# 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

ч г	OI LIK	2022 Calefidai year, or tax year beginning	anu	ending			
	heck if pplicabl	C Name of organization			D Employer ide	ntificat	ion number
	Addre chang		EW YORK, INC.				
	Name chang	- · · ·			13-148	4145	)
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone nu		
	Final return	110 שבפת וווים פתפבבת		2207	(212)		-8070
	termin ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$		2,739,429.
	Amended return NEW YORK, NY 10018					up retui	
	Application		RON SEWELL-FAIR	MAN	for subordin		
	pendir	SAME AS C ABOVE			H(b) Are all subordin		
ΙT	ax-ex	empt status: X 501(c)(3) 501(c) (	(insert no.) 4947(a)(1)	or 527	If "No," atta	ch a list	t. See instructions
	Vebsi				H(c) Group exen	nption n	umber
<b>K</b> F	orm of	organization: X Corporation Trust As	sociation Other	L Year	of formation: 191	<b>5</b> м s	tate of legal domicile; <b>NY</b>
Pa	rt I	Summary					
•	1	Briefly describe the organization's mission or most	significant activities: SEE	SCHEDU	LE O		
Activities & Governance							
r	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its ne	t assets	S.
ove	3	Number of voting members of the governing body (	(Part VI, line 1a)			3	14
Ğ	4	Number of independent voting members of the gov	verning body (Part VI, line 1b)			4	14
S S	5	Total number of individuals employed in calendar y	ear 2022 (Part V, line 2a)			5	10
Ϋ́È	6	Total number of volunteers (estimate if necessary)				6	20
<b>\ct</b> i	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11	<u></u>		7b	0.
					Prior Year		Current Year
ō	8	Contributions and grants (Part VIII, line 1h)		211,61		58,020.	
eun	9	Program service revenue (Part VIII, line 2g)				0.	0.
Revenue	ı	Investment income (Part VIII, column (A), lines 3, 4,			1,543,49		82,020.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)			0.	155.
		Total revenue - add lines 8 through 11 (must equal			1,755,10		140,195.
	l	Grants and similar amounts paid (Part IX, column (A				0.	0.
	l	Benefits paid to or for members (Part IX, column (A	, , , , , , , , , , , , , , , , , , , ,			0.	0.
es	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		552,55	-	618,485.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li Total fundraising expenses (Part IX, column (D), line	ne 11e)			0.	0.
ă	b				411 Г4	4	FC0 F70
ш	۱''	Other expenses (Part IX, column (A), lines 11a-11d,			411,54 964,09		568,579.
		Total expenses. Add lines 13-17 (must equal Part IX			791,01		1,187,064. -1,046,869.
_ 0	19	Revenue less expenses. Subtract line 18 from line	12		791,01 ginning of Current Y	-	End of Year
t Assets or		Total accests (Dort V. line 10)		De	13,192,79		10,012,698.
SSe Bala	20				55,17		110,254.
let /		Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from	lina 00		13,137,61		9,902,444.
Pa	ırt II	Signature Block	III le 20		13,137,01	<u> </u>	J, J02, 444.
		Ities of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to the hest	of my kn	owledge and helief it is
		t, and complete. Declaration of preparer (other than office				o,	omouge and somon, me
	\$						_
Sign	1 <b>~</b>	Signature of officer			Date		
Her		SHARON SEWELL-FAIRMAN , PF	RESIDENT AND CEC	)			
		Type or print name and title					
		Print/Type preparer's name	Preparer's signature		Date Che	ck	PTIN
aid		MIKE SCHALL	mint sul	1	1/13/23 if self-	employed	P02024184
rep	arer	Firm's name SAX LLP			Firm's EIN		-2950760
Jse	Only	Firm's address 1040 AVENUE OF THE	E AMERICAS-16TH	FL			
		NEW YORK, NY 10018	3		Phone no.	212-	-268-2804
Мау	the II	RS discuss this return with the preparer shown abou	ve? See instructions				X Yes No
	01 12-1			ons.			Form <b>990</b> (2022)

