Form 990

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.
 and ending



<u>A</u> F	or the	e 2021 calendar year, or tax year beginning and	ending					
B c a	heck if pplicabl	e: C Name of organization	D Employer identification number					
	Addre	WNY WOMEN'S FOUNDATION, INC.						
	Name chang			27-41546	72			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return			716-887-2				
_	termir ated ⊐Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	891,739.			
	_return Applic	BOFFALO, NI 14209		H(a) Is this a group re				
L	tion pendi	F Name and address of principal officer: SHEKI L. SCAVONE		for subordinates				
<u> </u>		EXAMPLE AS C ABOVE empt status: $X = 501(c)(3) = 501(c) () = (insert no.) = 4947(a)(1) c$	or 527	H(b) Are all subordinates in	cluded? Yes No			
		te: ► WWW.WNYWOMENSFOUNDATION.ORG		H(c) Group exemption				
		organization: X Corporation Trust Association Other	I Year		State of legal domicile: NY			
	nrt I	Summary						
	1	Briefly describe the organization's mission or most significant activities: ALL V	NOMEN	AND GIRLS HA	VE THE			
nce		OPPORTUNITY TO THRIVE LEADING TO A VIBRAN						
Governance	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass				
0V6	3				27			
	4	Number of independent voting members of the governing body (Part VI, line 1b)			27			
ies		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			8			
Activities &	6	Total number of volunteers (estimate if necessary)			84			
Act					0.			
		Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		603,112.	737,518.			
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,494.	1,871.			
Ĕ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	131,939.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		608,606.	871,328.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		235,511.	45,474.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		356,149.	380,255.			
ens		Professional fundraising fees (Part IX, column (A), line 11e)	<u>1</u>	0.	0.			
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 96,7 (117,637.	81,955.			
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		709,297.	507,684.			
	19	Revenue less expenses. Subtract line 18 from line 12		-100,691.	363,644.			
or				ginning of Current Year	End of Year			
iets -	20	Total assets (Part X, line 16)		3,055,384.	3,741,247.			
Net Assets (Fund Balanc	21	Total liabilities (Part X, line 26)		37,339.	25,352.			
Net -	22	Net assets or fund balances. Subtract line 21 from line 20		3,018,045.	3,715,895.			

Part II Signature Block

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

Sign	Signature of officer	Date					
Here	SHERI L. SCAVONE, EXECUTIVE 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	10/20/22 self-employed P02010701					
Preparer	Firm's name 🕨 LUMSDEN & MCCORMICK, LLP	Firm's EIN ▶ 16-0765486					
Use Only	Firm's address 369 FRANKLIN STREET						
	BUFFALO, NY 14202	Phone no. (716)856-3300					
May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)						

	<u>990 (2021) WNY WOMEN'S FOUNDATION, INC. 27-4154672 Page</u>
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.
	GROW AND DEAD TO HER FOLDEST FOTENTIAD.
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?
5	
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 241,310. including grants of \$ 39,182.) (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 WITH THE REGIONAL ECONOMIC COUNCIL'S 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 \$ 92,920. including grants of \$ 6,292.) (Revenue \$)
	ECONOMIC MOBILITY HUB: THE WOMEN'S ECONOMIC MOBILITY INITIATIVE EXPANDS
	OUR SUCCESSFUL MOMS: FROM EDUCATION TO EMPLOYMENT MODEL TO INCLUDE
	WORKFORCE DEVELOPMENT TRAINING PROGRAMS, HELPING WOMEN ACHIEVE ECONOMIC
	SELF-SUFFICIENCY. THE PROGRAM FEATURES EXPERIENCES THAT SUPPORT
	ECONOMIC MOBILITY FOR WOMEN, INCLUDING TRAINING, COACHING, MENTORSHIP,
	CHILD CARE SUBSIDIES, AND EMERGENCY GRANTS. THIS INITIATIVE IS
	EXTREMELY IMPORTANT AS IT IS THE ONLY PROGRAM CURRENTLY IN THIS SPACE.
	IT IS UNIQUELY POSITIONED AS A COMPLIMENTARY RESOURCE TO ANY AND ALL
	WORKFORCE INITIATIVES HELPING WOMEN SUCCEED. OUR INITIATIVE WILL
	UPLIFT THOUSANDS OF WOMEN AND THEIR FAMILIES USING OUR SUCCESSFUL
	TWO-GENERATION MODEL.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses > 334,230.
-10	Form 990 (202
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Form	990	(2021)

 Form 990 (2021)
 WNY WOMEN'S FOUNDATION, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
_	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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes." <i>complete Schedule D</i> .			
а		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 13	<u> </u>
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	<u> </u>
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 WNY WOMEN'S FOUNDATION, INC.
 27-4154672
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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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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 the 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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
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
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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		
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		X X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			<u>X</u>
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
10-1	(gambling) winnings to prize winners?	1c	<u>990</u>	 (2021)
132004	۱ ۱2-09-21 5	Form	530	(2021)

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Form 990		WNY	WOMEN'S	FOUNDATION,	INC.	
Part V	Statements	Regard	ing Other IR	S Filings and Tax	Compliance	(continued)

