

## \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. A For the 2021 calendar year, or tax year beginning and ending

Control Con	<b>B</b> c	heck if	C Name of organization		D Employer identifie	cation number					
			SS WOMEN AWARE INC								
Number and street (or P.0. box if mall is not delivered to street address)   Room/suite   E Telephone number   73 2 - 249 - 49 00	$\vdash$	Name			22-23743	78					
Total number of individuals employed in calendary year 2021 (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violing members of the governing body (Part VI, line 1a)   South and of violi	$\vdash$	Initial		Doom/cuite							
City or town, state or province, country, and 2IP or foreign postal code   Commented   Commented   NEW BRUNSWICK, NJ   08 901	$\vdash$	Final	250 T.TVINGSTON AVE	1100III/Suite							
NEW BRUNSWICK, NJ 08901	_	termir									
Same and address of principal efficient PHYLLIS YONTA   Holp Are all autocurrence included?   Ves   No		∏Amen									
SAME AS C ABOVE	$\vdash$	Appli									
Tax-exempt status:											
Wobstret   WWW . WOMENAWARE . NET	ΙT			or 527	<b>⊣</b> ` ′						
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Part     Summary				L Year							
### WHERE INDIVIDUALS CAN LIVE FREE FROM VIOLENCE AND INJUSTICE. OUR    Check this box	Pa	rt I		1 = 100.	or rormanori,	otato or rogar dormono,					
### WHERE INDIVIDUALS CAN LIVE FREE FROM VIOLENCE AND INJUSTICE. OUR    Check this box		1	Briefly describe the organization's mission or most significant activities: WOME	N AWAR	E ENVISIONS	A SOCIETY					
Total number of individuals employed in calendar year 2021 (Part V, line 2a)  5 Total number of volunteers (estimate if necessary)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue from Part VIII, column (C), line 12  b Net unrelated business taxable income from Form 990-T, Part I, line 11  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue (Part VIII, column (A), lines 3, 4, and 7d)  13 Grants and similar amounts paid (Part IX, column (A), lines 12)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 510)  16 Total expenses (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses (Part IX, column (A), line 11e)  19 Total expenses (Part IX, column (A), line 11e)  10 Total expenses (Part IX, column (A), line 11e)  10 Total expenses (Part IX, column (A), line 11e)  11 Other expenses (Part IX, column (A), line 11e)  12 Total expenses (Part IX, column (A), line 11e)  13 Total expenses (Part IX, column (A), line 11e)  14 Selaries, other compensation, employee benefits (Part IX, column (A), line 25)  15 Total assets (Part IX, tolumn (A), line 11e)  16 Total expenses (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses (Part IX, column (A), line 11e)  19 Total expenses (Part IX, column (A), line 11e)  20 Total assets (Part IX, line 16)  21 Total inabilities (Part X, line 16)  22 Nata assets or fund balances. Subtract line 18 from line 12  23 Total assets (Part X, line 16)  24 Total liabilities (Part X, line 16)  25 Total liabilities (Part X, line 26)  26 Total liabilities (Part X, line 26)  27 Total liabilities (Part X, line 26)  28 Total ex	)Ce										
Total number of individuals employed in calendar year 2021 (Part V, line 2a)  5 Total number of volunteers (estimate if necessary)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue from Part VIII, column (C), line 12  b Net unrelated business taxable income from Form 990-T, Part I, line 11  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue (Part VIII, column (A), lines 3, 4, and 7d)  13 Grants and similar amounts paid (Part IX, column (A), lines 12)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 510)  16 Total expenses (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses (Part IX, column (A), line 11e)  19 Total expenses (Part IX, column (A), line 11e)  10 Total expenses (Part IX, column (A), line 11e)  10 Total expenses (Part IX, column (A), line 11e)  11 Other expenses (Part IX, column (A), line 11e)  12 Total expenses (Part IX, column (A), line 11e)  13 Total expenses (Part IX, column (A), line 11e)  14 Selaries, other compensation, employee benefits (Part IX, column (A), line 25)  15 Total assets (Part IX, tolumn (A), line 11e)  16 Total expenses (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses (Part IX, column (A), line 11e)  19 Total expenses (Part IX, column (A), line 11e)  20 Total assets (Part IX, line 16)  21 Total inabilities (Part X, line 16)  22 Nata assets or fund balances. Subtract line 18 from line 12  23 Total assets (Part X, line 16)  24 Total liabilities (Part X, line 16)  25 Total liabilities (Part X, line 26)  26 Total liabilities (Part X, line 26)  27 Total liabilities (Part X, line 26)  28 Total ex	nai	2	Check this box  if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.					
Total number of individuals employed in calendar year 2021 (Part V, line 2a)  5 Total number of volunteers (estimate if necessary)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue from Part VIII, column (C), line 12  b Net unrelated business taxable income from Form 990-T, Part I, line 11  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue (Part VIII, column (A), lines 3, 4, and 7d)  13 Grants and similar amounts paid (Part IX, column (A), lines 12)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 510)  16 Total expenses (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses (Part IX, column (A), line 11e)  19 Total expenses (Part IX, column (A), line 11e)  10 Total expenses (Part IX, column (A), line 11e)  10 Total expenses (Part IX, column (A), line 11e)  11 Other expenses (Part IX, column (A), line 11e)  12 Total expenses (Part IX, column (A), line 11e)  13 Total expenses (Part IX, column (A), line 11e)  14 Selaries, other compensation, employee benefits (Part IX, column (A), line 25)  15 Total assets (Part IX, tolumn (A), line 11e)  16 Total expenses (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses (Part IX, column (A), line 11e)  19 Total expenses (Part IX, column (A), line 11e)  20 Total assets (Part IX, line 16)  21 Total inabilities (Part X, line 16)  22 Nata assets or fund balances. Subtract line 18 from line 12  23 Total assets (Part X, line 16)  24 Total liabilities (Part X, line 16)  25 Total liabilities (Part X, line 26)  26 Total liabilities (Part X, line 26)  27 Total liabilities (Part X, line 26)  28 Total ex	Ve	3									
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7a Total unrelated business revenue from Part VIII, column (C), line 12  7a Total unrelated business revenue from Part VIII, column (C), line 12  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 25)  16 Total expenses (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses (Part IX, column (A), line 25)  19 Revenue less expenses (Part IX, column (A), line 25)  10 Total liabilities (Part X, line 26)  11 Other expenses (Part IX, column (A), line 25)  12 Total liabilities (Part X, line 26)  13 Total liabilities (Part X, line 26)  14 Total liabilities (Part X, line 26)  15 Total liabilities (Part X, line 26)  16 Total liabilities (Part X, line 26)  17 Other expenses Subtract line 18 from line 12  20 Total assets (Part X, line 26)  11 Signature Block  12 Total liabilities (Part X, line 26)  12 Total liabilities (Part X, line 26)  13 Total liabilities (Part X, line 26)  14 Signature of officer  15 Signature of officer  16 Signature of officer  16 Signature of officer  16 Signature of officer  17 Part IX Signature of officer  18 Signature of officer  19 PHYLLIS YONTA, CHIEF EXECUTIVE OFFICER  19 Signature of officer  10 Date  10 Date  11 Signature of officer  10 Date  11 Signature of officer  12 Total liabilities (Part X, line 26)  13 Total expenses A Data IX IX Column (A) IX		4	Number of independent voting members of the governing body (Part VI, line 1b)		4						
B Net unrelated business taxable income from Form 990-T, Part I, line 11	တ္တ	5									
B Net unrelated business taxable income from Form 990-T, Part I, line 11	/Ħie	6	Total number of volunteers (estimate if necessary)		6	30					
B Net unrelated business taxable income from Form 990-T, Part I, line 11	ç	7 a									