Form	1990 (2022) WOMEN'S CITY CLUB OF NEW YORK, INC.	13-1484145	Page 2
	rt 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:		
	WOMEN CREATING CHANGE IS AN INCLUSIVE COMMUNITY THAT PAR	TNERS WITH	
	ORGANIZATIONS AND WITH NEW YORK CITY WOMEN WHO HAVE BEEN		
	SYSTEMATICALLY EXCLUDED FROM CIVIC PROCESSES TO DEVELOP		
	INFLUENCE POLICIES THAT RESULT IN MORE EQUITABLE CIVIC E		
		MGAGEMENT •	
2	Did the organization undertake any significant program services during the year which were not listed on the		▼
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		77
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	nue \$	)
	WCC ORGANIZED AND MANAGED THE CIVIC MATTERS COMMUNITY WO	RKSHOP SERIE	S
	AND ITS CORRESPONDING DESIGN TEAM. WCC'S CIVIC MATTERS W	ORKSHOPS ARE	
	SAFE SPACES WHERE WOMEN CAN GATHER TO LEARN, NETWORK, AN	D ORGANIZE TO	0
	CREATE CHANGE IN THEIR COMMUNITIES.		
	WCC ALSO DEVELOPED AN ONLINE PLATFORM CALLED THE CIVC MA	TTERS HIB WH	тсн
	WILL SERVE AS A ONE-STOP-SHOP FOR USERS TO LEARN HOW TO		
	CIVICALLY ENGAGED IN THEIR COMMUNITIES.	DE MORE	
	CIVICALLI ENGAGED IN THEIR COMMONITIES.		
	I ACRES V. MACO ODCANITADO MALERIDE VIDRILAT DIADAMO DO DOMONIO	NEW VORKER	O1T
	LASTLY, WCC ORGANIZED MULTIPLE VIRTUAL EVENTS TO EDUCATE		
	A WIDE ARRAY OF TOPICS RELATING TO CIVIC ENGAGEMENT IN N		,
	INCLUDING THE 2021 ELECTIONS AND BOARD OF ELECTION REFOR		
4b	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$	)
4	Other presume assistant (December on Cake 11 - C.)		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 853,338.		

## 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	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		.,
_	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	_		,,
	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?	_		,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	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, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	Α_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 Ie	- 25	
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	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		21	
ıza	, ,	12a	х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u>u</u>		
-	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		Х
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		Х
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		Х
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		Х

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Form **990** (2022)

Pai	rt IV Checklist of Required Schedules (continued)			9-
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1.00	1
	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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	· ·	00		X
04-	Schedule J	23		
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			1 37
	Schedule K. If "No," go to line 25a	24a		X
	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		
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		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? <i>If</i>			
ŭ	"Yes," complete Schedule L, Part IV	28a		х
h	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	200		
·		28c		X
29	"Yes," complete Schedule L, Part IV			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30		1 20		X
0.4	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		<sub>v</sub>
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			, v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	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
	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
		_	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	9		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<u>0</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	I

022) WOMEN'S CITY CLUB OF NEW YORK, INC.

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

			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	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)?	4a		X		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		x		
any contributions that were not tax deductible as charitable contributions?						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
_	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).	_		v		
a	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?	7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x		
	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d	7c				
d		7e		х		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h				
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources 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				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the					
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c	1				
	Did the apprinting president and apprint few independent and in a design the terror and	14a		х		
		14b				
15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדו				
	excess parachute payment(s) during the year?	15		x		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
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, or any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.					

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.

800	tion A. Governing Rody and Management			Δ
Sec	tion A. Governing Body and Management			Γ
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14	-		
	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 14	-		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3	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 Revenue Code.)	<u> </u>		
	This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
D		10b		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	па	- 22	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
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 to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	<del> </del>
b	Other officers or key employees of the organization	15b		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?	16a		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?	16b		
Sec	tion C. Disclosure			
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, and 990-T (section 501(c)(3))	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BRANK K PARTNERS - (201) 904-2500			
	5 SICOMAC RD, NORTH HALEDON, NJ 07508			