	I I	1		Yes	
	0-				
			_	v	
			20	Δ	
			20		x
					- 23
			30		
			12		x
	ccour		та		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	coun	ts (FBAR).			
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		X
If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
any contributions that were not tax deductible as charitable contributions?			6a		X
If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	r gifts			
were not tax deductible?			6b		
Organizations that may receive deductible contributions under section 170(c).					
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	Х	
If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
			-		x
			/C		
			-		v
					X
			<u>/n</u>		
			8		
			0-		
			90		
	100	1			
			-		
			-		
	110				
	11a		-		
· · · ·	116				
		2	122		
			120		
	12.0		-		
			13a		
			100		
	13b				
			-		
			14a		x
			1.12		
			15		x
	incon	ne?	16		x
•					
	anv				
			17		
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?					<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-17 for this year? If "No' to file 30, provide an explanation on Schedule. At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial AC Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Dees the organization have annual gross receipts that are normally greater than \$100,000, and did th any contributions that were not tax deductible contributions? If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible? Organization stat were not tax deductible contributions under section 170(c). Did the organization notify the donor of the value of the goods or services provide? Did the organization notify the donor of the value of the goods or services provide? Did the organization notify the donor of the value of the goods or services provide? Did the organization neceive any funds, directly or indirectly, to pap premiums on a personal benefit cont If the organization received a contribution of qualified intellectual property, did the organization proparizations maintaining donor advised funds. Did the organization neceived a contribution of acs, boats, aiplanes, or other vehicles, did the organization sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make	filed for the calendar year ending with or within the year covered by this return 2a if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: if the sum of lines 1a and 2a is greater than 250, you may be required to <i>e_rline</i> , See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No' to <i>line 3b</i> , provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other author file years," and the organization have an interest in, or a signature or other author Be instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization nates activat deductible as charitable contributions of Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization notify the donor of the value of the goods or services provided? To Did the organization notify the donor of the value of the goods or services provide? To Did the organization notify the donor of the value of the goods or services provide? To Did the organization notify the donor of the value of the goods or services provide? <td< td=""><td>field or the calendar year ending with or within the year covered by this return 2a 2a if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions All ary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly (such as a bank account, securities account, or other financial account)? If 'Yes, 'enter the name of the foreign country. See instructions for filing requirements for fininCEN Form 114, Report of Foreign Bark and Financial Accounts (FEAR). Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that we are not ax deductible as charitable contributions? If 'Yes,' did the organization file Foreign Ba861? Organization teave a payment in excess of \$75 made party as a contributions? If 'Yes,' did the organization file cole of othus use of the goods or services provided to the payor? If 'Yes,' did the organization file fore masked to see used or services provided? Organization seel, exchange, or otherwise dispose of tangible personal property for which it was required to the farm 2802 file during the year? Did the organization neceive a qouthus wise dispose of tangible personal property for w</td><td>field for the calendar year ending with or within the year covered by this return 2a 8 If at least one is reported on in 22, ald the organization fiel ar lequider (dearal employment tax returns? 2b Note: If the sum of lines 1 a and 2a is greater than 250, you may be required to a <i>ship</i>. See instructions. 3a If "Yes," has if find a Form 380 T to this year? <i>("to' to line 3b, provide an explanation on Schedule O</i>. 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounty (who is a bark and inancial account)? 4a If "Yes," enter the name of the torgin county ▶ Sa See instructions for finC/EN Form 114, Report of Foreign Bank and Financial accounts (FBAP). Sa See instructions of thing requirements for finC/EN Form 148, Report of Foreign Bank and Financial Accounts (FBAP). Sa Did any table party notify the organization fine Foreign Bank and Financial Accounts (FBAP). Sa U's vas' to line a ob, did the organization fine Foreign Bank and Financial Accounts (FBAP). Sa U's vas' to line a ob, did the organization fine Foreign Bank and Financial Accounts (FBAP). Sa U's vas' to line a ob, did the organization fine Foreign Bank and Financial Accounts (FBAP). Sa U's vas' to line a organization fine Fore MB88 17. Sa Organization that we not tax deductible as charable contr</td><td>Ener the number of employees reported on form W-3, Transmittal of Wage and Tax Statements, that least one is reported on line 2a, did the organization file all required federal employment tax returns? 2a 8 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-the. See instructions. 3a 3a If at least one is reported on line 2a, did the organization new on interest in, or a signature or other authority over, a transmit proceed of the organization have unreleader in, or a signature or other authority over, a transmit account, is cline or ganization have on interest in, or a signature or other authority over, a transmit account is for Finor quariements for FinOEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). See See instructions to reline organization that it was or is a party to a prohibited tax shetter transaction are tax ways? See Dod any taxable party notify the organization the form 8886 1? See See Dod any taxable party notify the organization mater are normally greater than \$100,000, and did the organization solicit any contributions that ways or is a party to a prohibited tax shetter transactor? See Dod se to organization include with every solicitation are organization solicit any contributions that were not tax deductible contributions under section 170(c). Did the organization include with every solicitation are organization solicit any contributions any party for goods and services provided</td></td<>	field or the calendar year ending with or within the year covered by this return 2a 2a if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions All ary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly (such as a bank account, securities account, or other financial account)? If 'Yes, 'enter the name of the foreign country. See instructions for filing requirements for fininCEN Form 114, Report of Foreign Bark and Financial Accounts (FEAR). Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that we are not ax deductible as charitable contributions? If 'Yes,' did the organization file Foreign Ba861? Organization teave a payment in excess of \$75 made party as a contributions? If 'Yes,' did the organization file cole of othus use of the goods or services provided to the payor? If 'Yes,' did the organization file fore masked to see used or services provided? Organization seel, exchange, or otherwise dispose of tangible personal property for which it was required to the farm 2802 file during the year? Did the organization neceive a qouthus wise dispose of tangible personal property for w	field for the calendar year ending with or within the year covered by this return 2a 8 If at least one is reported on in 22, ald the organization fiel ar lequider (dearal employment tax returns? 2b Note: If the sum of lines 1 a and 2a is greater than 250, you may be required to a <i>ship</i> . See instructions. 3a If "Yes," has if find a Form 380 T to this year? <i>("to' to line 3b, provide an explanation on Schedule O</i> . 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounty (who is a bark and inancial account)? 4a If "Yes," enter the name of the torgin county ▶ Sa See instructions for finC/EN Form 114, Report of Foreign Bank and Financial accounts (FBAP). Sa See instructions of thing requirements for finC/EN Form 148, Report of Foreign Bank and Financial Accounts (FBAP). Sa Did any table party notify the organization fine Foreign Bank and Financial Accounts (FBAP). Sa U's vas' to line a ob, did the organization fine Foreign Bank and Financial Accounts (FBAP). Sa U's vas' to line a ob, did the organization fine Foreign Bank and Financial Accounts (FBAP). Sa U's vas' to line a ob, did the organization fine Foreign Bank and Financial Accounts (FBAP). Sa U's vas' to line a organization fine Fore MB88 17. Sa Organization that we not tax deductible as charable contr	Ener the number of employees reported on form W-3, Transmittal of Wage and Tax Statements, that least one is reported on line 2a, did the organization file all required federal employment tax returns? 2a 8 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-the. See instructions. 3a 3a If at least one is reported on line 2a, did the organization new on interest in, or a signature or other authority over, a transmit proceed of the organization have unreleader in, or a signature or other authority over, a transmit account, is cline or ganization have on interest in, or a signature or other authority over, a transmit account is for Finor quariements for FinOEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). See See instructions to reline organization that it was or is a party to a prohibited tax shetter transaction are tax ways? See Dod any taxable party notify the organization the form 8886 1? See See Dod any taxable party notify the organization mater are normally greater than \$100,000, and did the organization solicit any contributions that ways or is a party to a prohibited tax shetter transactor? See Dod se to organization include with every solicitation are organization solicit any contributions that were not tax deductible contributions under section 170(c). Did the organization include with every solicitation are organization solicit any contributions any party for goods and services provided

