Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) OMB No. 1545-0047

► 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. Department of the Treasury Internal Revenue Service

Open to Public Inspection

Α	For t	ne 2021 calen	dar year, or tax year beginning $//01$, 2021,	and ending	6/3	U	,	20 2022				
В	Check	if applicable:	С) Employ	yer identif	ication number	,			
	А	ddress change	NGO COMMITTEE ON THE STATUS OF			13-	41249	112				
	_	ame change	WOMEN NY, INC.			E Telepho						
	\vdash		777 UNITED NATIONS PLAZA 1ST FLOOR									
	In	nitial return	NEW YORK, NY 10017-3521			(21	2) 86	57-6161				
	Fi	nal return/terminated	NEW TORK, NI 1001/-3321									
		mended return			l (G Gross r	eceipts \$	20	6,321.			
	\vdash	İ	F Name and address of principal officer: LOTIDY CETIDETERTAN	H	a) Is this a				137			
	А	pplication pending	HOURI GEUDELEKIAN	'	•			— — .				
			SAME AS C ABOVE		b) Are all su If "No," a	ittach a list	s included t. See inst	ructions.	es No			
1	Tax-	-exempt status:	X = 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	-, -							
J	We	bsite: ► WW	W.NGOCSW.ORG	H	c) Group ex	emption n	umber ►					
K			11		•			gal domicile:	17.7			
_		n of organization:		ear of formation:	2000	IVI 3	State of le	gai domicile: 1	NI			
Pa	rt I	Summar										
	1		be the organization's mission or most significant activities: A									
a)		AND FOR	SUBSTANTIVE DISCUSSION ON ISSUES AND PO	LICIES R	ELATEI	OT	WOMEN	AND OT	HER			
Governance		RELEVANT	WOMEN-RELATED STUDIES AND PROGRAMS.									
EL.												
ē	2	Check this bo	if the organization discontinued its operations or disp	osed of more	than 25	% of its	net ass	ets				
ලි	3	Number of vo	ting members of the governing body (Part VI, line 1a)	0300 01 111010	than 25	70 01 113	3		8			
∘ŏ	4	Number of in	dependent voting members of the governing body (Part VI, line	1h)			4					
S	5		of individuals employed in calendar year 2021 (Part V, line 2a				5		11			
Ě	2						_		2			
Activities &	6		of volunteers (estimate if necessary)				6		20			
Ă			ed business revenue from Part VIII, column (C), line 12				7a		0.			
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11				7b		0.			
					Pri	or Year		Current	Year			
_	8	Contributions	and grants (Part VIII, line 1h)			113,4	157.	6	54,447.			
Ē	9		rice revenue (Part VIII, line 2g)			129,5			1,825.			
Revenue	10		icome (Part VIII, column (A), lines 3, 4, and 7d)			127,	56.		49.			
ě	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	L			50.		49.			
_						0.40 (20.6	0.0				
	12		e – add lines 8 through 11 (must equal Part VIII, column (A), li			243,0		20	06,321.			
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)			70,0	000.		5,000.			
	14	Benefits paid	to or for members (Part IX, column (A), line 4)									
	15	Salaries, other	er compensation, employee benefits (Part IX, column (A), lines	5-10)		45,3	302	5	55,837.			
es	10-			· · · · · · · · · · · · · · · · · · ·					3,037.			
Expenses	тоа		fundraising fees (Part IX, column (A), line 11e)									
9	b	Total fundrais	sing expenses (Part IX, column (D), line 25) ►									
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)			524,0	193	26	8,325.			
				L								
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25).			639,3			29,162.			
	19	Revenue less	expenses. Subtract line 18 from line 12		-	-396,3	369.	-12	22,841.			
5 g					Beginning	of Currer	nt Year	End of	Year			
ets a	20	Total assets	(Part X, line 16)			264,8	350.	14	2,249.			
Net Assets Fund Balanc	21	Total liabilitie	s (Part X, line 26)				0.		240.			
e e	22			F		064 (250	1.4				
			fund balances. Subtract line 21 from line 20			264,8	350.	14	12,009.			
Pa	rt II	Signatur	e Block									
Und	er pena	Ities of perjury, I de	clare that I have examined this return, including accompanying schedules and stater rer (other than officer) is based on all information of which preparer has any knowle	ments, and to the	best of my	knowledge	and belie	f, it is true, com	ect, and			
com	plete. D	eclaration of prepa	rer (other than officer) is based on all information of which preparer has any knowle	dge.								
c:	· n	Signatu	re of officer		Date							
Sig He	111				CIIA TDI	DED 00.						
пе	re		RY GEUDELEKIAN		CHAIR	PERSO.	N					
		Type or	print name and title									
_		Print/Type p	reparer's name Preparer's signature	Date	C	Check	if F	PTIN				
Pa	id	KEVIN	R. FRANCIS, CPA	1		elf-employ	ed I	20052200)()			
				1			- [1	. 5052200	, 			
- r(epar	. l	11111111 & 0011111111 / 221					40405:-				
US	e Or	Firm's addre							Firm's EIN ► 13-4042845			
_			BARDONIA, NY 10954		F	Phone no.	(845) 623-3	884			
Ma	v the	IRS discuss th	is return with the preparer shown above? See instructions					X Yes	No			