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 60,517. 60,564. 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising lees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 1e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 5-10) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Total assets of rund balances. Subtract line 21 from line 20 24 Total liabilities (Part X, line 26) 25 Signature Block  Part II  Signature Block  Primit/Type preparer's name  PHYLLIS YONTA, CHIEF EXECUTIVE OFFICER  Primitype print name and title  Primitype preparer's name  JOSEPH N. RUSSELL  Firm's name  PKF O'CONNOR DAVIES, LLP  Firm's address  NOODCLIFF LAKE, NJ 07677  Phone no. 201-712-9800	⋖	ı				0.					
9 Program service revenue (Part VIII, line 2g) 60,517. 60,564. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 12) 17 Other expenses (Part IX, column (A), line 14) 18 Total trundraising expenses (Part IX, column (A), line 25) 19 Revenue less expenses (Part IX, column (A), line 11s 11d, 11f-24e) 19 Revenue less expenses (Part IX, column (A), line 125) 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 18 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total assets (Part IX) Industed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Primt/Type preparer's name  JOSEPH N. RUSSELL											
12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Ф	8	Contributions and grants (Part VIII, line 1h)								
12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ž	9	Program service revenue (Part VIII, line 2g)								
12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		52,709.						
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   31,081.   368,107.     14 Benefits paid to or for members (Part IX, column (A), line 4)   0.   0.     5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   1,772,705.   1,889,971.     16a Professional fundraising fees (Part IX, column (A), line 11e)   0.   0.     17 Other expenses (Part IX, column (D), line 25)   113,967.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   2,693,751.   3,205,173.     19 Revenue less expenses. Subtract line 18 from line 12   247,404.   306,752.     20 Total assets (Part X, line 16)   3,502,862.   3,956,870.     21 Total liabilities (Part X, line 26)   1,096,342.   1,221,996.     22 Net assets or fund balances. Subtract line 21 from line 20   2,406,520.   2,734,874.     Part II   Signature Block   PHYLLIS YONTA, CHIEF EXECUTIVE OFFICER   PHYLLIS YONTA, CHIEF EXECUTIVE OFFICER   PHYLLIS YONTA, CHIEF EXECUTIVE OFFICER   Date     PHYLLIS YONTA, CHIEF EXECUTIVE OFFICER   Type or print name and title     Print/Type preparer's name   Preparer's signature   JOSEPH N. RUSSELL   JOSEPH N. RUSSELL   JOSEPH N. RUSSELL   Toyer's signature   JOSEPH N. RUSSELL   Toyer's signature   JOSEPH N. RUSSELL   Toyer's signature   Firm's name   PKF O'CONNOR DAVIES, LLP   Phone no. 201-712-9800   Phone no. 201-712	Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)								
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 National Revenue (Part IX) (Ince 25)  24 National Revenue (Part IX) (Part IX) (Part IX)  25 Signature Block  10 Joseph N. Russell		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)								
16a Professional fundraising fees (Part IX, column (A), line 11e)   b Total fundraising expenses (Part IX, column (D), line 25)   b Total fundraising expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   889,965. 947,095.		14			* -						
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Judge penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  PHYLLIS YONTA, CHIEF EXECUTIVE OFFICER  Type or print name and title  Print/Type preparer's name  JOSEPH N. RUSSELL  Prim's name  PKF O'CONNOR DAVIES, LLP  Firm's line  PFirm's address  300 TICE BOULEVARD, SUITE 315  WOODCLIFF LAKE, NJ 07677  Phone no. 201-712-9800	es	15									
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Judge penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  PHYLLIS YONTA, CHIEF EXECUTIVE OFFICER  Type or print name and title  Print/Type preparer's name  JOSEPH N. RUSSELL  Prim's name  PKF O'CONNOR DAVIES, LLP  Firm's line  PFirm's address  300 TICE BOULEVARD, SUITE 315  WOODCLIFF LAKE, NJ 07677  Phone no. 201-712-9800	) Su	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Judge penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  PHYLLIS YONTA, CHIEF EXECUTIVE OFFICER  Type or print name and title  Print/Type preparer's name  JOSEPH N. RUSSELL  Prim's name  PKF O'CONNOR DAVIES, LLP  Firm's line  PFirm's address  300 TICE BOULEVARD, SUITE 315  WOODCLIFF LAKE, NJ 07677  Phone no. 201-712-9800	ă	b			222 265	0.45.005					
19   Revenue less expenses. Subtract line 18 from line 12   247,404.   306,752.	ш	17									
Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  PHYLLIS YONTA, CHIEF EXECUTIVE OFFICER Type or print name and title  Print/Type preparer's name TOSEPH N. RUSSELL TOSEPH N. R											
Part II Signature Block  Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  PHYLLIS YONTA, CHIEF EXECUTIVE OFFICER  Type or print name and title  Print/Type preparer's name  Preparer's signature  JOSEPH N. RUSSELL  JOSEPH N. RUSSELL  JOSEPH N. RUSSELL  Firm's name  PKF O'CONNOR DAVIES, LLP  Firm's address  300 TICE BOULEVARD, SUITE 315  WOODCLIFF LAKE, NJ 07677  Phone no. 201-712-9800			Revenue less expenses. Subtract line 18 from line 12		-						
Part II Signature Block  Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  PHYLLIS YONTA, CHIEF EXECUTIVE OFFICER  Type or print name and title  Print/Type preparer's name  Preparer's signature  JOSEPH N. RUSSELL  JOSEPH N. RUSSELL  JOSEPH N. RUSSELL  Firm's name  PKF O'CONNOR DAVIES, LLP  Firm's address  300 TICE BOULEVARD, SUITE 315  WOODCLIFF LAKE, NJ 07677  Phone no. 201-712-9800	ts or		Table acode (Dod V. Pag 40)								
Part II Signature Block  Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  PHYLLIS YONTA, CHIEF EXECUTIVE OFFICER  Type or print name and title  Print/Type preparer's name  Preparer's signature  JOSEPH N. RUSSELL  JOSEPH N. RUSSELL  JOSEPH N. RUSSELL  Firm's name  PKF O'CONNOR DAVIES, LLP  Firm's address  300 TICE BOULEVARD, SUITE 315  WOODCLIFF LAKE, NJ 07677  Phone no. 201-712-9800	Ssel Bala	20	, , , , , , , , , , , , , , , , , , , ,								
Date   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Preparer's signature   DosePh N. RUSSELL   JOSEPh N. RUSSELL   JOSEPh N. RUSSELL   Ru	let A	1	, , , , , , , , , , , , , , , , , , , ,								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature of officer					2,400,520.	2,734,074.					
rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature of officer				and statem	ents, and to the hest of my	knowledge and helief it is					
Sign Here  PHYLLIS YONTA, CHIEF EXECUTIVE OFFICER Type or print name and title  Print/Type preparer's name  JOSEPH N. RUSSELL  Preparer  Firm's name  PKF O'CONNOR DAVIES, LLP Firm's address  300 TICE BOULEVARD, SUITE 315  WOODCLIFF LAKE, NJ 07677  Pate  Date  Check  PTIN  ## Date  10/25/22 self-employed  PO0168046  Firm's EIN ▶ 27-1728945  Phone no. 201-712-9800					•	knowledge and beller, it is					
PHYLLIS YONTA, CHIEF EXECUTIVE OFFICER  Type or print name and title  Print/Type preparer's name  JOSEPH N. RUSSELL  Preparer  Firm's name  PKF O'CONNOR DAVIES, LLP  Firm's address  300 TICE BOULEVARD, SUITE 315  WOODCLIFF LAKE, NJ 07677  Phone no. 201-712-9800	ii uo,	00110	and complete. Becautation of proparer (earlier thair emost) is based on an information of wi	non proparor	nas any knowledge.						
PHYLLIS YONTA, CHIEF EXECUTIVE OFFICER Type or print name and title  Print/Type preparer's name  JOSEPH N. RUSSELL  Prim's name  PKF O'CONNOR DAVIES, LLP  Firm's address  300 TICE BOULEVARD, SUITE 315  WOODCLIFF LAKE, NJ 07677  Phone no. 201-712-9800	Siar	n	Signature of officer		Date						
Type or print name and title  Print/Type preparer's name  Paid  Preparer's signature  JOSEPH N. RUSSELL  JOSEPH N. RUSSELL  Prim's name  PKF O'CONNOR DAVIES, LLP  Firm's name  PKF O'CONNOR DAVIES, LLP  Firm's address  300 TICE BOULEVARD, SUITE 315  WOODCLIFF LAKE, NJ 07677  Phone no. 201-712-9800			PHYLLIS YONTA, CHIEF EXECUTIVE OFFICER								
Doseph N. Russell   10/25/22		•		-							
Doseph N. Russell   Dos			Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Preparer Firm's name PKF O'CONNOR DAVIES, LLP Firm's address 300 TICE BOULEVARD, SUITE 315 WOODCLIFF LAKE, NJ 07677 Phone no. 201-712-9800	Paid			ււ հ	L0/25/22 if self-employ	P00168046					
Jse Only Firm's address 300 TICE BOULEVARD, SUITE 315 WOODCLIFF LAKE, NJ 07677 Phone no. 201-712-9800				<u> </u>							
WOODCLIFF LAKE, NJ 07677 Phone no. 201-712-9800					-						
		•			Phone no. 20	1-712-9800					
	Мау	the I	RS discuss this return with the preparer shown above? See instructions		·						

Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	ζ
1	Briefly describe the organization's mission:	
	WOMEN AWARE ENVISIONS A SOCIETY WHERE INDIVIDUALS CAN LIVE FREE FROM	
	VIOLENCE AND INJUSTICE. OUR MISSION IS TO PROMOTE THE SAFETY AND	
	SELFSUFFICIENCY OF INDIVIDUALS AND FAMILIES AFFECTED BY DOMESTIC	
	VIOLENCE IN MIDDLESEX COUNTY, NEW JERSEY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	lo
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	lo
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,637,539 • including grants of \$ 368,107 • ) (Revenue \$ 59,814 •	
	WOMEN AWARE IS THE STATE-DESIGNATED LEAD DOMESTIC VIOLENCE AGENCY FOR	
	MIDDLESEX COUNTY. WE OFFER COMPREHENSIVE SERVICES TO THOSE AFFECTED BY	
	DOMESTIC VIOLENCE THROUGH RESIDENTIAL AND NON-RESIDENTIAL PROGRAMS. OUR	
	SERVICES INCLUDE:	
	EMERGENCY SHELTER: OUR CRISIS SHELTER FOR WOMEN AND CHILDREN FLEEING	
	ABUSE IS AT A CONFIDENTIAL LOCATION WITH 24-HOUR STAFFING. WE FOCUS ON	
	TRAUMA-INFORMED CRISIS CARE WHILE OFFERING INTENSIVE CASE MANAGEMENT,	
	INCLUDING SAFETY PLANNING, COUNSELING, HOUSING ASSISTANCE, ADVOCACY,	
	HEALTH EDUCATION AND SCREENING, AND TRANSLATION SERVICE. OUR HOTLINE IS	
	AVAILABLE 24-HOURS A DAY, 365 DAYS A YEAR FOR CRISIS INTERVENTION AND	
	RESOURCE AND REFERRAL INFORMATION FOR VICTIM-SURVIVORS OF DOMESTIC	
	VIOLENCE. WE HAVE MULTILINGUAL STAFF AND UTILIZE THE LANGUAGE LINE TO	
4b	(Code:) (Expenses \$1, 260, 932. including grants of \$0. (Revenue \$)	_ :
	LEGAL ADVOCACY, CHILDREN'S TRAUMA THERAPY, SUPPORT GROUP, DOMESTIC	
	VIOLENCE LIAISONS IN CHILD PROTECTIVE SERVICES, HOUSING NAVIGATION AND	_
	SAFETY PLANNING.	_
	IN 2021, WOMEN AWARE'S SERVICES REMAINED OPERATIONAL THROUGHOUT DESPITE	_
	THE COVID 19 PANDEMIC AND STAY AT HOME ORDERS. DOMESTIC VIOLENCE	
	EMERGENCY SHELTER WAS EXPANDED TO INCLUDE HOTEL PLACEMENT, WE	_
	MAINTAINED TRAUMA FOCUSED CREATIVE ARTS THERAPY, LEGAL ADVOCACY AND	
	OPENED THE DOORS OF THE FAMILY JUSTICE CENTER.	_
	OVER 7,278 CALLS WERE RECEIVED AND ANSWERED VIA OUR 24/7 HELPLINE. OF	_
	THOSE, OVER 1900 WERE CRISIS CALL FROM PEOPLE EXPRESSING SAFETY	_
40	25 225 0	
40	(Code:) (Expenses \$	_
	FOR THE PROVISION OF GLOBAL COMPREHENSIVE SERVICES FOR VICTIMS OF	_
	DOMESTIC VIOLENCE.	_
		_
		_
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 2,933,806.	

18361025 756359 1212468.000

# Form 990 (2021) WOMEN AWARE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			\ <del>v</del>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			, v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			, v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		_^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domestic government on Part IA, Column (A), line 11 // "Yes." complete Schedule I, Parts I and II	41		127

Form 990 (2021) WOMEN AWARE, INC.

Part IV Checklist of Required Schedules (continued)