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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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27	7				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	27	7				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?			2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the		t supervision					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form S	90 wa	s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		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	point	one or					
	more members of the governing body?			7a		X		
b								
	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 th	e 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 rea	ched a	it the					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)					
					Yes			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,					
				10b		<u> </u>		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a	Х			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	<u> </u>		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? //	Yes," c	lescribe		37			
	on Schedule O how this was done			12c	X			
13	Did the organization have a written whistleblower policy?			13	X X			
14	Did the organization have a written document retention and destruction policy?			14	Λ			
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent					
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	Х			
	The organization's CEO, Executive Director, or top management official			15a	X			
b	Other officers or key employees of the organization			15b	Λ			
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	nont u	vith a					
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			16-		х		
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			<u>16a</u>		- 21		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate		-					
				16h				
Sec	exempt status with respect to such arrangements?			16b	I	I		
17	List the states with which a copy of this Form 990 is required to be filed NY							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd aar	-T (section 501(c)(3)	s only)	availat	ole		
.5	for public inspection. Indicate how you made these available. Check all that apply.			S Siny)	avandı			
	Own website Another's website X Upon request Other (explain		chadula ()					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finan	cial			
	statements available to the public during the tax year.							

	SHERI SCAVONE - 716-887-2621	 _
20	State the name, address, and telephone number of the person who possesses the organization's books and records	

7

42 DEL	AWARE	AVENUE,	BUFFALO,	NY	14209
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2021.04030 WNY WOMEN'S FOUNDATION, I W0324801

Form 990 (2021)

Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
	Check if Schedule O contains a response or note to any line in this Part VII							
Employees, and Independent Contractors								
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
Form 990 (2		54672	Page 1					

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

		l	inza			iper	out			(F)
(A)	(B)			Pos	C) itior	n		(D)	(E)	
Name and title	Average hours per		(do not check more than one box, unless person is both an			Reportable compensation	Reportable compensation	Estimated amount of		
	week					s bou pr/trus		from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				Ð		organization	(W-2/1099-MISC/	from the
	related	se or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		yee	ad und		1099-NEC)	,	and related
	below	Individual trustee or director	In stitutional trustee	er l	amplo	est co	er			organizations
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former			
(1) SHERI SCAVONE	60.00									
EXECUTIVE DIRECTOR				X				122,217.	0.	9,343.
(2) ANDREA VOSSLER, ESQ.	3.00									
CHAIR		х		x				0.	0.	0.
(3) TERESA BAIR, ESQ.	3.00									
CHAIR-ELECT		Х		X				0.	0.	0.
(4) HELEN CAPPUCCINO, MD	2.00									
VICE CHAIR		Х		X				0.	0.	0.
(5) JEANETTE M. ROBE, CPA	3.00									
TREASURER		Х		X				0.	0.	0.
(6) LENORA B. FOOTE-BEAVERS, ESQ.	2.00									
SECRETARY		Х		Х				0.	0.	0.
(7) TIFFANY ADAMS	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JAMIE BATT	1.00									
DIRECTOR		Х						0.	0.	0.
(9) CHRISTINE A. BONAGUIDE, ESQ.	1.00									
DIRECTOR		Х						0.	0.	0.
(10) SHONDA BROCK	2.00									
DIRECTOR		Х						0.	0.	0.
(11) EMILY BURNS PERRYMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(12) BETSY CONSTANTINE	2.00									
DIRECTOR		Х						0.	0.	0.
(13) KATHERINE S. CONWAY-TURNER, PHD	1.00									
DIRECTOR		Х						0.	0.	0.
(14) MARY ANN COULSON	1.00									
DIRECTOR		Х						0.	0.	0.
(15) JACKIE SANCHEZ CULLITON	2.00									
DIRECTOR		Х						0.	0.	0.
(16) CATHERINE EARLE	1.00									
DIRECTOR		Х						0.	0.	0.
(17) NICKOLE GARRISON	1.00									
DIRECTOR		Х						0.	0.	0.
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Part VII S	ection A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,			ghes	st C	ompensated Employee	s (continued)			_
	(A)	(B)	(C)						(D)	(E)		(F)	
	Name and title	Average	(do		Pos hecku		ן than o	one	Reportable	Reportable	Esti	mated	
		hours per	box	, unles	ss per	rson i	is both pr/trus	n an	compensation	compensation	1	ount of	
		week			uau			iee)	from	from related		ther 	
		(list any hours for	irecto						the	organizations		ensation	
		related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)		m the nization	
		organizations	ruste	ll trus		ee,	mpen		1099-NEC)	1033-1120)	۳ I	related	
		below	In dividual trustee or director	nstitutional trustee	-	ƙey employee	st co	er				izations	
		line)	Indivi	Instit	Officer	Key ei	Highest compensated employee	Former					
(18) GRETC	HEN GEITTER	1.00											_
DIRECTOR			Х						0.	0.		0 .	•
(19) CAROL	YN HUMAN	1.00											
DIRECTOR			Х						0.	0.		0	•
(20) ALICE	JACOBS, ESQ.	2.00											_
DIRECTOR			Х						0.	Ο.		0	•
(21) LISA	KIRISITS, CPA, MBA	1.00											_
DIRECTOR			х						0.	0.		0	•
(22) GIA M	ANLEY	1.00											_
DIRECTOR			х						0.	0.		0	•
(23) PAULA	JOY REINHOLD	1.00											_
DIRECTOR			х						0.	0.		0	•
(24) ALLIS	ON SAGRAVES	1.00											-
DIRECTOR			х						0.	0.		0	•
(25) SUSAN	NA SCHENK	1.00											-
DIRECTOR			х						0.	0.		0	•
(26) SIOBH	AN SMITH	2.00								• •			-
DIRECTOR			х						0.	0.		0	
1b Subtot	al						-		122,217.	0.	9	,343	
	rom continuation sheets to Part VII							5	0.	0.		0	
	add lines 1b and 1c)		•••••	•••••				5	122,217.	0.	9	,343	
	umber of individuals (including but no											/ • = • ·	-
	nsation from the organization		000	noto	u un		<i>,</i> , , , , , , , , , , , , , , , , , ,						1
Compe												res No	<u> </u>
3 Did the	organization list any former officer,	director trust	⊳ k		mnl	ove	e or	hia	hest compensated emp	ovee on			_
	• •	-		•	•	•		Ŭ	• •		3	X	
	? If "Yes," complete Schedule J for su r individual listed on line 1a, is the su										J		
	ated organizations greater than \$150										4	x	
	person listed on line 1a receive or a												
	ed to the organization? If "Yes," com										5	x	
	ndependent Contractors		2 J 10	or su		Jers	ion -				J		
	ete this table for your five highest cor	mpensated ind	ene	nder	nt co	ontra	acto	rs th	nat received more than \$	100 000 of compense	tion from		
	anization. Report compensation for t												
3	(A)	,			3				(B)		(C)		-
	Name and business	address	NC	ONE	2				Description of s	ervices (Compens		
													-
													_
													_
								T					
													_
													-
													_
2 Total nu	umber of independent contractors (ir	ncluding but no	ot lin	nitec	to	thos	se lis	ted	above) who received mo	ore than			
	\$100,000 of compensation from the organization \blacktriangleright 0												
	PART VII, SECTION		IN	UA	ΤI	ON	S	HE	ETS		Form 9	90 (2021	1)
132008 12-09-21	-												