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

4e Total program service expenses ► 211,720.

Form 990 (2021) NGO COMMITTEE ON THE STATUS OF 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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
12 a	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	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		Х
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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	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
	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		Х

Form 990 (2021) NGO COMMITTEE ON THE STATUS OF Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a 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		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
25	a 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		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	former officer, director, trustee, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
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		Х
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):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	c 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		Х
29		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31		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		Х
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		Х
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		Х
35	a 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? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
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		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
		1 c		(000
BAA	1 ICEA0104F 03/2/2/1	Form	990 (2021

Form 990 (2021) NGO COMMITTEE ON THE STATUS OF

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

			res	NO				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X				
b	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b						
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х				
b	olf 'Yes,' enter the name of the foreign country►							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X				
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c						
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х				
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b						
7 Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х				
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 b						
	Form 8282?	7 c		X				
d	If 'Yes,' indicate the number of Forms 8282 filed during the year							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х				
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	711						
	organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
	Section 501(c)(12) organizations. Enter:							
	a Gross income from members or shareholders							
	against amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year							
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
	Denter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	of If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14a		- 23				
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	141						
ıIJ	excess parachute payment(s) during the year?	15		Х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If 'Yes,' complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17						
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	.,						

Form 990 (2021) NGO COMMITTEE ON THE STATUS OF 13-4124912 Page 6 Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent. . . . 11 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? Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?..... 8 2 **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O. 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records SUSAN O'MALLEY 777 UNITED NATIONS PLAZA 1ST FLOOR NEW YORK NY 10017-3521 (212)867-616