Yee, No   Part K, column (A), line 2? If Yee, "complete Schedule I, Part I and III   2   X   X   2	ı uı	Officerist of nequired Scriedules (continued)			
Part IX. column (A), line 27 (#"Yes," completes Schedule (*, Parts I and III a				Yes	No
23 Did the organization answern "Yes" to Part VII, Saction A, Iind 3, 4, or 5, about compensation of the organization is current and former officers, directors, fuselectors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I.  24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was lisued after December 31, 2002? If "Yes," answer lines 25th through 25d and complete Schedule K. If "No." go to line 25a.  25a. Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  25b. Did the organization marks an an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26c. Did the organization marks and as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  26d. Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year?  26d. Did the organization available of the rapaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I.  26a. Section 501(58), 501(61)4, and 501(6)280 regardations. Did for granization engine in an excess benefit transaction has not been reported on any of the organizations prior forms 990 or 990-1927 If "Yes," complete Schedule L. Part II.  26b. It is the organization aware that it negaged in an excess benefit transaction that discussion of the organization provide a grant or other assistance to any current or former officer, director, fustlee, key employee, creator or former former, director, busises to stansaction with one of the following parties (see the Schedule L, Part III.  27c. A Section 501(ed.) organization for applicate thereof or	22				
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II   23 X   24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2th through 24d and complete Schedule K II "No." go to line 25a   24b Did the organization invest any proceeds of tex-exempt bonds beyond a temporary period exception?   24c Did the organization marks an escrow account of the than a refunding section 4 any time during the year's defease any tex-exempt bonds?   24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year's   24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year's   24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year's   24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year's   24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year's   24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year's   25a School of (2)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have not been reported on any of the organization with a disqualified person in a prior year. and that the transaction have not been reported and any other organization with a disqualified person in a prior year. and that the transaction have not been reported any amount on Part X, line 5 or 22, for necessables from or payables to any current or former office, director, trustee, key employee, creator or founder, substantial contribution, 20 or 35% controlled entity or that the part of the segment of the cont			22	X	
Schedule / I was that was taxesempt 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? // "Yes," answer lines 24b through 24d and complete Schedule K, if "No," go to line 25a.  Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization mixest any proceeds of tax-exempt bonds outstanding at any time during the year?  24d	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 Schedule K. If "No." go to live 23a.  b Did the organization invest any processes of tax-exempt bonds beyond a temporary period exception?  24b Cidth the organization invest any processes of tax-exempt bonds beyond a temporary period exception?  24d Cidth the organization invest any processes of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds?  24d Did the organization axes as no hebalf of issuer for bonds outstanding at any time during the year?  25a Section 501(x)3, 501(x)43, and 501(x)29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person until a give year? If "Yes," complete Schedule I, Fart I  b Is the organization aware that tengaged 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 organizations prior forms 990 ergo EZ? If "Yes," complete Schedule I, Fart I  b Is 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%  25b Is Consider, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of coloring, an employee thereof or family member of any of these persons? If "Yes," complete Schedule I, Part IV, instructions for applicable filing thresholds, conditions, and exceptions;  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV, instructions for a spin plantifiling thresholds, conditions, and exceptions;  a A current or former softicer, director, trustee, key employee, creator or founder,		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
size day of the year, that was issued after December 31, 2002? # "Yes," answer lines 24b through 24d and complete Schedule K. H. "No." got in line 25a b) Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  C) Did the organization maritaria an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d) Did the organization maritaria an escrow account other than a refunding escrow at any time during the year?  d) Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?  24d 25a Section 50(16), 501(16)48 and 501(12)9 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? # "Yes," complete Schedule I. Part I  25b X  25b Is the organization aware that the gragged in an excess benefit transaction with a disqualified person during the year? # "Yes," complete Schedule I. Part I yes," complete Schedule I. Part I yes, "complete Schedule I. Part I yes," complete Schedule I. Part I yes, "complete Schedule I. Part I yes," complete Schedule I. Part I yes, "complete Schedule I. Part I yes," complete Schedule I. Part I yes, "complete Schedule I. Part I yes," complete Schedule I. Part I yes, "complete Schedule I. Part I yes," complete Schedule I. Part I yes, "complete Schedule I. Part I yes," complete Schedule I. Part I yes, "complete Schedule I. Part I yes," complete Schedule I. Part I yes, "complete Schedule I. Part I yes," complete Schedule I. Part I yes, "complete Schedule I. Part I yes," complete Schedule I. Part I yes, "complete Schedule I. Part I yes," complete Schedule I. Part I yes, "complete Schedule I. Part I yes," complete Schedule I. Part I yes, "complete Schedule I. Part I yes," complete Schedule I. Part I yes, yes, "complete Schedule I. Part I yes," complete Schedule I. Part I yes, yes, "complete Schedule I. Part I yes, yes, yes, yes, yes, yes, yes, yes,			23	X	
Schedule K. If 'No.' go to line 25a bid the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax except bonds?  did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax except bonds?  did Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d 25a Section 501(x)8, 501(c)40, 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 b is the organization avaire 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 sprior Forms 990 or 990-E27 If 'Yes,' complete Schedule L, Part I  25b 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 contribution or any outrent or former officer, director, trustee, key employee, creator or founder, substantial contribution and employee themetor, a grant selection committee member, or to a 59% controlled entity finchulong an employee thereof or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV.  27	24a				
b Did the organization minist any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?  24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule I, Part I 1 25a X X between the transaction acts and the tengaged in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule I, Part I 25a X X between the transaction has not been reported on any of the organization's prior Forms 990 or 990 E2? If "Yes," complete Schedule I, Part I 25b X X 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 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part IV 27b X X 27b X X X X X X X X X X X X X X X X X X X		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 501(c/k), 501(c/k), and 501(c/k2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule I, Part I  25a X  25b Is the organization aware that it engaged in an excess benefit stransaction 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-E27 if "Yes," complete Schedule I, Part I  25b Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or former officer, director, frustee, key employee, creator or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part III  27 X  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule I, Part III)  28 In a family including an employee thereof or family member of any of these persons? If "Yes," complete Schedule I, Part III  28 A A 55% controlled entity of one or more individuals, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV  28 A A 45% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule I, Part IV  26b X  27 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I, Part IV  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule III  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Ye	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  5a 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 I, Part I   25a	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X  b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990-627 if "Yes," complete Schedule L, Part I 25b X  27b 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 former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or founder, substantial contributor or 359% controlled entity (including an employee thereof) or family member of any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27c 32b Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV 27c) and a current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV 27c 4 and 350 controlled entity of one or more individuals and/or organizations described in line 28a? If "Yes," complete Schedule L, Part IV 28ab X 2 bid the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 20 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 20 Did the organization receive on thour since of a such assets of the such assets? If "Yes," complete Schedule M 20 Did the organ			24c		
transaction with a disqualified person during the year? #"Yes," complete Schedule L, Part I  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? #"Yes," complete Schedule L, Part I    25b	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 prior Forms 990 or 990-E27 // "Yes," complete Schedule L, Part I	25a				
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part I		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
Schedule L, Part I  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  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  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If Yes, complete Schedule L, Part IV.  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M.  29 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, complete Schedule M.  31 Did the organization selve contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, complete Schedule M.  31 Did the organization selve contributions of art, historical treasures, or other similar assets, or qualified conservation.  32 Did the organization orga	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
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 of rainily 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):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  30 Did the organization requires work than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II 31 X  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X  32 Did 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  33a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 X  35b Did the organization conduct m		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity for family member of any of these persons? If "Yes," complete Schedule L, Part II		Schedule L, Part I	25b		X
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
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 any of these persons?    If "Yes," complete Schedule L, Part IV    28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV    28 a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?    If    28		or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
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.  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28b X  28b X  28b X  28c X  29 X  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization includate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 2  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 line organization have a controlled entity within the meaning of section 512(b)(13)? "Yes," complete Schedule R, Part IV, line 2  36 Section 501(R)3 organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part IV, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chari		controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions; and exceptions, and excepti	27				
Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 288? If "Yes," complete Schedule L, Part IV.  28a X  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II.  32 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its ac		creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # 28a		entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV  28a X  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c X  29 X  20 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  36 If "Yes," complete Schedule R, Part V, line 2  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 V, line 1  37 A Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization  38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization.  3	28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
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b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Standard Treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I  32 A Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 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, Iine 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  37 If "Yes," complete Schedule R, Part V, Iine 2  38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization?  37 If the organization complete Schedule O and provide explanations on Schedule O for Part		"Yes." complete Schedule L. Part IV	28a		
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?   f   "yes," complete Schedule L, Part IV   28c   X   29   Did the organization receive more than \$25,000 in non-cash contributions?   f "yes," complete Schedule M   29   X   30   Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?   f "yes," complete Schedule M   30   X   X   31   Did the organization liquidate, terminate, or dissolve and cease operations?   f "yes," complete Schedule N, Part I   31   X   X   32   Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?   f "yes," complete Schedule N, Part I   32   X   X   33   Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?   f "yes," complete Schedule R, Part I   33   X   X   X   X   X   X   X   X	b		28b		X
"Yes," complete Schedule L, Part IV  28c					
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			28c		Х
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? /f "Yes," complete Schedule M.  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? /f "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? /f "Yes," complete Schedule N, Part I.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? /f "Yes," complete Schedule R, Part I.  33 Did the organization related to any tax-exempt or taxable entity? /f "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 X  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? /f "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? /f "Yes," complete Schedule R, Part V, line 2  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? /f "Yes," complete Schedule R, Part V I.  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  39 Vatatements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  10 C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  10 Gambling) winnings to prize winners?	29		29	Х	
contributions? If "Yes," complete Schedule M  10 bid the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  10 bid the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  Schedule N, Part II  10 bid the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  Schedule N, Part II  10 bid the organization own 100% of an entity disregarded as separate from the organization under Regulations  10 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  11 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  12 Part V, line 1  13	30	•			
10 bid the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			30		Х
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33   Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   33   X   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   X   35a   Did the organization have a controlled entity within the meaning of section 512(b)(13)?   35a   X   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		•	32		х
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  34			33		х
Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 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 V I I I I I I I I I I I I I I I I I I	34				
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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  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 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  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  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Part V  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Part V  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  10 V  11 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable (gambling) winnings to prize winners?	35a				
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 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  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  Part V  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1b C					
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36	_		35b		
If "Yes," complete Schedule R, Part V, line 2  36	36				
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  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 In Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  10 In	-		36		Х
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Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  The statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c	38		<del>ا آ</del>		
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c	-		38	х	
Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c   1c   1c   1c   1c   1c   1c   1c	Pai				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Yes No  Yes No  1b 0  1c 1c					
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable     1a 45       b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable     1b 0       c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?     1c		i		Yes	No
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
(gambling) winnings to prize winners?	2	Enter the number of Fernie W Zermoldeed of line 14. Enter 6 if not applicable			
	Ü	(marsh line) and the state of t	10		
132004 12-09-21 Form 990 (2021)	132004			990	(2021)

WOMEN AWARE, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) 22-2374378 Form 990 (2021) Page 5 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 51			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	S			
3а			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				3,7
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
р	If "Yes," enter the name of the foreign country				
<b>-</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad		r-		Х
5a		stion?	<u>5a</u> 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactiff "Yos" to line 53 or 5b, did the organization file Form 9996 T2		5c		-25
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		30		
oa	any contributions that were not tax deductible as charitable contributions?		6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribution		- Ou		
	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a		х
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:	المما			
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b			
11	Section 501(c)(12) organizations. Enter:	[ 100 ]			
'' a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110			
-	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	<u> </u>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				7.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in		4-		
	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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 10 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NJ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request Another's website \_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records PHYLLIS YONTA, CHIEF EXECUTIVE OFFICER - 732-249-4900

Form **990** (2021)