Form 990 WNY WOMEN									27-415	4672
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (, , ,	
(A) Name and title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) TONI VAZQUEZ DIRECTOR	1.00	x						0.	0.	0.
(28) LAURA ZAEPFEL	1.00							0.	0.	0.
DIRECTOR		x						0.	0.	0.
Total to Part VII, Section A, line 1c	I		I	I	I	I				

132201 04-01-21

Form	1 990	2021) WNY WOMEN'S F(OUNDATION	, INC.		27-4154	672 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response of	or note to any line	in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
Å,G	с	Fundraising events 1c	54,510.				
ar /	d	Related organizations 1d					
s, o	е	Government grants (contributions) 1e	65,694.				
r Si	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f	617,314.				
diti	g	Noncash contributions included in lines 1a-1f					
ရ ပိ	h	Total. Add lines 1a-1f	>	737,518.			
			Business Code				
e	2 a						
ervi	b						
n Se	С						
Program Service Revenue	d						
rog	е						
٩	f	All other program service revenue					
	g						
	3	Investment income (including dividends, interes		1,871.			1,871.
	4	other similar amounts) Income from investment of tax-exempt bond pr		1,0/1.			1,0/1.
	4 5						
	э	Royalties	(ii) Personal				
	6 a						
	b						
	c						
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
e		and sales expenses 7b					
venue	с	Gain or (loss) 7c					
	d	Net gain or (loss)	►				
Other Re	8 a	Gross income from fundraising events (not					
₹		including \$ 54,510. of					
		contributions reported on line 1c). See					
			152,350.				
			20,411.				
		Net income or (loss) from fundraising events	····· ►	131,939.			131,939.
	9 a	Gross income from gaming activities. See					
	_	Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	▶				
	τυ a	Gross sales of inventory, less returns					
		and allowances 10a Less: cost of goods sold 10b					
		Less: cost of goods sold 10b Net income or (loss) from sales of inventory					
-	C	The moothe of those from sales of inventory	Business Code				
sno	11 a						
Duec	b						
ella	c						
Miscellaneous Revenue	d	All other revenue					
2	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		871,328.	0.	0.	133,810.
13200	9 12-09	-21					Form 990 (2021

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.

D-	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		45 454		
	and domestic governments. See Part IV, line 21	45,474.	45,474.		
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,	135,054.	94,539.	13,505.	27,010
6	trustees, and key employees Compensation not included above to disqualified	133,034.	94,559.	13,303.	27,010
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	205,284.	139,428.	19,425.	46,431.
7 8	Pension plan accruals and contributions (include	203,2010		<u> </u>	
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,895.	3,929.	539.	1.427.
10	Payroll taxes	34,022.	23,376.	3,289.	<u> </u>
11	Fees for services (nonemployees):				.,
a					
b					
c					
d					
е					
f					
g					
-	column (A), amount, list line 11g expenses on Sch 0.)	47,838.	22,941.	17,516.	7,381.
12	Advertising and promotion				
13	Office expenses	12,990.	2,655.	3,740.	6,595,
14	Information technology				
15	Royalties				
16	Occupancy	2,265.	1,556.	219.	490.
17	Travel	10.			10.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	941.	332.	609.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4 4 4 6			
23	Insurance	4,448.		4,448.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		9,224.		9,224.	
b					
с					
d					
е	All other expenses	4,239.		4,239.	
25	Total functional expenses. Add lines 1 through 24e	507,684.	334,230.	76,753.	96,701.
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 I if following SOP 98-2 (ASC 958-720)				

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132010 12-09-21

Form 990 (2021)

11151025 783816 W0324800.00

33

Total liabilities and net assets/fund balances

3,055,384.

33

3,741,247.

Form 990 (2021)

WNY	WOMEN'S	FOUNDATION,	INC
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Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 941,341. 412,971. 1 1 Cash - non-interest-bearing 562,868. 511,894. Savings and temporary cash investments 2 2 114,231. 57,893. 3 3 Pledges and grants receivable, net Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 2,459. 284. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 20,265. basis. Complete Part VI of Schedule D _____ 10a 19,735. 795. 530. b Less: accumulated depreciation _____ 10b 10c 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 1,962,060. 2,229,305. 15 Other assets. See Part IV, line 11 15 3,055,384. 3,741,247. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 37,339. 25,352. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 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, 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 25 of Schedule D 37,339. 25,352. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 2,755,137. 27 3,306,419. 27 Net assets without donor restrictions 409,476. Net assets with donor restrictions 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. 3,715,895. Total net assets or fund balances 32 32

Form 990 (2021)

Assets

Liabilities

Net Assets or Fund Balances

Part X Balance Sheet

	1 990 (2021) WNY WOMEN'S FOUNDATION, INC.	27-41	54672	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	871		
2	Total expenses (must equal Part IX, column (A), line 25)	2	507		
3	Revenue less expenses. Subtract line 2 from line 1	3	363		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,018	,04	<u> 15.</u>
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	334	,20)6.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,715	, 89	<u>95.</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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			- (aan "	

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

I.

Name of the organization

Nam	e of t	he organization							identification number		
Dee		WNY	WOMEN'S FOU	UNDATION, INC	2.			2	7-4154672		
Pa	τı	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The o	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for		lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C									
6	37	A federal, state, or local gov	•								
7	Х	An organization that norma	•	ntial part of its support fi	rom a gove	ernmental	unit or from th	e general p	oublic described in		
-		section 170(b)(1)(A)(vi). (C									
8		A community trust describe									
9		An agricultural research org				-		-	-		
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	and state of	the college	e or		
10		university:									
10		An organization that norma									
		activities related to its exem income and unrelated busin		-					-		
		See section 509(a)(2). (Cor				ses acqui	eu by the org	anization a			
11		An organization organized a	-	vely to test for public sa	fety See	section 50	9(a)(4)				
12		An organization organized a						rv out the	nurnoses of one or		
		more publicly supported or	-	-	-			•			
		lines 12a through 12d that	-								
а		Type I. A supporting orga						-	aivina		
		the supported organization		-	• • • •	-					
		organization. You must c			·····j-···j -				1-1		
b		Type II. A supporting org	-		tion with it:	s supporte	d organizatio	n(s), by hav	ving		
		control or management o	-				-		-		
		organization(s). You mus			•						
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functional	ly integrate	d with,		
		its supported organization	n(s) (see instructions)	. You must complete l	Part IV, Se	ctions A,	D, and E.				
d] Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	۷.				
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	I, Type III			
		functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.					
f		r the number of supported o	•								
g		ride the following information) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) is the oroa	inization listed	(v) Amount of	monoton	(vi) Amount of other		
	(organization	(11) EIN	(described on lines 1-10	in your governi	ng document?	support (see in	,	support (see instructions)		
				above (see instructions))	Yes	No					
Tota											

WNY WOMEN'S FOUNDATION, INC.