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

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

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

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

   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average	(do	not c	(C Posi	ition		one	(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per	box,	unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) CAROLE J. WACEY	50.00									
PRESIDENT & CEO (THROUGH 6/22)		Х		Х				120,454.	0.	6,661.
(2) MARGARET CASPLER	40.00									
INTERIM CEO				Х				124,007.	0.	0.
(3) DEBORAH MARTIN OWENS CHAIR	5.00	Х		X				0.	0.	0.
(4) SRUTHI LANKA	5.00									
SECRETARY		Х		X				0.	0.	0.
(5) SABRINA STRATTON	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) JULIA KAGAN BAUMANN	1.00								_	_
DIRECTOR (THROUGH 6/22)		Х						0.	0.	0.
(7) THERESA BERTRAND	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(8) RUTH ACKER	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(9) BARBARA ALLEN	1.00	7,7							0	0
DIRECTOR (THROUGH 6/22)	1 00	Х						0.	0.	0.
(10) ANNA WARD DIRECTOR	1.00	Х						0.	0.	0
(11) LAURA WOLFF	1.00	Λ						0.	0.	0.
DIRECTOR (THROUGH 6/22)	1.00	Х						0.	0.	0.
(12) TRACEY SALMON-SMITH	1.00	Λ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(13) BETTY JONES	1.00	21						•	<b>.</b>	<u> </u>
DIRECTOR	1.00	х						0.	0.	0.
(14) DAYANNA TORRES	1.00									
DIRECTOR		х						0.	0.	0.
(15) TRACEY-LEE BROWN	1.00									
DIRECTOR		Х						0.	0.	0.
(16) KATE MORIARTY	1.00									
DIRECTOR (THROUGH 9/22)		Х						0.	0.	0.
(17) SHOSHANA ROSENFIELD	1.00									
DIRECTOR (THROUGH 6/22)		Х						0.	0.	0.

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Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2022)

\$100,000 of compensation from the organization

WOMEN'S CITY CLUB OF NEW YORK, INC. 13-1484145 Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Revenue excluded Total revenue Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... 1a 1b **b** Membership dues ..... c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 58,020. 1f g Noncash contributions included in lines 1a-1f 1g |\$ 58,020 h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue ..... g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and 176,975. 176,975 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 2,504,279. assets other than inventory **b** Less: cost or other basis 2,599,234. Other Revenue and sales expenses 7b -94,955. c Gain or (loss) \_\_\_\_\_\_\_7c -94,955. -94,955. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS 900099 155 155. b

82,175.

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

155

140,195.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 243,607. 211,938. 19,488. 12,181. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 275,060. 223,401. 30,579. 21,080. Other salaries and wages 7 Pension plan accruals and contributions (include 13,295. 11,032. 1,352. section 401(k) and 403(b) employer contributions) 911. <u>42,3</u>97. 5,197. 51,095. 3,501. Other employee benefits 9 35,428. 29,398. 3,603. 2,427. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 48,132. 48,132. Accounting 861. 861. Lobbying Professional fundraising services. See Part IV, line 17 64,940. 64,940. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 11,137. 11,137. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 8,003. 5,730. 1,804. 469. Office expenses 13 26,752. 22,198. 2,721. 1,833. Information technology 14 15 Royalties 54,740. 6,708. 65,968. 4,520. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 9,077. 2,921. 5,928. 228. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 4,334. 3,596. 441. 297. Depreciation, depletion, and amortization 22 8,814. 7,314. 896. 604. 23 Other expenses. Itemize expenses not covered 24 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.) 307,779. 238,274. 66,069. 3,436. STUDIES & OUTREACH OTHER 12,383. 12,383. PROGRAMS & OTHER EVENTS 399. 399. С d All other expenses 1,187,064. 853,338. 282,239. 51,487. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

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Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 99,747. 68,356. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 1,000. 1,000. Pledges and grants receivable, net 3 3 Accounts receivable, net 4 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 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 5,317. 5,875. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 64,302. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a b Less: accumulated depreciation 10b 52,185. 16,451. 12,117. 10c 13,085,175. 9,813,951. 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 16,494. 80,008. 15 15 Other assets. See Part IV, line 11 13,192,793. 10,012,698. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 46,149. 43,968. 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 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 9,026. 66,286. of Schedule D 55,175. 110,254. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 13,002,410. Net assets without donor restrictions 27 9,839,514. 27 Net assets with donor restrictions 135,208. 62,930. 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

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9,902,444.

10,012,698.

31

32

33

13,137,618.

13,192,793.