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

				(C))					_
(A) Name and title	(B) Average hours	thar	one both	n (do not check more ne box, unless person oth an officer and a director/trustee)			on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-271099- (W-271099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) SAPHIRA RAMESHFAR	5									
REC. SECRETARY	0	Χ						0.	0.	0.
(2) ROSA LIZARDE	0									
BOARD MEMBER	0	Χ						0.	0.	0.
(3) PAMELA MORGAN	0									
BOARD MEMBER	0	Χ						0.	0.	0.
(4) HOURY GEUDELEKIAN	5									
CHAIRPERSON	0	Χ						0.	0.	0.
(5) IVY KOEK	5									
VICE CHAIR	0	Χ						0.	0.	0.
(6) MARGARETHA JONES	5									
TREASURER	0	Χ						0.	0.	0.
(7) TERRY INCE	5									
BOARD MEMBER	0	Χ						0.	0.	0.
(8) AZADEH KHALILI	5									
COMM. SECRETARY	0	Χ						0.	0.	0.
_(9)										
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, 1r	ustees, (B)	ney	Em	•	oye C)	es,	and	Hignest Con	ipensated Emp	oyees	(contin	iued)
(A) Name and title	Average hours per week	offic	, unle cer ar	Pos check ess pe	sition more erson direct	e than is both or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from		
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the o	nsation f rganizati d related anizations	on
(15)												
(16)												
<u>(17)</u>												
(18)												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Subtotal							>	0.	0.			0.
c Total from continuation sheets to Part VII, Sect							>	0.	0.			0.
d Total (add lines 1b and 1c)							► ved	0. more than \$100,00	0. 00 of reportable comp	ensatio	า	0.
from the organization • 0											Yes	No
3 Did the organization list any former officer, direction line 1a? <i>If 'Yes,' complete Schedule J for suc</i>	ctor, truste	ee, ke	ey ei	mpl	oyee	e, or	high	nest compensated	l employee	3	165	X
4 For any individual listed on line 1a. is the sum of	of reportab	le co	mpe	ensa	ation	and	oth	er compensation	from	. 3		Λ
the organization and related organizations great such individual							· · · ·			. 4		X
for services rendered to the organization? If 'Ye	s,' comple	te So	chea	dule	J fo	r suc	ch p	erson	·····	. 5		Χ
1 Complete this table for your five highest comper compensation from the organization. Report compe	nsated ind	epen	dent	t co	ntra	ctors	tha	t received more t	han \$100,000 of	,		
(A) Name and business add		uie c	alcii	uai	ycai	enui	ng v	(B))		C) nsatio	n
								-				
2 Total number of independent contractors (including		ited to	o tho	ose I	listed	d abo	ve)	l who received more	than			
\$100,000 of compensation from the organization	0											

Form 990 (2021) NGO COMMITTEE ON THE STATUS OF 13-4124912 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII.... (B) Related or (A) Total revenue (D) Unrelated Revenue exempt excluded from tax business under sections 512-514 function revenue revenue 1 a Federated campaigns 1 a Gifts, Grants, ilar Amounts **b** Membership dues..... 1 b 24,025 c Fundraising events..... 1 c d Related organizations 1 d e Government grants (contributions) 1 e Contributions, f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 40,422 q Noncash contributions included in 1 g lines 1a-1f. h Total. Add lines 1a-1f..... 64,447 **Business Code** Program Service Revenue 2a STATUS OF WOMEN FORUM 141,825 141,825 **f** All other program service revenue. . . g Total. Add lines 2a-2f 141,825 Investment income (including dividends, interest, and other similar amounts) 49 49 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). 7с **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 8a 8b **b** Less: direct expenses..... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10 a** Gross sales of inventory, less returns and allowances. 0a 10b **b** Less: cost of goods sold.... **c** Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue d All other revenue.

206,

141

,874

0

e Total. Add lines 11a-11d.

12

Total revenue. See instructions.....