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	634,647.	467,821.	818,890.	603,112.	745,184.	3269654.
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	634,647.	467,821.	818,890.	603,112.	745,184.	3269654.
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)						441,987.
	Public support. Subtract line 5 from line 4.						2827667.
See	ction B. Total Support	_					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	634,647.	467,821.	818,890.	603,112.	745,184.	3269654.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			9,547.	5,494.	1,871.	16,912.
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.)						
11	Total support. Add lines 7 through 10						3286566.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop	phere					
See	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2021 (I		•	())		14	86.04 %
	Public support percentage from 2020					15	87.47 %
16 a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances test	t - 2021. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶∟
b	10% -facts-and-circumstances test	t - 2020. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circum	nstances test, cheo	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circl		•		• •		▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2021

Schedule A	(Form 990)	2021	WNY	WOMEN'	S	FOUNDAI	TION,	INC.
Part III	Support	Schedule	for Orga	nizations	De	escribed in	Section	509(a)(2)

WNY WOMEN'S FOUNDATION, INC.

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

Section A. I	Public Support						
Calendar year (o	r fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grar	ts, contributions, and						
memberst	nip fees received. (Do not						
include ar	y "unusual grants.")						
merchand formed, or any activit	eipts from admissions, ise sold or services per- facilities furnished in y that is related to the on's tax-exempt purpose						
-	eipts from activities that						
are not an	unrelated trade or bus- er section 513						
	ues levied for the organ-						
ization's b	enefit and either paid to ed on its behalf						
5 The value	of services or facilities						
furnished	by a governmental unit to						
the organi	zation without charge						
6 Total. Add	d lines 1 through 5						
	ncluded on lines 1, 2, and I from disqualified persons						
b Amounts inclu from other the exceed the gr	uded on lines 2 and 3 received in disqualified persons that eater of \$5,000 or 1% of the e 13 for the year						
	7a and 7b						
	oport. (Subtract line 7c from line 6.)						
Section B.	Fotal Support						
Calendar year (o	r fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts	from line 6						
10a Gross inco dividends securities	ome from interest, payments received on loans, rents, royalties, ne from similar sources						
	usiness taxable income						
	n 511 taxes) from businesses ter June 30, 1975						
	10a and 10b						
11 Net incom activities r	e from unrelated business not included on line 10b, r not the business is						
12 Other inco or loss fro	ome. Do not include gain m the sale of capital plain in Part VI.)						
13 Total supp	ort. (Add lines 9, 10c, 11, and 12.)						
14 First 5 ye	ars. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section \$	501(c)(3) organ	ization,
	box and stop here						
	Computation of Public					 	
-	port percentage for 2021 (li		-	column (f))		15	%
	port percentage from 2020					16	%
	Computation of Inves					 	
	t income percentage for 20			ine 13, column (f))		17	%
	t income percentage from 2					18	%
	upport tests - 2021. If the						ine 17 is not
	33 1/3%, check this box an	-	-				▶∟
	upport tests - 2020. If the						
	not more than 33 1/3%, cheo						
	undation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		
132023 01-04-22			17			Sched	ule A (Form 990) 2021

2021.04030 WNY WOMEN'S FOUNDATION, I W0324801

WNY WOMEN'S FOUNDATION, INC.

Yes No

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")? *If* "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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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.)

132024 01-04-21

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 WNY WOMEN'S FOUNDATION, INC.

Yes No

Yes No

1

2

3

2a

2b

3a

Pa	t IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion 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) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	2	1	1

		the supporting	
Section C. Ty	vpe II Supp	ortina Oraa	anizations

 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
 Image: Control organization or management of the support organization or trustees of each of the support organization or management of the support organization was vested in the same persons that controlled or managed
 Image: Control organization or management of the support organization or trustees of each of the support organization or trustees of each of the support organization or trustees of each of the support organization was vested in the same persons that controlled or managed
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 Image: Control organization or trustees of each of the support of the support of organization organization or trustees of each of the support of organization organization organization of the support of the support of organization of the support of organization of the support of the support of the support of the support of organization of the support of the suport of the support of the

tion D. All Type III Supporting Organizations
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?
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).
By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If* "Yes," *describe in* **Part VI** *the role the organization*'s

<u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a 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.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.*

3b | | Schedule A (Form 990) 2021

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. 0 0	2021.04030	WNY	WOMEN'S	FOUNDATION,	Ι	W0324801

Schedule A	(Form 990) 2021	WNY	WOMEN'S	FOUNDATION,	INC.
Part V	Type III Non-F	unctionally	Integrated 5	09(a)(3) Supportin	g Organizations
	0		с. 1.11. I. I. I. I.	B 1 T 1 117 1	

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

Section A - Adjusted	Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term of	capital gain	1		
2 Recoveries of p	rior-year distributions	2		
3 Other gross inc	ome (see instructions)	3		
4 Add lines 1 thro	ugh 3.	4		
5 Depreciation an	d depletion	5		
6 Portion of opera	ating expenses paid or incurred for production or			
collection of gro	oss 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 In	ncome (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum	a Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair n	narket value of all non-exempt-use assets (see			
instructions for	short tax year or assets held for part of year):			
a Average monthl	y value of securities	1a		
b Average monthl	y cash balances	1b		
c Fair market valu	e of other non-exempt-use assets	1c		
d Total (add lines	1a, 1b, and 1c)	1d		
e Discount claim	ed for blockage or other factors			
(explain in detai	in Part VI):			
2 Acquisition inde	btedness applicable to non-exempt-use assets	2		
3 Subtract line 2 f	rom line 1d.	3		
4 Cash deemed h	eld for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of nor	n-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 b	y 0.035.	6		
7 Recoveries of p	rior-year distributions	7		
8 Minimum Asse	t Amount (add line 7 to line 6)	8		
Section C - Distribut	able Amount			Current Year
1 Adjusted net ind	come for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of lin	e 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 imp	osed in prior year	5		
6 Distributable A	mount. Subtract line 5 from line 4, unless subject to			
emergency tem	porary reduction (see instructions).	6		
7 Check he	re if the current year is the organization's first as a non-function	nally integrate	ed Type III supporting orga	inization (see