250 LIVINGSTON AVE, NEW BRUNSWICK, NJ

# 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

<b>(A)</b> Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per	more rson i	than o s both or/trus	n an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
(1) PHYLLIS YONTA	40.00							100 006	•	41 405		
CHIEF EXECUTIVE OFFICER	40.00			Х		-		182,036.	0.	41,495		
(2) MARIA BETANZOS CHIEF OPERATING OFFICER	40.00	1		х				121,368.	0.	7,628		
(3) DIANE PALMER	1.00			_				121,300.	0.	1,020		
PRESIDENT	1.00	Х		Х				0.	0.	0		
(4) JESSICA S. OPPENHEIM	1.00	25		22				•	0.			
VICE PRESIDENT	1100	х		Х				0.	0.	0		
(5) MATTHEW FLANNERY	1.00											
TREASURER		Х		Х				0.	0.	0		
(6) CHRISTINE CLAYTON-STROH	1.00											
SECRETARY		Х		Х				0.	0.	0		
(7) JAYSHREE V DAVE	1.00											
TRUSTEE		Х						0.	0.	0		
(8) JOYCE MIZERAK	1.00											
TRUSTEE		Х						0.	0.	0		
(9) SIYAN BRADLEY	1.00											
TRUSTEE	1 00	Х						0.	0.	0		
(10) JAMES HIERL	1.00	ļ							•			
TRUSTEE	1 00	Х	_			_		0.	0.	0		
(11) ELLEN SCHWARTZ	1.00	3,7							0	0		
TRUSTEE (12) LOIS KAHAGI	1.00	Х						0.	0.	0		
TRUSTEE	1.00	Х						0.	0.	0		
TRUSTEE		Λ						0.	0.	U		
		1										
		1										
		1										
		1										

Section A. Officers, Directors, Ti	ustees, Key Em	ploy	ees,	anc	Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F	=)
Name and title	Average		not c		more	than o		Reportable	Reportable	- 1		nated
	hours per week		k, unle: icer ar					compensation compen		- 1		unt of ner
	(list any	tor						from the	from related organization	- 1		nsation
	hours for	r direc				pg		organization	(W-2/1099-MIS			the
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	)		zation
	organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)				elated
	line)	dividu	stituti	Officer	s em	ighest	Former				organiz	zations
	,	+=	=	Ó	3	工商	E					
		1										
		<u> </u>				_						
		_										
		_	_			_				$\longrightarrow$		
		-										
		+	┢			┢				-		
		-										
			$\vdash$			$\vdash$				-+		
		1										
1b Subtotal								303,404.		0.	<u>49,</u>	123.
c Total from continuation sheets to Part								0.		0.	40	123.
d Total (add lines 1b and 1c)							<u> </u>	303,404.	000 of		49,	143.
2 Total number of individuals (including but compensation from the organization		iose	iiste	u an	oove	e) WII	o re	eceived more than \$100,	ooo or reportable	8		2
compensation from the organization											Y	es No
3 Did the organization list any former office	er, director, trus	tee, I	key e	empl	loye	e, or	hiq	hest compensated empl	oyee on	ſ		
line 1a? If "Yes," complete Schedule J fo	, ,	,	,	•	,	,	_		•		3	х
4 For any individual listed on line 1a, is the										····· [		
and related organizations greater than \$	150,000? <i>If</i> "Yes	," co	mple	ete S	Sche	edule	J f	for such individual			4 Σ	ζ
5 Did any person listed on line 1a receive	or accrue compe	nsati	ion fr	om	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes," or	omplete Schedu	le J f	or su	ıch r	oers	on .				<u></u>	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest										pensat	ion from	
the organization. Report compensation	or the calendar y	ear e	enair	ng w	ith c	or wi	tnin		ear.		(0)	
(A) Name and busine	ess address							( <b>B)</b> Description of s	ervices	С	(C) ompensa	ation
THE HIGGINS GROUP												
P.O. BOX 118, HARRINGTO	N PARK, N	IJ	07	64	0			ACCOUNTING S	ERVICES		105,	078.
•	•											
	-											
							_					
O Total number of independent and art and art	o (in alcudia a lacata	ot E	mit -	J 4 1	+b	!: c	+ '	abaya) who was sived as	are then			
2 Total number of independent contractor	s (incluaing but r	iot IIr	nited	ı to 1	เทอร	se iis	ιed	above) who received mo	ore than			

Part VIII ∣ Statem	ent of Revenue
--------------------	----------------

			Check if Schedule O contains a respor	ise or note to an	v lir	ne in this Part VIII			
			Officer if Octredule O Contains a respon	ise of flote to all	ıy III	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenuè excluded
							function revenue	business revenue	from tax under sections 512 - 514
				27 50	_				Sections 512 - 514
nts nts	1		Federated campaigns 1a	37,50	0.				
iz a			Membership dues 1b						
S, C		С	Fundraising events1c						
äĤ		d	Related organizations 1d						
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions) 1e	2,786,87	<u>2.</u>				
i Si		f	All other contributions, gifts, grants, and						
but			similar amounts not included above 1f	590,20	6.				
ē		g	Noncash contributions included in lines 1a-1f	27,64	3.				
Son		h	Total. Add lines 1a-1f			3,414,578.			
<u> </u>	a DENMAI INCOME				ode				
						59,814.	59,814.		
je	_		TRAINING FEES	- $62410$ $62410$		750.	750.		
er ue				_ 02410		750.	730.		
m S		C		_					
gra Re		d		_					
Program Service Revenue		e	<del></del>	_					
-			All other program service revenue		_	60 F64			
		g	Total. Add lines 2a-2f			60,564.			
	3		Investment income (including dividends, in		_	14 200			14 277
			other similar amounts)			14,377.			14,377.
	4		Income from investment of tax-exempt bor	•					
	5		Royalties		<u> </u>				
			(i) Real	(ii) Person	ıal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)		<b></b>				
	7	а	Gross amount from sales of (i) Securities	es (ii) Othe	r				
			assets other than inventory 7a 195,40	8.					
			Less: cost or other basis						
ē			and sales expenses	4.					
enr		С	Gain or (loss) 7c 16,43	4.					
Revenue			Net gain or (loss)		<b></b>	16,434.			16,434.
her			Gross income from fundraising events (not						,
퉏	•		including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
			Less: direct expenses	8b					
			Net income or (loss) from fundraising event	s	<b></b>				
			Gross income from gaming activities. See						
				9a					
		b	Less: direct expenses	9b					
			Net income or (loss) from gaming activities	•	<b></b>				
			Gross sales of inventory, less returns						
			• • • • • • • • • • • • • • • • • • • •	10a					
		b		10b					
			Net income or (loss) from sales of inventory		<u> </u>				
			, , , , , , , , , , , , , , , , , , , ,	Business Co	ode				
sno	11	а	OTHER INCOME	90009	9	5,972.			5,972.
ne Tue		b		_		, -			, -
ella		c							
Miscellaneous Revenue			All other revenue						
Σ			Total. Add lines 11a-11d		<b></b>	5,972.			
	12		Total revenue. See instructions		▶	3,511,925.	60,564.	0.	36,783.

# Form 990 (2021) WOMEN AWARE, INC. Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРОПОСО	general expenses	СХРСПОСО
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	368,107.	368,107.		
3	Grants and other assistance to foreign		,		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	352,527.	304,552.	32,328.	15,647
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,217,769.	1,150,890.	20,578.	46,301
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	24,404. 132,358.	23,469. 124,977.	56.	879 4,264 6,317
9	Other employee benefits	132,358.	124,977.	3,117.	4,264
10	Payroll taxes	162,913.	151,072.	5,524.	6,317
11	Fees for services (nonemployees):				
а	Management				
b	Legal	709.		709.	
С	Accounting	204,728.	122,111.	71,923.	10,694
	Lobbying				
е					
f	Investment management fees	7,727.		7,727.	
g					
_	column (A), amount, list line 11g expenses on Sch O.)	89,202.	79,680.	2,857.	6,665
12	Advertising and promotion	315.	315.		
13	Office expenses	123,593.	106,914.	2,109.	14,570 4,477
14	Information technology	76,877.	70,131.	2,269.	4,477
15	Royalties				
16	Occupancy	67,063.	65,799.	614.	650.
17	Travel	29,856.	27,622.	1,879.	355.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,220.	17,223.	1,591.	406
20	Interest	5,426.	5,426.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	93,038.	91,603.	655.	780.
23	Insurance	24,803.	23,219.	659.	925
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PROGRAM SUPPLIES	104,059.	104,059.		
b	REPAIRS/MAINTENANCE	54,618.	53,834.	378.	406
С	EQUIPMENT PURCHASES	31,898.	31,440.	221.	237
d	MISC	7,363.	4,858.	2,160.	345
е	All other expenses	6,600.	6,505.	46.	49
25	Total functional expenses. Add lines 1 through 24e	3,205,173.	2,933,806.	157,400.	113,967
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)
Part X | Balance Sheet

