			Retur		BLIC DIS				ncome	Тах	1 OMB No. 1545-0047
For	_ g	90	Under section 5				-				2022
			Do n	not enter socia	al security num	bers on this f	form as i	it may be	made publi		Open to Public
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning OCT 1, 2022 and ending JUN 30, 2023									Inspection		
<u>A</u>	For th			ar beginning	OCT 1,	2022	and e	nding J	<u>IUN 30,</u>		
	Check if applicat	Dile: C Name of	organization						D Employ	ver identifica	tion number
	Addr chan		N'S PRISC	N ASSOC	TATTON 7	AND HOM	F.				
	Name	e	usiness as		<u></u>	<u> </u>			13-	559683	6
	Initial		and street (or P.0). box if mail is r	not delivered to st	reet address)	R	Room/suite	-		-
	Final returr	110	SECOND AV			,				-292-7	
	termi ated	City or to	own, state or prov		, and ZIP or fore	eign postal coo	de		G Gross rece	eipts \$	6,302,110.
	Amer returr	n INEW	YORK, NY							s a group retu	
	Appli tion pend		nd address of prir		JOEL COP	PERMAN				bordinates?	
	-	SAME .	AS C ABOV) (0.1	7/ \//			subordinates inclu	
	Vebs	empt status:	$\underline{\mathbf{A}}$ 501(c)(3) NLINE.ORG	<u>501(c) (</u> ב) (insert	no.) 494	7(a)(1) or	527			t. See instructions
		f organization:		Trust	Association	Other		I Vear		2 exemption 1 1845 M	State of legal domicile: NY
	art I			Trust	Association	Other			ui iuimatiun.		
	1	•	e the organizatio	n's mission or	most significan	t activities: W	IPA I	SAS	ERVICE	AND AI	DVOCACY
eo		ORGANIZ	ATION COM	MITTED	TO HELPI	ING WOME	EN WI	TH CF	RIMINAL	JUSTI	CE
nar	2	Check this bo	k if the	organization (discontinued its	operations or	dispose	d of more	than 25% of	f its net asset	S.
Governance	3	Number of vot	ing members of t	-			-				15
		Number of ind	ependent voting	members of th	e governing bo	dy (Part VI, line	e1b)			4	15
8 S	5	Total number	of individuals emp	ployed in caler	ıdar year 2022 ((Part V, line 2a	ı)			5	91
vitie	6		of volunteers (est								15
Activities &	7 a		d business revenu								0.
_	b	Net unrelated	business taxable	income from F	-orm 990-T, Par	t I, line 11	<u></u>	<u></u>			0.
									Prior Ye		Current Year
en	8		and grants (Part)						8,903	0.	<u>4,949,328.</u> 0.
Revenue	9	U U	ce revenue (Part ` come (Part VIII, co		0 4 and 7d				6	,640.	2,663.
Be	10		(Part VIII, column							,227.	1,350,119.
	12		- add lines 8 throi	(),		,			8,899		6,302,110.
	13		nilar amounts pai							0.	0.
	14		o or for members			,				0.	0.
ģ	15	Salarias athor	componention of	omplovoo bono	fite (Dart IV, col	lumn (A), lines	5-10)		5,125	,187.	3,179,293.
Expenses	16a	Professional fu	undraising fees (P ng expenses (Par	art IX, column	(A), line 11e)					0.	0.
xbe	. b	Total fundraisi	ng expenses (Par	rt IX, column (E)), line 25)	26	8,21	1.			
Ú	17		es (Part IX, colum						4,584		2,103,194.
	18		s. Add lines 13-17						9,709		5,282,487.
	19	Revenue less	expenses. Subtra	<u>ict line 18 from</u>	<u>1 line 12</u>		<u></u>			,667.	1,019,623.
Assets or		T-+-! - · /=							ginning of Cu 5 , 169		End of Year 5,955,991.
Asse	d 20	Total assets (F							4,604	<u> </u>	8,315,610.
Net A	21 22		(Part X, line 26) fund balances. Si		from line 20					,469.	-2,359,619.
	art II								501	1=000	2,335,015.
		•		examined this r	eturn, including a	ccompanving so	chedules a	and stateme	ents, and to th	e best of mv ki	nowledge and belief, it is
			Declaration of prep							-	,
					,					-	

Sign	Signature of officer Date								
	JOEL COPPERMAN, PRESIDENT	/CEO							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature		Date		Check	PTIN		
Paid	MAGDALENA CZERNIAWSKI	MAGDALENA	CZERNIAWSK	05/15/	/24	self-employed	P0053509	9	
Preparer	Firm's name CBIZ MARKS PANETH	I LLC			Firm's	EIN 87-	3707167		
Use Only	Firm's address 685 THIRD AVENUE								
	NEW YORK, NY 1001	.7			Phone	no.212-	503-8800		
May the I	May the IRS discuss this return with the preparer shown above? See instructions X Yes No								
232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