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Part V 1

11151025 783816 W0324800.00

	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	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 th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 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-2021	າຣ	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				
				Sc	hedule A (Form 990) 2021

WNY WOMEN'S FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

Amounts paid to perform activity that directly furthers exempt purposes of supported

27-4154672 Page 7

1

Current Year

Schedule A	(Form 990) 2021

Section D - Distributions

2

Schedule A	(Form 990) 2021	WNY	<u>WOMEN'S</u>	FOUNDATI	10 <u>N</u> ,	INC.	27-4154672 Page 8
Part VI	Supplemental In Part IV, Section A, line line 1; Part IV, Section	formation. es 1, 2, 3b, 3c n D, lines 2 and	Provide the ex , 4b, 4c, 5a, 6, d 3; Part IV, Se	kplanations requi 9a, 9b, 9c, 11a, ction E, lines 1c,	uired by P 11b, and , 2a, 2b, 3	art II, line 10; Pa l 11c; Part IV, Se 3a, and 3b; Part	rt II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V, for any additional information.
132028 01-04-2	2			22			Schedule A (Form 990) 202

SCHEDULE C	Po	litical Campaign a	and Lobbyin	g Activities	OMB No. 1545-0047
(Form 990)		anizations Exempt From Incom	-	-	2021
	Complete	if the organization is described	below. 🕨 Attach to	o Form 990 or Form 990-E	Z. Open to Public
Department of the Treasury Internal Revenue Service		io to www.irs.gov/Form990 for	instructions and the	latest information.	Inspection
 Section 501(c)(3) org 	anizations: Com	Form 990, Part IV, line 3, or Fo plete Parts I-A and B. Do not con	nplete Part I-C.		Activities), then
		1(c)(3)) organizations: Complete I	Parts I-A and C below.	Do not complete Part I-B.	
Section 527 organiza	•	•			
		Form 990, Part IV, line 4, or Fo			
.,.,		nave filed Form 5768 (election un		•	•
		nave NOT filed Form 5768 (election			•
Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	(See separate i	nstructions) or Form 990-	EZ, Part V, line 35C (Proxy
• Section 501(c)(4), (5)	, or (6) organizat	ions: Complete Part III.			
Name of organization				Emp	loyer identification number
	WNY WOM	EN'S FOUNDATION,	INC.		27-4154672
Part I-A Comple	ete if the org	anization is exempt unde	er section 501(c) o	or is a section 527 or	ganization.
		ation's direct and indirect politica			N
2 Political campaign	,				6
3 Volunteer hours for	political campai	gn activities			
Part I-B Comple	ete if the org	anization is exempt unde	r section 501(c)(3	3).	
1 Enter the amount o	f any excise tax	incurred by the organization unde	er section 4955	► 9	6
2 Enter the amount o	f any excise tax	incurred by organization manage			
		n 4955 tax, did it file Form 4720 f			
4a Was a correction m	ade?				Yes No
b If "Yes," describe ir	i Part IV.				
-		anization is exempt unde	• • •		
		by the filing organization for sec			§
		ization's funds contributed to oth			N
exempt function ac		. Add lines 1 and 2. Enter here ar			•
	-	. Add lines 1 and 2. Enter here ar			2
		1120-POL for this year?			
		ployer identification number (EIN			
		ion listed, enter the amount paid			
		omptly and directly delivered to a			te segregated fund or a
political action com	mittee (PAC). If a	additional space is needed, provi	de information in Part	IV.	
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
					ļ

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

Schedule C (Form 990) 2021

132041 11-03-21

Schedule C (Form 990) 2021	WNY W	OMEN'S	FOUNDATION	, INC.	27-4	154672 Page 2
Part II-A Complete if the org	anizatio	n is exem	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).						
		-	• • •	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and shar		, .	. ,			
B Check ▶ if the filing organiza	tion check	ed box A an	d "limited control" pro	visions apply.	(a) Filing	(h) Affiliated around
		bying Expen leans amou	ditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience pub	lic opinion (a	rassroots lobbying)			
b Total lobbying expenditures to influ	•				1,656.	
c Total lobbying expenditures (add li					1,656.	
d Other exempt purpose expenditure	s				506,028.	
e Total exempt purpose expenditure	s (add line	s 1c and 1d)			507,684.	
f Lobbying nontaxable amount. Ente	er the amo	unt from the	following table in both	i columns.	101,153.	
If the amount on line 1e, column (a) o	r (b) is:	The lob	oying nontaxable amo	ount is:		
Not over \$500,000			he amount on line 1e.			
Over \$500,000 but not over \$1,000			0 plus 15% of the exce			
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exce	· · · · · ·		
Over \$1,500,000 but not over \$17,	000,000		0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.]		
g Grassroots nontaxable amount (en	ter 25% of	line 1f)			25,288.	
h Subtract line 1g from line 1a. If zero		,			0.	
i Subtract line 1f from line 1c. If zero					0.	
j If there is an amount other than zer	-					
reporting section 4911 tax for this					[Yes No
		4-Year Ave	raging Period Under	Section 501(h)		
(Some organizations th)1(h) election do not h ite instructions for lin	•	f the five columns be	low.
	Lob	oying Expen	ditures During 4-Yea	r Averaging Period		Γ
Calendar year (or fiscal year beginning in)	(a)	2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	10	9,741.	109,564.	131,395.	101,153.	451,853.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						677,780.
c Total lobbying expenditures		1,602.	1,833.	1,277.	1,656.	6,368.
d Grassroots nontaxable amount	2	7,435.	27,391.	32,849.	25,288.	112,963.
e Grassroots ceiling amount (150% of line 2d, column (e))						169,445.
f Grassroots lobbying expenditures					O-h-h	ule C (Eorm 990) 2021

Schedule C (Form 990) 2021

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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	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a))	(t)
	e lobbying activity.	Yes	No	Amo	ount
1 a	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?				
b c	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?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
-	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	501(c)(5) or sec	tion	
I UI	501(c)(6).		, or see		
				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?				
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."				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	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2 a		
b	Carryover from last year		2 b		
с	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	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?				
_5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	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	list); Part II-A	A, lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

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S	Cł	ΗE	DU	JLE	D	
-	U	-				

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.