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

	Check if Schedule O contains a re	sponse or note to any			
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		37,747.000	3	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	5,000.	5,000.		
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, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	50,431.	45,388.	5,043.	<u> </u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30, 131.	13,300.	3,013.	
9	Other employee benefits				
10	Payroll taxes	5,406.	4,865.	541.	
11	Fees for services (nonemployees):				
a	Management				
ŀ	Legal				
(: Accounting	43,331.		43,331.	
C	I Lobbying				
6	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)				
13	Office expenses	26,700.		26,700.	
14	Information technology	20,700.		20,700.	
15	Royalties				
16	Occupancy	29,111.		29,111.	
17	Travel	164.	164.	23/1111	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1011	1011		
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1 775		1 775	
22	Depreciation, depletion, and amortization	1,775.		1,775.	
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).	4,110.		4,110.	
a	CSW_RECEPTION_AND_EVENTS	57,086.	57,086.		
	CONSULTATION DAY	42,085.	42,085.		
(GENERATION EQUALITY	31,375.	31,375.		
	COMPUTER PROGRAMMING & SERVICE	15,708.	14,137.	1,571.	
6	All other expenses	16,880.	11,620.	5,260.	
25	Total functional expenses. Add lines 1 through 24e	329,162.	211,720.	117,442.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	any line	in this Part X	<u></u>	<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			228,442.	1	137,837.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			23,221.	3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	er officer, I contributers	director, or, or 35%		5	
	6	Loans and other receivables from other disqualified p		<u> </u>			
	О	section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net		`` <i>'</i>		7	
တ	-	Inventories for sale or use		_		8	
ě	8			H-	7 000		
Assets	9	Prepaid expenses and deferred charges	1 1		7,000.	9	
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		31,239.			
	b	Less: accumulated depreciation		29,111.	3,903.	10 c	2,128.
	11	Investments — publicly traded securities		-		11	
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,284.	15	2,284.
	16	Total assets. Add lines 1 through 15 (must equal line	33)		264,850.	16	142,249.
	17	Accounts payable and accrued expenses				17	240.
	18	Grants payable		18			
	19	Deferred revenue	_		19		
۰,	20	Tax-exempt bond liabilities	<u>-</u>		20		
ě	21	Escrow or custodial account liability. Complete Part				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor. or 35	%		22	
_	23	Secured mortgages and notes payable to unrelated the				23	
	24	Unsecured notes and loans payable to unrelated third	•			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•			25	
	26	Total liabilities. Add lines 17 through 25		L	0.	26	240.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	≥ ► X				
a	27				199,293.	27	112,322.
Ba	28	Net assets with donor restrictions			65,557.	28	29,687.
ā		Organizations that do not follow FASB ASC 958, che	ck here ►		33733.1		
Net Assets or Fund Balance		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
ė is	30	Paid-in or capital surplus, or land, building, or equipment of the surplus of the		<u> </u>		30	
SS	31	Retained earnings, endowment, accumulated income	, or other t	funds		31	
) t /	32	Total net assets or fund balances			264,850.	32	142,009.
ž	33	Total liabilities and net assets/fund balances	<u></u>	<u> </u>	264,850.	33	142,249.
RΔ	Δ		TEEA0111L	09/22/21			Form 990 (2021)

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI.							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20	06,3	321.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	32	29,1	62.			
3	Revenue less expenses. Subtract line 2 from line 1	3			341.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			350.			
5 Net unrealized gains (losses) on investments								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.			
10								
	column (B))	10	1	42,0	09.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				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 O.							
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	Χ				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	ed on a						
	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 separa							
	basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
	c If Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?								
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b					
3A/	TEEA0112L 09/22/21		Form	990	(2021)			

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name	of the organization NGO COMMIT'S	1 2 41 2 4		ber						
Davi	WOMEN NY, I		raonizations must	aamal	oto thi	13-4124				
Par	organization is not a private found						ructions.			
111e (A church, convention of church				•	•				
2	A school described in section				ру гусау	1).				
	A hospital or a cooperative h				0/6\/1\/	.v:::				
3		, ,			` / ` / `	· ·		. baanitalla		
4	A medical research organization		unction with a hospital ((a)(1)(A)(III)). Enter the	= nospitai s		
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	An organization that normally rin section 170(b)(1)(A)(vi). (eceives a substantial ¡ Complete Part II.)	part of its support from a	governm	ental un	t or from the general	public des	cribed		
8	A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part	l.)						
9	An agricultural research organiz	zation described in se	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant o	ollege			
	or university or a non-land-grar university:	-	e (see instructions). Enter			and state of the colle	ge or 			
10	X An organization that normally from activities related to its investment income and unrel June 30, 1975. See section 5	exempt functions, sul ated business taxab	bject to certain exception le income (less section	ns; and	(2) no r	nore than 33-1/3%	of its supp	ort from gross		
11	An organization organized ar		•	ety. See	section	1 509(a)(4).				
12	or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on									
а	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.									
b	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.									
c	· · · · · · · · · · · · · · · · · · ·		tion operated in connection	n with, a	nd function	onally integrated with,	its supporte	ed		
d	Type III non-functionally integrated. The of	rated. A supporting org	ganization operated in cor y must satisfy a distribu	nection	with its s	supported organizatio	n(s) that is	not		
e	instructions). You must comple Check this box if the organization integrated, or Type III non-fu	ation received a writ	ten determination from	the IRS	that it is	a Type I, Type II, T	ype III fur	octionally		
f	Enter the number of supported of									
	Provide the following information	-								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed poverning nent?	(v) Amount of monetal support (see instruction		Amount of other rt (see instructions)		
				Yes	No					
(A)										
(B)										
(C)										
(D)										
<u>(E)</u>										
T-4										