			2
	n 990 (2022) WOMEN'S PRISON ASSOCIATION AND HOME rt III Statement of Program Service Accomplishments	13-5596836	Page 2
Fa			X
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	[A]
•	WPA IS A SERVICE AND ADVOCACY ORGANIZATION COMMITTED TO	HELPING WOMP	EN
	WITH CRIMINAL JUSTICE HISTORIES REALIZE NEW POSSIBILITIE		
	THEMSELVES AND THEIR FAMILIES. OUR SERVICES HELP WOMEN TO	O OBTAIN WOR	RK,
	HOUSING AND HEALTH CARE; TO REBUILD THEIR FAMILIES; AND	TO PARTICIPA	ATE
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	s 🛛 No
	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?	Ye	s 🚺 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	s, the total expenses, a	anu
4a	(Code:) (Expenses \$ 1,279,256 including grants of \$) (Reven	\$)
Tu	SARAH POWELL HUNTINGTON HOUSE, FUNDED BY THE NYC DEPARTM		LESS
	SERVICES, IS A 28-UNIT TRANSITIONAL RESIDENCE FOR WOMEN		
	HISTORY OR ARE AT RISK FOR CRIMINAL INVOLVEMENT AND THEI	R CHILDREN.	
	SERVICES INCLUDE CASE MANAGEMENT, HOUSING PLACEMENT ASSI		
	RECREATIONAL ENRICHMENT, AND CONNECTION TO APPROPRIATE C		
	SERVICES INCLDUING DRUG TREATMENT, AND HEALTH AND MENTAL	HEALTH CARE	Ξ
4b	(Code:) (Expenses \$952,154. including grants of \$) (Reven	ue \$)
	MOCJ TRANSITIONAL SERVICES IS FUNDED WITH ADDITIONAL SUP	PORT FROM TH	HE
	OFFICE OF THE FIRST LADY OF NYC AND PROVIDES JOB READINE		
	SPECIFIC JOB TRAINING, PAID TRAINING AND INTERNSHIPS, AND	D JOB PLACEN	MENT
	AND RETENTION ASSISTANCE.		
4c	(Code:) (Expenses \$ 844,434. including grants of \$) (Reven	ue \$)
		ME ALTERNAT	IVE
	TO INCARCERATION IS A COMMUNITY BASED PROGRAM PROVIDING		
	SERVICES IN THE COMMUNITY TO WOMEN WHO WOULD OTHERWISE FA		
	PRISON SENTENCES. THE PROGRAM PROVIDES INTENSIVE HOME AND		
	CASE MANAGEMENT, COGNITIVE BEHAVIORAL PROGRAMMING, AND CO		<u> </u>
	SERVICES TO SUPPORT DECREASED RISK FOR CONTINUING CJ INV INCLUDING DRUG AND MENTAL HEALTH TREATMENT, TRAUMA RECOV		
	ASSISTANCE WITH HOUSING, ETC.	EKI SEKVICES	5,
4d	Other program services (Describe on Schedule O.)		
		324,908.)	
4e	Total program service expenses 4,017,868.		000
00000	2 12 12 22	Form	990 (2022)

Form 990 (WOMEN		
Part IV	Checklist o	f Required S	che	edules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	v	
~	If "Yes," complete Schedule A	1	X X	
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	-		37
-	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
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		<u> </u>
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		
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		<u> </u>
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		<u> </u>
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		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX. column (A). line 1? If "Yes." complete Schedule I. Parts Land II.	21		х

Form 990 (2022)

Form	990	(2022)
	330	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	х	
24 0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	~	<u> </u>
2 4a				
	last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		<u> </u>
C	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	0		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33	х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	- 23	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	1
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a0			
b				
С		4-	х	
	(gambling) winnings to prize winners?	1c	Λ	L

Form	990 (2022) WOMEN'S PRISON ASSOCIATION AND HOME 13-5596 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	836	5 P	_{age} 5		
			Vac	No		
20	Enter the number of employees reported on Form W/2. Transmittel of Wess and Tax Statements		Yes	No		
Za	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 91					
Ь		Oh	х			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b 3a	<u></u>	x		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b				
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" <i>to line 3b, provide an explanation on Schedule O</i>	30				
чa	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x		
h	If "Yes," enter the name of the foreign country	4 a				
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
50		5a		х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X		
		5c				
	It "Yes" to line 5a or 5b, did the organization file Form 8886-1?					
ou	any contributions that were not tax deductible as charitable contributions?	6a		x		
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).	0.0				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
•	to file Form 8282?	7c		x		
Ь	If "Yes," indicate the number of Forms 8282 filed during the year					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h				
8						
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
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	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		L		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.					