31

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

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		14	0,1	<u>95.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				64.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,	,04	6,8	<u>69.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13	<u>, 13'</u>	7,6	<u> 18.</u>
5	Net unrealized gains (losses) on investments	5	-2	,18	8,3	05.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	9	, 90	2,4	44.
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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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?			<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	.			
	consolidated basis, or both:					
	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	D. [			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

## **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

WOMEN'S CITY CLUB OF NEW YORK INC

13-1484145

_				TOP OF NEW I		LINC.		3-1404143	
Pa	rt I	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.		
he	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)			
1		A church, convention of churches, or association of churches described in section 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	一	A medical research organiza					•	the hospital's name.	
		city, and state:		,				,	
5		An organization operated for	or the benefit of a col	lege or university owner	or operat	ed by a go	vernmental unit describe		
•	ш	section 170(b)(1)(A)(iv). (C		logo or anivolony owner	or operat	ou by a go	Vorminorital arms accomb	5 <b>4</b> III	
_						70/1-1/41/41	4.3		
6	<b>-</b>	A federal, state, or local gov	· ·				• •		
′	X	An organization that normal	•	ntial part of its support fi	rom a gove	ernmentai	unit or from the general p	public described in	
		section 170(b)(1)(A)(vi). (Co	• •						
8	$\square$	A community trust describe							
9		An agricultural research org	anization described	in <b>section 170(b)(1)(A)(</b>	ix) operate	ed in conju	inction with a land-grant	college	
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of the college	or	
		university:							
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	velv for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or	
		more publicly supported org	•	•	•			• •	
		lines 12a through 12d that of	-						
а		Type I. A supporting orga	* *					aivina	
u		the supported organization	•		•	_			
		• • • •			i majority c	i the direc	iors or trustees or the st	apporting	
<b>L</b>		organization. You must c	-		tion with its		d organization(s) by bay	do a	
D		Type II. A supporting orga	•					-	
		control or management of			ame perso	ns that co	ntroi or manage the supp	оопеа	
		organization(s). You mus							
С		Type III functionally inte					• •	ed with,	
		its supported organization							
d			•					• ,	
		that is not functionally into	-		•		•	veness	
		requirement (see instructi	ons). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	nization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	r the number of supported o	organizations						
g		ride the following information			I (iv) le the erec	anization listed			
	(	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount of monetary	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	

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	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	122,768.	95,223.	380,709.	211,614.	58,020.	868,334.
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	122,768.	95,223.	380,709.	211,614.	58,020.	868,334.
	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)						284,076.
6	Public support. Subtract line 5 from line 4.						584,258.
	ction B. Total Support						,
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	122,768.	95,223.	380,709.	211,614.	58,020.	868,334.
	Gross income from interest,	,	•	•			•
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	348,514.	286,582.	214,544.	209,298.	176,975.	1235913.
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.)					155.	155.
11	<b>Total support.</b> Add lines 7 through 10						2104402.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	1,275.
	First 5 years. If the Form 990 is for the				•	D1(c)(3)	•
	organization, check this box and stop	•				. , . ,	
Sec	tion C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, c	column (f))		14	27.76 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	43.10 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or mo	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				
b	33 1/3% support test - 2021. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			X
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	<b>e.</b> Explain in Part \	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line			
	more, and if the organization meets th	ne facts-and-circum	stances test, ched	ck this box and st	<b>op here.</b> Explain ir	Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
							(Farm 000) 0000

## 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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	, ,	, ,	, ,			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizat	ion,
_	check this box and stop here						
	ction C. Computation of Publi						
15	Public support percentage for 2022 (I			column (f))		15	<u>%</u>
16	Public support percentage from 2021					16	43.10 %
	ction D. Computation of Inves						
	Investment income percentage for 20					17	<u>%</u>
18	, ,					18	55.27 %
19	a 33 1/3% support tests - 2022. If the						
_	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the						
20	line 18 is not more than 33 1/3%, che						H

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

	-	No
1		
2		
3a		
3b		
0-		
Зс		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
3		
9a		
٥L		
9b		
9с		
10a		
10b		

Parent of Supported Organizations. Answer lines 3a and 3b below.

these activities but for the organization's involvement.

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.

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

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.

2b

За

Sche	edule A (Form 990) 2022 WOMEN'S CITY CLUB OF NET	W YOR	K, INC.	13-1484145 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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		

Schedule A (Form 990) 2022

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

\_\_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

10	Line 8 amount divided by line 9 amount			10	
10	Line 8 amount divided by line 9 amount	(2)	(")	10	(:::)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
<u>e</u>	Excess from 2022				

Schedule A (Form 990) 2022

## Schedule B

(Form 990)

**Schedule of Contributors** Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

**Employer identification number** 

13-1484145 WOMEN'S CITY CLUB OF NEW YORK, Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-FZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\_\$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization Employer identification number

## WOMEN'S CITY CLUB OF NEW YORK, INC.

13-1484145

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## WOMEN'S CITY CLUB OF NEW YORK, INC.