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	114,063.	1	551,575.
	2	Savings and temporary cash investments	1,072,823.	2	528,225.
	3	Pledges and grants receivable, net	207,015.	3	397,202.
	4	Accounts receivable, net	6,174.	4	20,313.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	56,787.	9	62,878.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 2,511,319. 1,048,028.			
	b	Less: accumulated depreciation 10b 1,048,028.	1,449,170.	10c	1,463,291. 926,078.
	11	Investments - publicly traded securities	586,961.	11	926,078.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	0.060	14	П 200
	15	Other assets. See Part IV, line 11	9,869.	15	7,308.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,502,862.	16	3,956,870.
	17	Accounts payable and accrued expenses	53,085.	17	62,779.
	18	Grants payable	270,400.	18	408,351.
	19	Deferred revenue	270,400.	19	400,331.
	20	Tax-exempt bond liabilities		20	
	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
bilit		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties	772,857.	23	750,866.
	24	Unsecured notes and loans payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties	772,0374	24	750,000
	25	Other liabilities (including federal income tax, payables to related third		27	
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,096,342.	26	1,221,996.
		Organizations that follow FASB ASC 958, check here X			,
es		and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions	2,199,505.	27	2,337,672.
Bal	28	Net assets with donor restrictions	207,015.	28	2,337,672. 397,202.
pu		Organizations that do not follow FASB ASC 958, check here			
Fu		and complete lines 29 through 33.			
S Q	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	2,406,520.	32	2,734,874.
_	33	Total liabilities and net assets/fund balances	3,502,862.	33	3,956,870.

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				<u> 25.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	20!	5,1	73.
3	Revenue less expenses. Subtract line 2 from line 1	3		30	6,7	52.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	40	6,5	20.
5	Net unrealized gains (losses) on investments	5		2:	1,6	02.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	2,	734	4,8	74.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	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?		L	2b	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?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	:			
	Act and OMB Circular A-133?	-		За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	Γ			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization WOMEN AWARE 22-2374378 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

(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	ction A. Public Support	,,	•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	( )		` ,	` ,	.,	· ·
•	membership fees received. (Do not						
	include any "unusual grants.")	2261913.	2301392.	2579958.	2827929.	3414578.	13385770.
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	0.	0.	22,580.	27,096.	36,766.	86,442.
4	Total. Add lines 1 through 3	2261913.	2301392.	2602538.	2855025.	3451344.	13472212.
	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,						
	calumn (f)						179,074.
6	Public support. Subtract line 5 from line 4.						13293138.
	etion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2261913.	2301392.	2602538.	2855025.	3451344.	13472212.
	Gross income from interest,	2201313.	2301332.	2002330.	2033023.	3431344.	131722121
0	·						
	dividends, payments received on						
	securities loans, rents, royalties,	11,541.	16,068.	16,202.	19,282.	14,377.	77,470.
_	and income from similar sources	11,341.	10,000.	10,202.	19,202.	14,3//•	11,410.
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					E 072	E 072
	assets (Explain in Part VI.)					5,972.	5,972. 13555654.
	<b>Total support.</b> Add lines 7 through 10		`				
12	Gross receipts from related activities,	•	,			12	322,005.
13	First 5 years. If the Form 990 is for th						
800	organization, check this box and stop	here					<b>P</b>
	ction C. Computation of Publi			. (6)			98.06 %
	Public support percentage for 2021 (li					14	
15						15	
16a	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies						
р	33 1/3% support test - 2020. If the o						
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts		•	-	•	VI how the organiz	ation
	meets the facts-and-circumstances te	-	•	* **	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-		• • •		▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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 bus-						
	iness 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						
k	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						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	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						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
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	iva		
	10b		
_	A (Farm	- 000	2001

132024 01-04-21 Schedule A (Form 990) 2021

	11 5 5 (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	r		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
sec.	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	ı		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Sche	edule A (Form 990) 2021 WOMEN AWARE, INC.			22-2374378 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	Т
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		

Schedule A (Form 990) 2021

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

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

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

4 5

Par	t V   Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	ınizations <sub>(continu</sub>	ued)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
ее	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
_ <u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>      b</u>	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
88	Breakdown of line 7:				
<u>a</u>	Excess from 2017				
<u>b</u>	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

li S	ne 1; Pa section I	art IV, Sect	ion D, lir	nes 2 and 3	3; Part I	V, Section E, lines 1c, 2a	a, 2b, 3a	, and 3b; Pa	Section B, lines 1 and 2; Part IV, Section C, rt V, line 1; Part V, Section B, line 1e; Part V, rt for any additional information.
SCHEDUL	Е А,	PART	II,	LINE	10,	EXPLANATION	FOR	OTHER	INCOME:
OTHER I	NCOM	E							
2021 AM	TNUC	: \$	5,9	72.					

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

**Employer identification number** 

INC. 22-2374378 WOMEN AWARE Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

22-2374378

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal 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
2		903,671.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		_ \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$213,246. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		_ _ \$116,490. _	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		- _ \$\$	Person X Payroll

Schedule B (Form 990) (2021) Name of organization Employer identification number

WOMEN AWARE, INC.

22-2374378

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	2 2314370
(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
123453 11-11	-21		Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **4** 

Name of organization **Employer identification number** WOMEN AWARE, 22-2374378 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (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 (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 (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 (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

## **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

**Employer identification number** 

Name of the organization

22-2374378 WOMEN AWARE, INC.

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or	Accounts. Complete if the
	organization anovered 165 on 16111 666, Fair IV, IIII	(a) Donor advise	d 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 wr	riting that the assets he	ld in donor advised f	unds
	are the organization's property, subject to the organization's ex	-		
6	Did the organization inform all grantees, donors, and donor adv			
Ū	for charitable purposes and not for the benefit of the donor or o			
	impermissible private benefit?	•		
Par	t II Conservation Easements. Complete if the orga	nization answered "Yes	s" on Form 990. Part	
1	Purpose(s) of conservation easements held by the organization			,
•	Preservation of land for public use (for example, recreation		Preservation of a h	istorically important land area
	Protection of natural habitat		7	ertified historic structure
	Preservation of open space		] i recorvation or a c	
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	ition in the form of a	conservation easement on the last
_	day of the tax year.		anon in the form of a	Held at the End of the Tax Year
а				
b				
c	Number of conservation easements on a certified historic struc			• -
d	Number of conservation easements included in (c) acquired aft			
	listed in the National Register	,		2d
3	Number of conservation easements modified, transferred, release			
	year <b>&gt;</b>	3	, ,	3
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the perio		ion, handling of	
	violations, and enforcement of the conservation easements it h	• .		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha			
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and en	forcing conservation	easements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirement	s of section 170(h)(4)	(B)(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 footno	te to the organization's	financial statements	that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of A	Art, Historical Tre	asures, or Othei	r Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958,	, not to report in its reve	enue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, education,	or research in further	erance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958,	, to report in its revenue	statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or	research in furthera	nce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			• \$
2	If the organization received or held works of art, historical treas	sures, or other similar as	ssets for financial gai	n, provide
	the following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			> \$

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

Schedule D (Form 990) 2021

	collection items (check all that apply):								
а	Public exhibition	C	<u>.</u> t	Loan or ex	change progra	am			
b	Scholarly research	6	• 📖	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how t	hey further t	he organizatio	n's exemp	t purpose in Part	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, h	istorical trea	sures, or othe	er similar as	ssets		
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arrang		ete if th	e organizati	on answered '	"Yes" on Fo	orm 990, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia								
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:					
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or c	ustodial acco	unt liability	?	Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete in	the organization ar			orm 990, Part	IV, line 10.			
		(a) Current year	(b)	Prior year	(c) Two year	rs back (d	) Three years back	(e) Four yea	ars back_
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	ation th	at are held a	nd administer	ed for the	organization		
	by:							Ye	s No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization			Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment	funds.					
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	l "Yes" on Form 990	D, Part I	V, line 11a. S	See Form 990	, Part X, lin	e 10.		
	Description of property	(a) Cost or of basis (investr			t or other (other)		umulated eciation	(d) Book va	alue
1a	Land			21	7,253.			217.	253.
	Buildings	I			0,777.	80	7,992.	982,	
	Leasehold improvements	I			,		·		
	Equipment	**		4.4	16,902.	23	37,137.	209.	765.
	Other				6,387.		2,899.		488.
	. Add lines 1a through 1e. (Column (d) must ea		Y colu	•				1,463,	