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.)

Sec	tion A. Public Support									
begi	ndar year (or fiscal year nning 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.')									
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4									
Sec	tion B. Total Support		•	•	•	•				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources									
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.).									
	Total support. Add lines 7 through 10									
12	Gross receipts from related activ	rities, etc. (see in:	structions)			12				
	First 5 years. If the Form 990 is organization, check this box and	stop here		, third, fourth, or f	ifth tax year as a	section 501(c)(3)			
Sec	tion C. Computation of Pu	blic Support P	ercentage			Γ				
14 15	Public support percentage for 20 Public support percentage from	ı∠ı (line 6, colum 2020 Schedule ∆	n (t), divided by li Part II line 14	ine II, column (f))	14	%			
	33-1/3% support test—2021. If t and stop here. The organization	he organization d	id not check the b	oox on line 13, an	d line 14 is 33-1/3	3% or more, ched	ck this box			
b	33-1/3% support test—2020. If the and stop here. The organization	e organization die	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more,	check this box			
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and stop here	e. Explain in Parl	VI how			
	 b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. 									
. 5	ate roundation. If the organi.	Ladon did not one	on a box on line	10, 10a, 10b, 17a	, 5. 175, CHOCK III	is son and see if	150 400015			

Schedule A (Form 990) 2021

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

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

Sec	tion A. Public Support						
Calend	lar 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.)	147,460.	150,126.	530,955.	113,457.	32,959.	974,957.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	302,986.	305,715.	54,025.	129,513.	141,825.	934,064.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	302,300.	303,713.	34,023.	123,313.	141,023.	0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	450,446.	455,841.	584,980.	242,970.	174,784.	1,909,021.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)	0.	0.	0.	0.	0.	1,909,021.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	450,446.	455,841.	584,980.	242,970.	174,784.	1,909,021.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511	19.	24.	16.	56.	49.	164.
	taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b	19.	24.	16.	56.	49.	164.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. (Add lines 9, 10c, 11, and 12.)	450,465.	455,865.	584,996.	243,026.	174,833.	1,909,185.
14	First 5 years. If the Form 990 is a organization, check this box and	for the organization stop here	n's first, second, f	third, fourth, or fi	fth tax year as a s	section 501(c)(3)	▶ 🗌
Sec	tion C. Computation of Pul	olic Support Po	ercentage				-
	Public support percentage for 20	•				<u> </u>	99.99 %
	Public support percentage from 2					16	99.99 %
Sec	tion D. Computation of Inv	estment Incon	ne Percentage				
	Investment income percentage for	•		-			0.01 %
	Investment income percentage fi						0.01 %
	33-1/3% support tests—2021. If t is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	s a publicly suppo	orted organization	► <u>X</u>
	33-1/3% support tests—2020. If t line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	organization qua	alifies as a publicl	y supported orgai	nization ►
20	Private foundation. If the organiz	zation did not ched	ck a box on line 1	4, 19a, or 19b, cl	heck this box and	see instructions.	▶ ∐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe	•		
	the designation. If historic and continuing relationship, explain.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
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.	9b		
С	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 .	9с		
0a	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.	10a		
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.)	10b		