5

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		37	
	of officers, directors, trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v
-	more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
•	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	•	v	
a	The governing body?	<u>8a</u>	X X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		77
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		- 21
5	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
119	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b		- Tiu		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b		12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CARYN YORK, EXECUTIVE DIRECTOR - (646) 292-7741			
	110 SECOND AVENUE, NEW YORK, NY 10003			

 Form 990 (2022)
 WOMEN'S PRISON ASSOCIATION AND HOME
 13-5596836
 Page

 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

6

Page **6**

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Part VII	Compensation	of Officers,	Directors,	Trustees, Key En	nployees	, Highest	Compensated
	Employees, and	d Independe	ent Contra	ctors			

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 an of the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

• List the organization's five current nighest compensated employees (other than an onicer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Name and title Average hours per list any bours per list any hours for weak below Description below D	(A)	(B)	(C)					(D)	(E)	(F)	
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DIRECTOR X 0. <t< td=""><td>PRESIDENT</td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	PRESIDENT		Х		Х				0.	0.	0.
(15) PIPER KERMAN 0.50 X 0.00 0.00 DIRECTOR 0.50 X 0.00 0.00 0.00 (16) ROSEMARY NIDIRY 0.50 X 0.00 0.00 0.00 DIRECTOR X 0.00 0.00 0.00 0.00 (17) SLAVIK SHKOLNIK 35.00 X 0.00 0.00 0.00 CONTRACTED CFO X X 0.00 0.00 0.00	(14) MARLA WILLNER	0.50									
DIRECTOR 0.50 X 0. 0. 0. (16) ROSEMARY NIDIRY 0.50 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (17) SLAVIK SHKOLNIK 35.00 X 0. 0. 0. CONTRACTED CFO X 0. 0. 0. 0.	DIRECTOR		Х						0.	0.	0.
(16) ROSEMARY NIDIRY 0.50 X 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. (17) SLAVIK SHKOLNIK 35.00 X 0. 0. 0. 0. CONTRACTED CFO X X 0. 0. 0. 0.	(15) PIPER KERMAN										
DIRECTOR X 0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(17) SLAVIK SHKOLNIK 35.00 X 0. 0. 0.	(16) ROSEMARY NIDIRY	0.50									
CONTRACTED CFO X 0. 0. 0.	DIRECTOR		Х						0.	0.	0.
	(17) SLAVIK SHKOLNIK	35.00									
	CONTRACTED CFO				X				0.	0.	

Form 990 (2022) WOMEN'S	PRISON A	SS	SOC	ΊA	TI	ON	Ī	AND HOME	13-5596	5836 Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Emp	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(10			ition			Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	than d is both	n an	compensation	compensation	amount of
	week	week officer and a direct				or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal ti		loyee	e mp		1099-NEC)		and related
	below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) SUSANNA PHILLIPS-HUNTINGTON	0.50	ul o	ů.	ΨO	Key	e Hi	ß			
DIRECTOR	0.50	x						0.	0.	0.
(19) TINA DANIELS	0.50	^			-			0.	0.	
				37					0	
VICE PRESIDENT	1.00	Х		X	<u> </u>	<u> </u>		0.	0.	0.
(20) VALERIE MASON	0.50								0	
DIRECTOR		Х						0.	0.	0.
		1								
		1								
1b Subtotal						-		555,316.	0.	77,517.
c Total from continuation sheets to Part V							-	0.	0.	
d Total (add lines 1b and 1c)								555,316.	0.	
2 Total number of individuals (including but								eceived more than \$100.	000 of reportable	
compensation from the organization						,			•	4
										Yes No
3 Did the organization list any former office	r, director, trust	ee, k	key e	empl	loyee	e, or	hig	hest compensated emp	loyee on	
line 1a? If "Yes," complete Schedule J for	such individual		-							3 X
4 For any individual listed on line 1a, is the s										
and related organizations greater than \$15										4 X
5 Did any person listed on line 1a receive or	accrue comper	isati	on fr	rom	anv	unre	elate	ed organization or individ	dual for services	
rendered to the organization? If "Yes." col										5 X
Section B. Independent Contractors			0, 00			011				
1 Complete this table for your five highest c	ompensated inc	lepe	nder	nt co	ontra	actor	rs tł	hat received more than \$	100,000 of compens	ation from
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	rith c	or wi	thin	n the organization's tax y	ear.	
(A)								(B)		(C)
Name and busines	s address							Description of s	ervices	Compensation
NCHENG LLP										
40 WALL ST, 32ND FLOOR, 3	NEW YORK	,	NY	1	00	05		ACCOUNTING S	ERVICES	260,478.
2 Total number of independent contractors	including but p	ot lin	nitor	1 + 0 -	thoo		tod	above) who received m	ore than	
\$100,000 of compensation from the organ	u u	J. 111	met	0	1	L	ceu			
, , , , , , , , , , , , , , , , , , ,										