h N

Department of the Treasury

Interna	Revenue Service Go to www.irs.gov/Form9	90 for instructions and the latest informa	ation.	Inspection
Nam	e of the organization WNY WOMEN'S FOUNDA	TTON, INC.		Employer identification number 27-4154672
Par			or Acco	
	organization answered "Yes" on Form 990, Part IV, lin			
	5	(a) Donor advised funds	(b)	Funds and other accounts
-	Total number at and of year		()	
1	Total number at end of year Aggregate value of contributions to (during year)			
2 3				
	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		dfunda	
5	Did the organization inform all donors and donor advisors in	-		
6	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
Par		appization answord "Yes" on Form 900 F		
			art iv, iii	
1	Purpose(s) of conservation easements held by the organizati		a historia	ally important land area
	Protection of natural habitat	·		cally important land area d historic structure
	Preservation of open space		a certine	
2	Complete lines 2a through 2d if the organization held a quali	ind conservation contribution in the form (of a conse	priction accoment on the last
2	day of the tax year.			Held at the End of the Tax Year
~				2a
a b			F	2b
0	Number of conservation easements on a certified historic str	ucture included in (a)	·····	20 20
с А	Number of conservation easements included in (c) acquired a			
u				2d
3	listed in the National Register			
U	year	cased, extinguished, or terminated by the	organizai	
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per			
-	violations, and enforcement of the conservation easements if			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	•			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easer	nents during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h	n)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			t and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that o	describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of		her Sim	nilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balanc	ce sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in fu	therance	e of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these items	3.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance sh	neet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of	f public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, pro	vide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990. Part X			► \$

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Schedule D (Form 990) 2021

Sche		EN'S FOUND						-4154			age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, or	Other S	Similar As	sets	(continu	ied)	
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the t	following that	make sigr	nificant use o	of its			
	collection items (check all that apply):			-	-	-					
а	Public exhibition		d 🗌	Loan or exc	hange progra	m					
b	Scholarly research										
c	Preservation for future generations		•								
4	Provide a description of the organization's co	loctions and ovala	in how th	ov furthor th	o organizatio	n's oxomr	t purposo in	Dort VII			
	During the year, did the organization solicit o	-		-	-	-		Fart All	1.		
5	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		,			Γ,			1
Dai	to be sold to raise funds rather than to be ma TIV Escrow and Custodial Arrange								Yes		No
I UI	reported an amount on Form 990, Par			eorganizatio	in answered	res on F	onn 990, Par	t iv, ine	9, Or		
4	• *	•					- I I I				
па	Is the organization an agent, trustee, custodia		-								٦
-	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing t	able:							
								A	mount		
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21, for (escrow or cu	ustodial accou	unt liability	?	🗀 '	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization a	nswered	"Yes" on Fo	orm 990, Part	IV, line 10					
		(a) Current year	(b) F	Prior year	(c) Two year	rs back (c	I) Three years	back (e) Four y	/ears	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g											
2	Provide the estimated percentage of the curr	ent year end balan	l co (lino 1)	a column (a)) held as:						
	Board designated or quasi-endowment			y, column (a	jj field as.						
a L	Permanent endowment	%	70								
U		% %									
C		-									
•	The percentages on lines 2a, 2b, and 2c show										
за	Are there endowment funds not in the posses	ssion of the organiz	ation tha	it are held ar	nd administer	ed for the	organization		Б	/es	No
	by:							ſ		res	NO
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations							·····	3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							L	3b		
4	Describe in Part XIII the intended uses of the		owment f	unds.							
Par	t VI Land, Buildings, and Equipm					B	10				
	Complete if the organization answered	d "Yes" on Form 99	0, Part IV	/, line 11a. S	See Form 990						
	Description of property	(a) Cost or		• •	t or other	• •	cumulated	(d	I) Book	value	e
		basis (invest	ment)	basis	(other)	depr	eciation	<u> </u>			
1a	Land										
b	Buildings										
	Leasehold improvements										
	Equipment			2	0,265.		19,735.			53	30.
е	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e		t X. colun	nn (B), line 1	0c.)					53	30.
		<u> </u>		, <u> </u>				dule D	(Form	990)	2021

Schedule D (Form 990) 2021	WNY	WOMEN'S	FOUNDATION,	INC.

			11b. See Form 990, Part X, line 12.	-f
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	oi-year market value
	al derivatives			
-	held equity interests			
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	h) must squal Form 000 Dart V sol (D) line 10)			
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.)			
	Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(1)				s. you manot value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
art IX	Other Assets.			
Part IX	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
	Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	
(1) AS	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(1) AS (2)	Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	
(1) AS (2) (3)	Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	
(1) AS (2) (3) (4)	Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	
(1) AS (2) (3) (4) (5)	Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	
(1) AS (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	
(1) AS (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	
(1) AS (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	
(1) AS (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) SETS HELD IN TRUST	Description		2,229,305
(1) AS (2) (3) (4) (5) (6) (7) (8) (9) otal. <i>(Colu</i>)	Complete if the organization answered "Yes" (a)	Description		2,229,305
(1) AS (2) (3) (4) (5) (6) (7) (8) (9) otal. <i>(Colu</i>)	Complete if the organization answered "Yes" (a) SETS HELD IN TRUST	Description		2,229,305
(1) AS (2) (3) (4) (5) (6) (7) (8) (9) ottal. (Colu Part X	Complete if the organization answered "Yes" (a) SETS HELD IN TRUST (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description		2,229,305
(1) AS (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X	Complete if the organization answered "Yes" (a) SETS HELD IN TRUST (b) must equal Form 990, Part X, col. (B) line (Complete if the organization answered "Yes")	Description		2,229,305
(1) AS (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Colu Part X (1) Fed	Complete if the organization answered "Yes" (a) SETS HELD IN TRUST umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		2,229,305
(1) AS (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X	Complete if the organization answered "Yes" (a) SETS HELD IN TRUST umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		2,229,305
(1) AS (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Colu Part X (1) Fed (2)	Complete if the organization answered "Yes" (a) SETS HELD IN TRUST umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		2,229,305
(1) AS (2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Fed (2) (3)	Complete if the organization answered "Yes" (a) SETS HELD IN TRUST umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		2,229,305
(1) AS (2) (3) (4) (5) (6) (7) (8) (9) Part X (9) Part X (1) Fed (2) (3) (4)	Complete if the organization answered "Yes" (a) SETS HELD IN TRUST umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		2,229,305
(1) AS (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Colu Part X (1) Fed (2) (3) (4) (5)	Complete if the organization answered "Yes" (a) SETS HELD IN TRUST umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		2,229,305
(1) AS (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (6) (7) (6) (7)	Complete if the organization answered "Yes" (a) SETS HELD IN TRUST umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		2,229,305
(1) AS (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Colu Part X (9) Otal. (Colu Part X (1) Fed (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" (a) SETS HELD IN TRUST umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		2,229,305

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) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 WNY WOMEN'S FOUNDATION,	INC.		27-4	4154672 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With			
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,237,811.
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	11,866.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	354,617.		
е	Add lines 2a through 2d			2e	366,483.
3	Subtract line 2e from line 1			3	871,328.
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	871,328.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses per F	Returr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total expenses and losses per audited financial statements			1	539,961.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	11,866.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	20,411.		
е	Add lines 2a through 2d			2e	32,277.
3	Subtract line 2e from line 1			3	507,684.
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 1	<u>8.)</u>		5	507,684.
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	334,206.
SPECIAL EVENT EXPENSES	20,411.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	354,617.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

20,411.