BAA TEEA0404L 08/31/21 Schedule A (Form 990) 2021

Pa	irt IV Supporting Organizations (continuea)			
	the the consisting and the sift of a stability time from the fall of the fall of the same of the fall of the same		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described 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		
		11c		
^ -	c 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 .	110		
se	ction B. Type I Supporting Organizations			
	Did the reversion hady manches of the reversion hady afficers action in their afficial associaty or manches had an		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? If 'No,' describe in Part VI how the supported			
	organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees			
	were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers	1		
	during the tax year.	-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)			
	that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the			
	supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
	<u> </u>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
	of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction D. All Type III Supporting Organizations			
-			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3				
	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this regard.	3		
Se	ction 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. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instri	ıction	5)
	The organization supported a governmental entity. Describe in Fair Vi now you supported a governmental entity (see	1115010	ictions	<u>.</u>
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was			
	responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities.	2a		
	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 position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
-	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 .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its			
	supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

SCITE	edule A (Form 990) 2021 NGO COMMITTEE ON THE STATUS OF		13-41	24912 Page (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	ov. 20, 1970 (explain ir st complete Sections A	Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
á	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
(d Total (add lines 1a, 1b, and 1c)	1d		
-	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency			

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

BAA Schedule A (Form 990) 2021

Pa	rt V $ $ Type III Non-Functionally integrated 509(a)(3) Supporting Organizations (cont	inuea)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the 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	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable 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			
i 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, <i>explain in Part VI</i> . 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			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

BAA TEEA0408L 08/31/21 Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

NGO COMMITTEE ON THE STATUS OF WOMEN NY, INC.

WON	MEN NY, INC.			13-4124912	
Par	t Organizations Maintaining Dono	or Advised Funds or Other S	Similar Fun	ds or Accounts.	
	Complete if the organization ans	·	· · · · · · · · · · · · · · · · · · ·	6.	
_		(a) Donor advised fund	ds	(b) Funds and other accou	unts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the ass organization's exclusive legal con	ets held in do trol?	nor advised funds	No
6	Did the organization inform all grantees, donc for charitable purposes and not for the benefi impermissible private benefit?	it of the donor or donor advisor, or	for any other	purpose conferring	No
Par	t II Conservation Easements.		and D.C. Care		
	Complete if the organization ans Purpose(s) of conservation easements held b			7.	
1	Preservation of land for public use (for exam	`	<u></u> ,,	on of a historically important land	aroa
	Protection of natural habitat	pie, recreation or education)		on of a certified historic structure	alea
	Preservation of open space		reservation	on a confined materic structure	
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribu	ition in the form	o of a conservation easement on the	2
_	last day of the tax year.	Tield a qualified conservation contribu			,
				Held at the End of the	Tax Year
	Total number of conservation easements				
	Total acreage restricted by conservation ease				
•	Number of conservation easements on a certi	ified historic structure included in ((a)	2c	
(Number of conservation easements included i structure listed in the National Register			2d	
3	Number of conservation easements modified, traitax year ►	nsferred, released, extinguished, or to	erminated by th	ne organization during the	
4	Number of states where property subject to conse	ervation easement is located ►		_	
5	Does the organization have a written policy reand enforcement of the conservation easeme				No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, and	d enforcing cor	nservation easements during the year	ar
7	Amount of expenses incurred in monitoring, insper ▶\$	ecting, handling of violations, and ent	forcing conserv	ation easements during the year	
8	Does each conservation easement reported o and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requir	ements of sec	etion 170(h)(4)(B)(i)Yes	No
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote conservation easements.	to the organization's financial state	ements that d	escribes the organization's accou	sheet, and nting for
Par	TIII Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Tre wered 'Yes' on Form 990, P	asures, or art IV, line	Other Similar Assets. 8.	
1 a	a If the organization elected, as permitted unde historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	eld for public exhibition, education,	or research in	atement and balance sheet works n furtherance of public service, pr	s of art, rovide in
I	If the organization elected, as permitted unde historical treasures, or other similar assets held f following amounts relating to these items:	for public exhibition, education, or res	earch in furthe	rance of public service, provide the	art,
	(i) Revenue included on Form 990, Part VIII,				
	(ii) Assets included in Form 990, Part X				
	If the organization received or held works of art, I amounts required to be reported under FASB	ASC 958 relating to these items:			
	Revenue included on Form 990, Part VIII, line				
	Assets included in Form 990, Part X	<u></u>		▶\$	