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 WOMEN AWAR	E, INC.	22	-2374378 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(G)			
(H) Total (Col. (h) must equal Form 000. Part V. col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	<u> </u>		
Complete if the organization answered "Yes	s" on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1)	(a) Book value	(e) Method of Valuation: edge of one	a or your markor value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets.			
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(;	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) In Part X Other Liabilities.	ne 15.)	<b>&gt;</b>	
Complete if the organization answered "Yes	s" on Form 000 Part IV line	110 or 11f Soo Form 000 Part V line 25	
(a) Description of liability	orronni 990, raitiv, iiile	The of Thi. Gee Form 930, Falt A, line 23	(b) Book value
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(6)			
(7)			
(8)			
(9)			
\\\\			

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 .... X

Schedule D (Form 990) 2021

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

Par	t XI Reconciliation of Revenue per Audited Financial St	atements With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,562,566.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	21,602. 36,766.		
b	Donated services and use of facilities	2b	36,766.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	58,368. 3,504,198.
3	Subtract line 2e from line 1			3	3,504,198.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		7,727.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	7,727. 3,511,925.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1	2.)		5	3,511,925.
Par	t XII Reconciliation of Expenses per Audited Financial S		expenses per F	<b>keturr</b>	1.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1				1	3,234,212.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	26 866		
а	Donated services and use of facilities		36,766.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				26 866
	Add lines 2a through 2d			2e	36,766. 3,197,446.
3	Subtract line 2e from line 1			3	3,197,446.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b		7,727.		
	Other (Describe in Part XIII.)	4b			7 707
	Add lines 4a and 4b			4c	7,727. 3,205,173.
5 Dar	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII   Supplemental Information.	<u>18.)</u>		5	3,205,1/3.
					·
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			; Part X	K, line 2; Part XI,
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional informa	ation.		
סגס	RT X, LINE 2:				
FAN	AI A, DINE Z:				
TUE	ORGANIZATION RECOGNIZES THE EFFECT OF	E TNCOME TA	Y DOCTUTON	C ()	II.V WUDN
Inc	ORGANIZATION RECOGNIZES THE EFFECT OF	F INCOME IA	A POSITION	<u> </u>	ADI MUEN
TUE	Y ARE MORE LIKELY THAN NOT TO BE SUSTA	атмен мама	темеми пус	חשת	UZNTNED
Inc	TICUC DE DOM MANT TUDATU DAOM DAA TA	AINED. MANA	SEMENI HAS	DE.	LEKMINED
ᅲᆸᇧ	AT THE ORGANIZATION HAD NO UNCERTAIN TA	AY DOCTUTON	ס שמאש ס ביר	וסדוו	7
Inn	IT THE ORGANIZATION HAD NO UNCERTAIN TA	AN PUBLITON	S IRAI KEQ	OIKI	<u> </u>
r T N	NANCIAL STATEMENT RECOGNITION OR DISCLO	מנוסה שחה י	$\Delta DCMTTTMT$	ON T	rg NO
LIN	MANCIAL STATEMENT RECOGNITION OR DISCU	JOURE. THE	JRGANIZATI	OIN 1	LS NO
T.ON	IGER SUBJECT TO EXAMINATIONS BY THE API	DT.Tሮአርፒር ጥልነ	צדאום דוודם דם	חדכי	TONG FOD
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mue	PERIODS PRIOR TO 2018.				
Ine	FERIODS PRIOR TO 2010.				

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2021

WOMEN AWA	RE, INC.						22-2374378
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	า
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part I'	V, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addit	ional space is need	ed.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	-	•					<b>&gt;</b>

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
LIENT ASSISTANCE	500	cash grant cash assistance (book, FMV, appraisal, other)  GIFT CARDS, CAR S PERSONAL CARE AND ITEMS  324,516.  0.  2; Part III, column (b); and any other additional information.  GROOMING ITEMS TO CLIENTS	GIFT CARDS, CAR SEATS, PERSONAL CARE AND GROOMING ITEMS		
			,		
HOUSING AND RELOCATION ASSISTANCE	40	324,516.	0.		
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	L (b); and any other ac	l dditional information.	1
PART I, LINE 1					
THE ORGANIZATION PROVIDES PERSONAL	CARE AND	GROOMING	ITEMS TO C	LIENTS	
THAT CHECK INTO THEIR SHELTER AND	THOSE THA	T ACCESS T	THEIR		
NON-RESIDENTIAL SERVICES.					

# SCHEDULE J (Form 990)

**Compensation Information** 

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

Open to Public

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

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

Inspection
Employer identification number

	WOMEN AWARE, INC.	22-237437	8	
Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 9	990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for persor	nal use		
	Travel for companions Payments for business use of personal res	idence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	;		
	Discretionary spending account Personal services (such as maid, chauffeu	r, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	tradicions, and officially the CEO/Excoditive Bricottal, regularing the feetile official of fine fact.			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	on to		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation or	ommittee		
	Tom 300 of other organizations	Jillillittee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?			X
	Participate in or receive payment from an equity-based compensation arrangement?			X
Ū	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The totally of lines are persons and provide the applicable amounts for each term in a cin.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n l		
_	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?			Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n l		
-	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?			Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
-	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
_		8		Х
۵	If "Vee" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Schedule J (Form 990) 2021

Regulations section 53.4958-6(c)?

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PHYLLIS YONTA	(i)	177,036.	5,000.	0.	11,075.	30,420.	223,531.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
THE CEO WAS AWARDED A DISCRETIONARY BONUS IN 2021. THIS AMOUNT WAS APPROVED
BY THE BOARD.

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

Name of the organization WOMEN AWARE, INC. Employer identification number 22-2374378

Par	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	3
1	Art - Works of art			, ,			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	trust interests Securities - Miscellaneous						
13	Qualified conservation contribution -						
.0	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	X	1	6,239.	COST		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other $\blacktriangleright$ ( $\underline{HOLIDAY GIFT}$ )	X	23	14,572.			
26	Other ► ( GIFT CARDS )	X	13	5,560.			
27	Other ( CAR SEAT )	X	1	1,272.	COST		
28	Other (						
29	Number of Forms 8283 received by the organi	ization durinç	the tax year for co	ontributions			
	for which the organization completed Form 82	283, Part V, D	onee Acknowledg	ement <b>29</b>			
					I	Yes	No
30a	During the year, did the organization receive b						
	must hold for at least three years from the dat		ll contribution, and	which isn't required to be us	sed for		
	exempt purposes for the entire holding period	?				30a	X
	If "Yes," describe the arrangement in Part II.						77
31	Does the organization have a gift acceptance				ions'?	31	_X_
32a	Does the organization hire or use third parties		·	, ,			v
						32a	X
	If "Yes," describe in Part II.			. Kan and the land of N. C.	d d		
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	tor which column (a) is chec	cked,		
	describe in Part II.						

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132142 11-17-21 Schedule M (Form 990) 2021

# SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

WOMEN AWARE, INC.

Employer identification number 22-2374378

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MISSION IS TO PROMOTE THE SAFETY AND SELF-SUFFICIENCY OF INDIVIDUALS
AND FAMILIES AFFECTED BY DOMESTIC VIOLENCE IN MIDDLESEX COUNTY, NEW
JERSEY. WE OPERATE THE SOLE DOMESTIC VIOLENCE SHELTER IN NEW JERSEY'S
SECOND-LARGEST COUNTY, AND OUR FULL SERVICES INCLUDE A 24-HOUR CRISIS
HOTLINE, LEGAL ADVOCACY, PERMANENT SUPPORTIVE HOUSING, CHILDREN'S
TRAUMA THERAPY, SUPPORT GROUPS, COMMUNITY OUTREACH, AND COMPREHENSIVE
CASE MANAGEMENT.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
RESPOND TO LANGUAGE BARRIERS.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
CONCERNS. OUR HOTLINE ADVOCATES SPOKE WITH CALLERS IN OVER 10 DIFFERENT
LANGUAGES INCLUDING: BENGALI, SPANISH, ARABIC, PORTUGUESE, KINYARWANDA,
URDU, GUJARATI, MANDARIN, FRENCH, AND AMERICAN SIGN LANGUAGE.
WE EXPERIENCED AN INCREASE OF 49% IN OUR RESIDENTIAL SERVICES AND 33%
IN NON-RESIDENTIAL SERVICES. OUR EMERGENCY SHELTER WAS ABLE TO OFFER
OVER 11,440 NIGHTS OF SAFE PLACEMENT AND HELP 250 INDIVIDUALS. OUR
ADVOCATES PROVIDED COUNSELING AND LEGAL ADVOCACY TO 2,195 INDIVIDUALS
EXPERIENCING DOMESTIC VIOLENCE.