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SCHEDULE G	Suppleme	ities	OMB No. 1545-0047							
(Form 990)		mplete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury		Attach to Form 990						Open to Public		
Internal Revenue Service	► Go		Inspection							
Name of the organization		EN'S FOUNDATION, II	NC.				27-4154	entification number 1672		
		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not		
· · · ·	complete this part	ed funds through any of the followin	a activ	ities. (Check all that apply.					
a 📃 Mail solicitat	-		-		overnment grants					
	email solicitations			-	nment grants					
c Phone solici		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 pr			•	<i>6</i>	Ye			
compensated at le	•	viduals or entities (fundraisers) pursua organization.	ant to a	agreei	ments under which tr	ne tur	ndraiser is to b	e		
		-	(iii)	Did		(v)	Amount paid			
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of from activity		to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by)			
				ributions?			organization			
			Yes	No	-					
								ļ		
Total	<u></u>									
3 List all states in white or licensing.	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is (exempt from r	egistration		
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Ζ.		Schedul	e G (Form 990) 2021		

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WNY WOMEN'S FOUNDATION, INC.

27-4154672 Page 2

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

1			(a) Event #1	(b) Event #2	(c) Other events	(.)) T - 4 - 1
			WHAT SHE'S	LEADERSHIP	NONE	(d) Total events
			MADE OF	SUMMIT	HOHE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
E					(total hambol)	
Hevenue	1	Gross receipts	132,998.	73,862.		206,860
	2	Less: Contributions	54,510.			54,510
	3	Gross income (line 1 minus line 2)	78,488.	73,862.		152,350
	4	Cash prizes				
	5	Noncash prizes				
oenses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		14,569.		20,411 20,411
.	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	20,411
		Net income summary. Subtract line 10 from li				131,939
	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.			eported more than	
Hevenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
Ř	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes % No	
			- · · · · · · · · · · · · · · · · · · ·		►	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	7 8	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
)	8 Ent	Net gaming income summary. Subtract line 7	from line 1, column (d)		►	Yes N
a	<u>8</u> Ent	Net gaming income summary. Subtract line 7	from line 1, column (d) acts gaming activities:		►	Yes N
a b	8 Ent Is t If "I	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming ac No," explain:	from line 1, column (d) ucts gaming activities: ctivities in each of these	states?	>	
a b	8 Ent Is t If "I	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct he organization licensed to conduct gaming a	from line 1, column (d) icts gaming activities: ctivities in each of these evoked, suspended, or te	states?	>	
a b	8 Ent Is t If "I	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming ac No," explain:	from line 1, column (d) icts gaming activities: ctivities in each of these evoked, suspended, or te	states?	>	

Sch	edule G (Form 990) 2021	WNY	WOMEN'S FOUNDATION, INC.	27-4	154672	Page 3
		gaming acti	ities with nonmembers?		Yes	No No
12			trustee of a trust, or a member of a partnership or other entity for			
					Yes	No
	Indicate the percentage of gam					
					13a 13b	<u>%</u>
			who prepares the organization's gaming/special events books an		130	70
••		the percent				
	Name 🕨					
	Address 🕨					
15a	Does the organization have a c	ontract with	a third party from whom the organization receives gaming reven	ue?	Yes	🗌 No
h	If "Voc " optor the amount of a	ming rovon	e received by the organization \blacktriangleright \$ and	the amount		
L.	of gaming revenue retained by			the amount		
c	If "Yes," enter name and addre					
	Name 🕨					
	Address ►					
16	Gaming manager information:					
	Name 🕨					
	Gaming manager compensation	n 🕨 \$				
	5 5 1	· ·				
	Description of services provide	d 🕨				
	Director/officer	Em Em	loyee Independent contractor			
	Mandatory distributions:					
а	retain the state gaming license		to make charitable distributions from the gaming proceeds to		Yes	🗌 No
b	• •		nder state law to be distributed to other exempt organizations o			
	organization's own exempt acti					
Pa			Provide the explanations required by Part I, line 2b, columns (iii)	and (v); and Par	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b,	as applicab	e. Also provide any additional information. See instructions.			
1320	33 10-21-21			Sched	ule G (Form	990) 2021
			38		•	

2021.04030 WNY WOMEN'S FOUNDATION, I W0324801

Schedule G	G (Form	990)
D /		

Part IV Supplemental Information (continued)	
120024 11 19 21	Schedule G (Form 990)

132084 11-18-21

SCHEDULE I (Form 990)	Go	arants and Oth vernments, an ete if the organization	d Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.ir	Attach to For	m 990. r the latest inforn	nation		Open to Public Inspection
Name of the organization WNY WOMEI	N'S FOUNDA	TION, INC.					Employer identification number 27-4154672
Part I General Information on Grants		-					
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's p 	istance?						
Part II Grants and Other Assistance to recipient that received more than	-				anization answered "Y	es" on Form 990, Parl	: IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JAMESTOWN COMMUNITY COLLEGE 525 FALCONER ST JAMESTOWN, NY 14701	16-1191893	govt	39,182.	0.			MOMS: FROM EDUCATION TO EMPLOYMENT
 2 Enter total number of section 501(c)(3) 3 Enter total number of other organization 	ns listed in the line ⁻	I table					

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

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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.

SCHEDULE O (Form 990)

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

WNY WOMEN'S FOUNDATION, INC.

Inspection Employer identification number 27-4154672

OMB No. 1545-0047

Open to Public

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

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

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 AND OFFICERS. TRUSTEES ABSTAIN FROM VOTING ON MATTERS WHERE A

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

334,206.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization WNY WOMEN'S FOUNDATION, INC.	Page : Employer identification number 27-4154672
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
132212 11-11-21	Schedule O (Form 990) 202
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