13-1484145

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

Name of organization Employer identification number WOMEN'S CITY CLUB OF NEW YORK, INC. 13-1484145 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE C** (Form 990)

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

**Political Campaign and Lobbying Activities** 

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Name of organization		lions. Complete Part III.		Er	nployer identification number
		CITY CLUB OF NE	W YORK, INC.		13-1484145
Part I-A Con	nplete if the ord	anization is exempt und	er section 501(c)	or is a section 527	
<ul><li>2 Political campa</li><li>3 Volunteer hours</li></ul>	ign activity expendits for political campai	cation's direct and indirect politic ures gn activities			
Part I-B Con	nplete if the org	anization is exempt und	er section 501(c)(3	3).	
1 Enter the amou	nt of any excise tax	incurred by the organization und	der section 4955		\$
2 Enter the amou	nt of any excise tax	incurred by organization manag	ers under section 4955		\$
		n 4955 tax, did it file Form 4720			
					Yes No
b If "Yes," describ		janization is exempt und	lar coetion E01/a	avaant aaatian E01	(0)(2)
		<u>-</u>			
		by the filing organization for se			\$
	0 0	ization's funds contributed to ot	•		Φ
					\$
·	•		·		Ф
		1120-POL for this year?			
		nployer identification number (El			
		tion listed, enter the amount pai	•	~	
contributions re	eceived that were pr	omptly and directly delivered to	a separate political orga	ınization, such as a sepa	rate segregated fund or a
political action	committee (PAC). If	additional space is needed, prov	vide information in Part I	V.	
(a) N	ame	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter	contributions received and

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

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022	WOMEN	'S CIT	Y CLUB OF NI	EW YORK, INC	13-1	48414	5 Page 2
Part II-A Complete if the org	ganizatio	n is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction un	der
section 501(h)).  A Check if the filing organization	ation holon	as to an offil	iated group (and list in	Dort IV each offiliated	group mombor's name		EINI
expenses, and sha		•	•	Fait iv each anniated	group member s name	, addiess,	LIIN,
		, ,	nd "limited control" pro	visions annly			
Lim	its on Lob	bying Exper		visionio appry.	(a) Filing organization's totals		ted group tals
1a Total lobbying expenditures to infl	uence nub	lic oninion (c	grassroots lobbying)				
<b>b</b> Total lobbying expenditures to infl	=				861.		
c Total lobbying expenditures (add I					861.		
d Other exempt purpose expenditur					853,338.		
e Total exempt purpose expenditure					854,199.		
f Lobbying nontaxable amount. Ent					153,130.		
If the amount on line 1e, column (a)			bying nontaxable amo				
Not over \$500,000	(-/		the amount on line 1e.				
Over \$500,000 but not over \$1,00	0.000		0 plus 15% of the exce	ess over \$500.000.			
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exce				
Over \$1,500,000 but not over \$17							
Over \$1,500,000 but not over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.           Over \$17,000,000         \$1,000,000.							
g Grassroots nontaxable amount (er	nter 25% of	line 1f)			38,283.		
h Subtract line 1g from line 1a. If zer					0.		
i Subtract line 1f from line 1c. If zer	o or less, e	nter -0			0.		
j If there is an amount other than ze	ero on eithe	er line 1h or l	ine 1i, did the organiza	tion file Form 4720			
reporting section 4911 tax for this	year?					Yes	☐ No
(Some organizations t		a section 50	eraging Period Under O1(h) election do not h ate instructions for lin	ave to complete all o	f the five columns be	low.	
			nditures During 4-Yea				
Calendar year (or fiscal year beginning in)	(a)	2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e)	Total
2a Lobbying nontaxable amount			117,540.		153,130.	270	0,670.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))						400	6,005.
c Total lobbying expenditures			5,731.		861.	(	6,592.
<b>d</b> Grassroots nontaxable amount			29,385.		38,283.	6'	7,668.
e Grassroots ceiling amount (150% of line 2d, column (e))							1,502.

Schedule C (Form 990) 2022

2,292.

f Grassroots lobbying expenditures

2,292.

