SUBMIT REPORTS AT THE END OF EACH GRANT PERIOD.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

INC.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number 27-4154672

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

THE BOARD HAS DELEGATED REVIEW AND APPROVAL OF THE FORM 990 TO THE

WNY WOMEN'S FOUNDATION,

TREASURER AND EXECUTIVE DIRECTOR. ONCE REVIEWED AND APPROVED, THE ENTIRE

FORM IS PROVIDED TO THE BOARD PRIOR TO FILING.

FORM 990, PART V, LINE 2A

THE FOUNDATION CONTRACTS WITH A PROFESSIONAL EMPLOYMENT ORGANIZATION

(PEO) TO PROVIDE ALL PAYROLL AND HUMAN RESOURCE FUNCTIONS. ALL PAYROLL

TAX FILINGS FOR THE FOUNDATION'S EMPLOYEES ARE FILED BY AND INCLUDED AS

PART OF THE PEO'S GROUP FILINGS.

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

POTENTIAL CONFLICTS OF INTEREST ARE DISCLOSED AT LEAST ANNUALLY BY BOARD

TRUSTEES ABSTAIN FROM VOTING ON MATTERS WHERE A TRUSTEES AND OFFICERS.

POTENTIAL CONFLICT OF INTEREST EXISTS.

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

THE BOARD DETERMINES COMPENSATION FOR ITS OFFICERS BASED ON SEVERAL FACTORS

INCLUDING INTERNAL PERFORMANCE EVALUATIONS AND EXTERNAL COMPARABILITY DATA

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

FORMS ARE MADE AVAILABLE UPON REQUEST.

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

APPRECIATION OF ASSETS HELD IN TRUST

205,022.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	
Name of the organization WNY WOMEN'S FOUNDATION, INC.	Employer identification number 27-4154672
FORM 990, PART XII, LINE 2C	
FORM 550, FART ATT, DINE 20	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
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