Part III Organizations Maintaining College	ections of Art, Histo	rical Treasures, or	r Other Similar Ass	ets (continued)
3 Using the organization's acquisition, accession, a items (check all that apply):	and other records, check ar	ny of the following that m	nake significant use of its	collection
a Public exhibition	d Loan o	or exchange program		
b Scholarly research	e Other			
c Preservation for future generations				
4 Provide a description of the organization's collec Part XIII.	, ,	· ·		
5 During the year, did the organization solicit o to be sold to raise funds rather than to be ma				Yes No
Part IV Escrow and Custodial Arranger line 9, or reported an amount or			swered Yes on Fo	rm 990, Part IV,
1 a Is the organization an agent, trustee, custodion Form 990, Part X?	an or other intermediary	for contributions or othe	er assets not included	Yes No
b If 'Yes,' explain the arrangement in Part XIII				
				Amount
c Beginning balance				
d Additions during the year				
e Distributions during the year				
f Ending balance				
2a Did the organization include an amount on Fo			- 1	
b If 'Yes,' explain the arrangement in Part XIII.	Check here if the explan	lation has been provide	ed on Part XIII	
Part V Endowment Funds. Complete if	the organization on	swored 'Ves' on Fe	orm 000 Part IV lin	20.10
(a) Currer	<u> </u>			(e) Four years back
1 a Beginning of year balance	(b) Thoryean	(c) Two years back	(u) Tillee years back	(e) Four years back
b Contributions				
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance				
2 Provide the estimated percentage of the curre	ent year end balance (lin	e 1g, column (a)) held	as:	•
a Board designated or quasi-endowment ▶	%			
b Permanent endowment ►	0			
c Term endowment ► %				
The percentages on lines 2a, 2b, and 2c should	equal 100%.			
3 a Are there endowment funds not in the possessio	n of the organization that a	re held and administered	d for the	
organization by:				Yes No
(i) Unrelated organizations				3a(i)
(ii) Related organizations				
4 Describe in Part XIII the intended uses of the	· ·			. 30
Part VI Land, Buildings, and Equipmen		iii iuiius.		
Complete if the organization ans		n 990 Part IV line	11a See Form 99	0 Part X line 10
·				
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	` '	` '		
b Buildings				
c Leasehold improvements		4,464.	4,018.	446.
d Equipment		,	,	
e Other		26,775.	25,093.	1,682.
Total. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X, c			2,128.
ΒΔΔ			Sched	ule D (Form 990) 2021