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

Schedule O (Form 990) 2021

MORE THAN \$300,000 WERE GIVEN TO FAMILIES IN NEED OF RENTAL ASSISTANCE

AND RELOCATION SUPPORT.

Schedule O (Form 990) 2021 Page 2

Name of the organization

WOMEN AWARE, INC.

**Employer identification number** 22-2374378

PPE AND COVID POLICES WERE ESTABLISHED TO KEEP STAFF AND CLIENTS SAFE.

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

WOMEN AWARE, INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS SUBMITTED ELECTRONICALLY TO THE BOARD MEMBERS FOR THEIR REVIEW AND ANY COMMENTS WILL BE REVIEWED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

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

THE PURPOSE OF THIS POLICY IS TO PREVENT THE PERSONAL, FAMILY, BUSINESS OR FINANCIAL INTERESTS OF AGENCY'S TRUSTEES, EXECUTIVE DIRECTOR, OR STAFF PERSONS FROM INTERFERING WITH THE PERFORMANCE OF THEIR RESPONSIBILITIES TO THE AGENCY AND THE AGENCY'S CLIENTS AND TO PREVENT ANY SUCH TRUSTEES, EXECUTIVE DIRECTOR, OR STAFF PERSONS FROM REALIZING PERSONAL, FINANCIAL, BUSINESS, PROFESSIONAL OR POLITICAL PROFIT OR GAIN AT THE EXPENSE OF AGENCY, AGENCY'S CLIENTS OR AGENCY'S INTERESTS, GOALS OR OBJECTIVES.

DISCLOSURE OF CONFLICT OF INTEREST

THE AGENCY RECOGNIZES THAT CERTAIN FAMILY, PERSONAL, BUSINESS, AND FINANCIAL RELATIONSHIPS GIVE RISE TO A CONFLICT OF INTEREST AND THAT AN AWARENESS AND DETERMINATION OF THE EXISTENCE OF A CONFLICT OF INTEREST MUST BE MADE AS EARLY AS POSSIBLE. AS A RESULT, THERE MUST BE WRITTEN DISCLOSURE TO THE AGENCY AS OUTLINED BELOW WHEREVER ANY OF THE FOLLOWING OCCURS OR EXISTS:

A) ANY TRUSTEE, EXECUTIVE DIRECTOR, OR STAFF PERSON IS RELATED TO ANY OTHER

<u>Schedule O (Form 990) 2021</u> Page **2** 

Name of the organization Employer identification number WOMEN AWARE, INC. 22-2374378

TRUSTEE OR STAFF PERSON IN ANY MANNER BY EITHER BLOOD OR MARRIAGE;

- B) ANY TRUSTEE ALSO SERVES THE AGENCY AS EXECUTIVE DIRECTOR OR STAFF PERSON;
- C) ANY TRUSTEE, EXECUTIVE DIRECTOR, OR STAFF PERSON OR ANYONE TO WHOM ANY

  SUCH TRUSTEE, EXECUTIVE DIRECTOR, OR STAFF PERSON IS RELATED IN ANY MANNER

  BY BLOOD OR MARRIAGE OR ANY BUSINESS ENTITY OR ASSOCIATION IN WHICH ANY

  TRUSTEE, EXECUTIVE DIRECTOR, OR STAFF PERSON SO RELATED THERETO HAS ANY

  INTEREST WHATSOEVER RECEIVES PAYMENT FROM THE AGENCY FOR OR UNDER ANY

  WRITTEN OR ORAL CONTRACT FOR GOODS OR SERVICES OF ANY KIND, INCLUDING,

  WITHOUT LIMITATION, CONSULTING, LAUNDRY, MAINTENANCE, CONSTRUCTION OR

  REMODELING;
- D) ANY TRUSTEE, EXECUTIVE DIRECTOR OR STAFF PERSON OF THE AGENCY IS ALSO A TRUSTEE, OFFICER OR EMPLOYEE OF A CONTRIBUTOR TO THE AGENCY.

  IT SHALL BE INCUMBENT UPON ANY TRUSTEE, EXECUTIVE DIRECTOR, OR STAFF PERSON TO DISCLOSE ANY EXISTING CONFLICT OF INTEREST KNOWN TO HIM/HER TO THE AGENCY IN WRITING AT SUCH TIMES AS HE/SHE INITIALLY BECOMES ASSOCIATED WITH THE AGENCY BY LETTER IN THE FORM ANNEXED HERETO AS EXHIBIT A AND TO ADVISE THE EXECUTIVE DIRECTOR IN WRITING PROMPTLY IF ANY FUTURE CONFLICT OF INTEREST ARISES. THE EXECUTIVE DIRECTOR SHALL BE CHARGED WITH THE RESPONSIBILITY OF DISCUSSING ANY DISCLOSED OR POSSIBLE CONFLICT OF INTEREST WITH ANY STAFF PERSON AND BRINGING TO THE BOARD'S ATTENTION AT A BOARD MEETING ANY DISCLOSED OR POSSIBLE CONFLICT OF INTEREST FOR BOARD REVIEW OF SAME AND THE EFFECT THEREOF ON THE AGENCY AND ITS FUNCTIONING.

NON-PARTICIPATION WHERE CONFLICT OF INTEREST EXISTS

Schedule O (Form 990) 2021 Page 2

Name of the organization

WOMEN AWARE, INC.

Employer identification number 22-2374378

NO TRUSTEE, EXECUTIVE DIRECTOR, OR STAFF PERSON SHALL IN ANY WAY

PARTICIPATE IN AGENCY AFFAIRS, DECISION-MAKING, CONTRACTS OR TRANSACTIONS

OF ANY KIND WHERE A CONFLICT OF INTEREST EXISTS FOR HIM OR HER WHICH, IN

THE OPINION OF EITHER THE EXECUTIVE DIRECTOR OR THE BOARD, WILL AFFECT, OR

APPEAR TO AFFECT, SUCH TRUSTEE, EXECUTIVE DIRECTOR, OR STAFF PERSON'S

PARTICIPATION, JUDGMENT OR DECISION IN ANY MANNER.

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

LINDENBERGER GROUP, AN INDEPENDENT CONSULTING FIRM, WAS HIRED BY THE BOARD OF DIRECTORS TO CONDUCT SALARY AND BENEFIT COMPENSATION FOR THE POSITION OF CEO. IN PERFORMING THE COMPENSATION STUDY, THEY USED COMPARABILITY DATA BY COMPARING ORGANIZATIONS OF SIMILAR SIZE AND CEO'S RESPONSIBILITIES.

FURTHER, THE STUDY WAS REVIEWED AND APPROVED BY THE INDEPENDENT MEMBERS OF THE BOARD AND THE DELIBERATIONS AND DECISION WAS CONTEMPORANEOUSLY

DOCUMENTED. IN ADDITION, A SIMILAR STUDY WAS PERFORMED FOR THE STAFF OF THE ORGANIZATION. A COMPENSATION REVIEW WAS CONDUCTED IN 2021.

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS

REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS

POSTED ON THE ORGANIZATION'S WEBSITE AND GUIDESTAR.ORG. IN ADDITION, THE

FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, FORM 990, FORM 1023,

ARTICLES OF INCORPORATION, AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN

REQUEST AT 250 LIVINGSTON AVE, NEW BRUNSWICK, NJ 08901 OR BY CALLING THE

ORGANIZATION DIRECTLY AT 732-249-4900.

FORM 990 PART XII LINE 2C:

THE FINANCE COMMITTEE OF THE BOARD IS CHARGED WITH OVERSIGHT OF THE

Schedule O (Form	990) 2021								Page 2
Name of the organ		AWARE,	INC.				Employe 22-	r identification -2374378	number
AUDIT AND	SELECTION	OF THE	INDEPENDENT	ACCOUNTANT.	THIS I	PRO	OCESS	IS	
UNCHANGED	FROM LAST	YEAR.							