Schedule C (Form 990) 2022 WOMEN'S CITY CLUB OF NEW YORK, INC. 13-14841 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 F	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	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:				
а	Volunteers?				
b	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?  t III-A Complete if the organization is exempt under section 501(c)(4), section	2 E01(2)(E)	0r 000	tion	
Fai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 30 1 (0)(3)	, or sec		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		3		
	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).		200		
	Current year				
	Carryover from last year				
	Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		ا م		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the e		3		
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information		. , ,	l	
Prov	ide 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.	lines 1 a	nd 2 (See	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.  RT II-A LINE 1 AND 2				
THI	E LOBBYING ACTIVITY CONDUCTED MOSTLY PERTAINS TO THE	OUR CI	TY,	our vo	TE
COZ	ALITION AND LEGISLATION INTRO. 1867 IN THE NEW YORK	CITY CO	OUNCI	L. WCC	1
HE1	D EVENTS AND CREATED MATERIALS TO EDUCATE SUPPORTER	S ABOUT	THE		
<u>IMI</u>	PORTANCE OF THIS LEGISLATION THAT WOULD GIVE NON-CIT	IZEN IN	MIGR	ANTS,	WHO
ARI	E LEGAL RESIDENTS, THE RIGHT TO VOTE IN MUNICIPAL EL	ECTIONS	S .		

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

WOMEN'S CITY CLUB OF NEW YORK,

**Employer identification number** 13-1484145

		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in dono	r advised fur	nds
	are the organization's property, subject to the organization's e	•		
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	• •		•	
Pa	t II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization			•
	Preservation of land for public use (for example, recreat		tion of a hist	torically important land area
	Protection of natural habitat	· —		tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the	e form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year	, ,	, ,	Ğ
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri		ng of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing co	nservation ea	asements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	n 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial s	tatements th	nat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures,	or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue state	ment and ba	lance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or researc	ch in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes the	se items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statemen	t and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furtheranc	e of 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 trea			provide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			\$

Schedule D (Form 990) 2022

.880

23,916.

e Other

d Equipment

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

29,796.

	O (Form 990) 2022	WOMEN'S CI	TY CLU	JB OF	NEW	YORK,	INC.	13-1484145 Page 3
Part VII		Other Securities.						
	Complete if the org	anization answered "Ye	s" on Form	990, Part	IV, line	11b. See Fo	rm 990, Part ک	K, line 12.
(a) Descri	ption of security or categ	JOTY (including name of security	(b)	Book val	ue	(c) Me	thod of valuati	ion: Cost or end-of-year market value
(1) Financ	ial derivatives							
(2) Closely	held equity interests							
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (Col.	(b) must equal Form 990	Program Related.						
Part VII		_	-II F	000 D-4	D/ En-	11- 0 5-	000 David \	/ line 10
	(a) Description of	anization answered "Ye		Book val				
	(a) Description of	IIIVestifierit	(D)	DOOK VAI	ue	(C) IVIE	illou oi valuati	ion: Cost or end-of-year market value
(1)								
(2)								
(3)								
(4)								
<u>(5)</u> (6)								
(7)								
(8)								
(9)								
	(h) must equal Form 990	), Part X, col. (B) line 13.)						
Part IX		j r are raj don (B) mile ron						
	Complete if the org	anization answered "Ye	s" on Form	990, Part	IV, line	11d. See Fo	rm 990, Part >	K, line 15.
		(	(a) Descript	ion				(b) Book value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Cold	umn (b) must equal Fo	orm 990, Part X, col. (B)	line 15.)					
Part X	Other Liabilitie			000 D I	n / 1:			D 177 11 05
		anization answered "Ye	s" on Form	990, Part	IV, line	11e or 11f. 8	see Form 990,	
1.		escription of liability						(b) Book value
	deral income taxes		77					66,286.
	PERATING LEA	ASE LIABILIT	Υ					00,200.
(3)								+
(4)								-
(5)								+
(6)								
(7) (8)								
(0)								

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

66,286.

### Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 68,000. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other losses d Other (Describe in Part XIII.) 68,000. 2e Add lines 2a through 2d 1,122,124. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 64.940. a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 64,940. c Add lines 4a and 4b 4c 1,187,064. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part 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 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.

## PART V, LINE 4:

1

2

THE DONOR RESTRICTED ENDOWMENT CONSISTS OF THE FRIEDLAENDER FUND. WCC IS HOLDING THIS CONTRIBUTION IN PERPETUITY WITH THE INTENTION TO USE THE INCOME EARNED TO SUPPORT ITS OPERATIONS.