Schedule D (Form 990) 2021

Complete if the organization answere (a) Description of security or category (including name of security)	(b) Book value		valuation: Cost or end-of-year market value
(1) Financial derivatives	,,,	(-)	
(2) Closely held equity interests.			
(3) Other			
(A) (B) (C) (D) (E)			
` (C)			
` (D)			
<u>; </u>			
(F)			
<u>· · · · · · · · · · · · · · · · · · · </u>			
(H)			
 (l)	_		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) !	-		
Part VIII Investments – Program Related.	•	N/A	
Complete if the organization answere			
(a) Description of investment	(b) Book value	(c) Method of valu	ation: Cost or end-of-year market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8)			
(9) (10)			
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A	D Part IV line 11	1d Soo Form 990 Part V Jino
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere	N/A d 'Yes' on Form 99	Ö, Part IV, line 11	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D	N/A	D, Part IV, line 11	1d. See Form 990, Part X, line (b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D	N/A d 'Yes' on Form 99	D, Part IV, line 11	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ! Part IX Other Assets. Complete if the organization answere (a) D (1) (2)	N/A d 'Yes' on Form 99	D, Part IV, line 11	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D	N/A d 'Yes' on Form 99	D, Part IV, line 11	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ! Part IX Other Assets. Complete if the organization answere (1) (2) (3)	N/A d 'Yes' on Form 99	D, Part IV, line 11	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ! Part IX Other Assets. Complete if the organization answere (1) (2) (3) (4)	N/A d 'Yes' on Form 99	D, Part IV, line 11	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7)	N/A d 'Yes' on Form 99	D, Part IV, line 11	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8)	N/A d 'Yes' on Form 99	D, Part IV, line 11	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/A d 'Yes' on Form 99	D, Part IV, line 11	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	N/Ad 'Yes' on Form 99	O, Part IV, line 11	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column	N/Ad 'Yes' on Form 99	O, Part IV, line 11	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities.	M/Ad 'Yes' on Form 990 escription	O, Part IV, line 11	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on	N/Ad 'Yes' on Form 99/escription (B) line 15.)	O, Part IV, line 11	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (a) Description	M/Ad 'Yes' on Form 990 escription	O, Part IV, line 11	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (a) Desc. (1) Federal income taxes	N/Ad 'Yes' on Form 99/escription (B) line 15.)	O, Part IV, line 11	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (a) Desc. (1) Federal income taxes (2)	N/Ad 'Yes' on Form 99/escription (B) line 15.)	O, Part IV, line 11	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (1) Federal income taxes (2) (3)	N/Ad 'Yes' on Form 99/escription (B) line 15.)	O, Part IV, line 11	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/Ad 'Yes' on Form 99/escription (B) line 15.)	O, Part IV, line 11	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (a) Desc. (1) Federal income taxes (2) (3) (4) (5) (6)	N/Ad 'Yes' on Form 99/escription (B) line 15.)	O, Part IV, line 11	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (a) Desc. (1) Federal income taxes (2) (3) (4) (5) (6) (7)	N/Ad 'Yes' on Form 99/escription (B) line 15.)	O, Part IV, line 11	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/Ad 'Yes' on Form 99/escription (B) line 15.)	O, Part IV, line 11	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/Ad 'Yes' on Form 99/escription (B) line 15.)	O, Part IV, line 11	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/Ad 'Yes' on Form 99/escription (B) line 15.)	O, Part IV, line 11	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/Ad 'Yes' on Form 99/escription (B) line 15.)	O, Part IV, line 11	(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per Re	turn. N/A
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d.		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b.		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Part XII Reconciliation of Expenses per Audited Financial Statemer	sta With Evnances nor I	D - 1 NT / 7
		Return. N/A
Complete if the organization answered 'Yes' on Form 990, P		Return. N/A
	art IV, line 12a.	1
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements	art IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements	art IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2a 2b	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments	2a 2b 2c	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	2a	
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	2a	1
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	1 2 e
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.	2a	1 2 e
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a	1
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2a	1 2e 3
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a	1

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

BAA Schedule D (Form 990) 2021

SCHEDULE 0 (Form 990)

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.

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NGO COMMITTEE ON THE STATUS OF WOMEN NY, INC

Employer identification number

13-4124912

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE CHAIRPERSON AND TREASURER REVIEW THE RETURN AND THEN PRESENT THE INFORMATION TO THE BOARD OF DIRECTORS FOR REVIEW.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ANNUALLY THE BOARD OF DIRECTORS IS REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO REPORT ANY CHANGES DURING THE FISCAL YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT DETERMINED AND REVIEWED BY THE BOARD OF DIRECTORS. THERE WAS NO COMPENSATION OF A CEO OR EXECUTIVE DIRECTOR DURING THE CURRENT FISCAL YEAR.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.