## BOARD DESIGNATED FUNDS CONSIST OF THE FOLLOWING:

 UNTERMYER FUND FOR WOMEN AND GIRLS: THE GIFT AND ACCUMULATED EARNINGS ARE USED FOR PURSUING INNOVATIVE OR CONTINUING PROGRAMS FOR WOMEN AND GIRLS, WHICH IS WHOLLY CONSISTENT WITH WCC'S ACTIVITIES. THE BOARD OF DIRECTORS APPROVES APPROPRIATIONS FROM THIS FUND AS PART OF THE BUDGETING PROCESS. IT MAY ALSO DO SO AT OTHER TIMES, IF AND WHEN NECESSARY.

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WOMEN'S CITY CLUB OF NEW YORK, INC.

Employer identification number 13-1484145

LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WOMEN CREATING CHANGE IS AN INCLUSIVE COMMUNITY THAT PARTNERS WITH ORGANIZATIONS AND WITH NEW YORK CITY WOMEN WHO HAVE BEEN SYSTEMATICALLY EXCLUDED FROM CIVIC PROCESSES TO DEVELOP PROGRAMS AND INFLUENCE POLICIES THAT RESULT IN MORE EQUITABLE CIVIC ENGAGEMENT. FORM 990, PART VI, SECTION A, LINE 6: THERE SHALL BE ONE CLASS OF MEMBERS OF THE WCC. THE RIGHTS AND PRIVILEGES OF ALL CATEGORIES OF MEMBERS WITHIN THAT CLASS SHALL BE THE SAME. FORM 990, PART VI, SECTION A, LINE 7A: NEW BOARD OF DIRECTORS ARE ELECTED BY THE EXISTING BOARD AFTER AN INTERVIEW AND NOMINATION PROCESS ON A ROLLING BASIS THROUGHOUT THE YEAR. FORM 990, PART VI, SECTION A, LINE 7B: AS PER THE BYLAWS, MEMBER APPROVAL IS REQUIRED FOR JUDICIAL DISSOLUTION; DISPOSING OF ALL, OR SUBSTANTIALLY ALL, OF THE ASSETS OF THE ORGANIZATION; APPROVAL OF A PLAN MERGER; AUTHORIZATION OF A PLAN OF NON-JUDICIAL DISSOLUTION; REVOCATION OF A VOLUNTARY DISSOLUTION PROCEEDING; AMENDMENT OF THE CERTIFICATE OF INCORPORATION OR THE BYLAWS. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS FIRST APPROVED BY AUDIT COMMITTEE, THEN THE FINANCE

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

COMMITTEE. IT IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING.

Scriedule O (Form 990) 2022	Page 2
Name of the organization WOMEN'S CITY CLUB OF NEW YORK, INC.	Employer identification number 13-1484145
ALL OFFICERS AND DIRECTORS ARE REQUIRED TO REVIEW ALL VEND	ORS USED BY WCC
AND SIGN A CONFLICT OF INTEREST DOCUMENT ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD CONDUCTS A REVIEW LED BY THE CHAIR OF THE ORGANI	ZATION TO
EVALUATE THE PERFORMANCE OF THE CEO.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE WOMEN'S CITY CLUB'S GOVERNING DOCUMENTS AND CONFLICT O	F INTEREST POLICY
ARE AVAILABLE BY REQUEST. THE 990, WHICH CONTAINS FINANCIA	L INFORMATION, IS
AVAILABLE ON THE WCC WEBSITE.	
FORM 990, PART I - LINE 5 & PART V - LINE 2A	
WCC HAS AN EMPLOYMENT MANAGEMENT AGREEMENT WITH A PROFESSI	ONAL EMPLOYER
ORGANIZATION ("PEO") THAT PROVIDES A COMPREHENSIVE PERSONN	EL MANAGEMENT
SYSTEM ENCOMPASSING A BROAD RANGE OF SERVICES, INCLUDING B	ENEFITS AND
PAYROLL ADMINISTRATION, HEALTH AND WORKER'S COMPENSATION I	NSURANCE
PROGRAMS, PERSONNEL RECORDS MANAGEMENT, EMPLOYER LIABILITY	MANAGEMENT,
ETC.	

## Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print WOMEN'S CITY CLUB OF NEW YORK, INC. 13-1484145 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 110 WEST 40TH STREET, 2207 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW YORK, NY 10018 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) BRANK K PARTNERS • The books are in the care of  $\triangleright$  5 SICOMAC RD - NORTH HALEDON, NJ 07508 Telephone No.  $\triangleright$  (201) 904-2500 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)