Form **990** (2022)

	<u>1 990</u> rt VI			PRI	SOI	N ASSOCI	ATION AND I	HOME	13-5596	836 Page 9
		Check if Schedule O	contains a	respor	ise (or note to any lir	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1 a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b						
Amo Amo	с	Fundraising events		1c						
Sift: ar /	d	Related organizations								
is, C	е	e Government grants (contr	ibutions)	1e	3,	<u>954,607.</u>				
rtion S	f	All other contributions, gifts,	grants, and	t I						
ibu the		similar amounts not included	above	1f		994,721.	-			
ut pu	g	Noncash contributions included in		1g \$			4 040 200			
<u>a č</u>	h	Total. Add lines 1a-1f		<u></u>	<u></u>		4,949,328.			
						Business Code				
ice	2 a				_					
er v	b				_					
n S /eni	С				_					
Program Service Revenue	d				_					
roç	e				_					
-		All other program service								
	3	Total. Add lines 2a-2f Investment income (includ								
	5					2,663.			2,663.	
	4	Income from investment of			roceeds				2,0000	
	5	Royalties		-						
	•			(i) Real		(ii) Personal				
	6 a	Gross rents	6a 2		1.		1			
		Less: rental expenses	6b		0.					
		Rental income or (loss)	6c 2!							
		Net rental income or (loss					25,211.			25,211.
		Gross amount from sales of		Securiti		(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
en		and sales expenses	7b							
venue	с	Gain or (loss)	7c							
Re	d	Net gain or (loss)			<u></u>					
Other	8 a	Gross income from fundraisi	ng events	(not						
₹		including \$								
		contributions reported on	-							
		Part IV, line 18			8a		-			
		Less: direct expenses			8b					
		Net income or (loss) from		-	s					
	9 a	Gross income from gamin			-					
	_	Part IV, line 19			9a		4			
		Less: direct expenses			9b					
		Net income or (loss) from								
	10 a	Gross sales of inventory, I			10-					
	Ь	and allowances			10a 10b		-			
		Net income or (loss) from								
	C		Jaies UI II	wenton	(Business Code				
sn	11 a	INSURANCE PRO	CEEDS	3			1,265,448.	1,265,448.		
nec		MISC. INCOME			_	900099	59,460.			
Miscellaneous Revenue	c				_					
Be		All other revenue			_					
Σ		• Total. Add lines 11a-11d					1,324,908.			
		Total revenue. See instruction					6,302,110.	1,324,908.	0.	27,874.

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Form 990 (2022)

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

<u></u>	Check if Schedule O contains a respon				
Dou	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	CAPENSES
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2					
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 000	10 000	120 216	20 776
	trustees, and key employees	198,880.	19,888.	139,216.	39,776.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.055.064	0 040 010	F4 F0C	
7	Other salaries and wages	2,355,864.	2,243,319.	54,586.	57,959.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	206 610			F 200
9	Other employee benefits	306,618.	293,587.	7,641.	5,390. 7,591.
10	Payroll taxes	317,931.	295,012.	15,328.	7,591.
11	Fees for services (nonemployees):				4 4
а	Management	77,298.	42,344.	20,623.	14,331.
b	Legal	6,650.		6,650.	
С	Accounting	260,478.	142,690.	69,495.	48,293.
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	424,596.	236,235.	108,395.	79,966.
12	Advertising and promotion	14,711.		14,711.	
13	Office expenses	10,919.	2,790.	6,612.	<u>1,517.</u> 3,163.
14	Information technology	115,342.	24,597.	87,582.	3,163.
15	Royalties				
16	Occupancy	486,776.	441,469.	39,340.	5,967.
17	Travel	20,535.	16,651.	3,884.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,021.	400.	621.	
20	Interest	13,208.		9,735.	3,473.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	47,224.		47,224.	
23	Insurance	157,677.	40,909.	116,768.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS AND MAINTENANCE	197,524.	148,543.	48,196.	785.
b	BAD DEBTS	176,517.		176,517.	
с	CLIENT ACTIV./ ASSIST.	51,924.	44,722.	7,202.	
d	EQUIPMENT RENTAL	16,690.	11,819.	4,871.	
е	All other expenses	24,104.	12,893.	11,211.	
25	Total functional expenses. Add lines 1 through 24e	5,282,487.	4,017,868.	996,408.	268,211.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

Form 990 (2022)

WOMEN '	S	PRISON	ASSOCIATION	AND	HOME
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Check if Schedule O contains a response or note to any line in this Part X

					(A) Beginning o	f year		(B) End of year
	1	Cash - non-interest-bearing			780	,654.	1	97,005.
	2	Savings and temporary cash investments				,474.	2	272,990.
	3	Pledges and grants receivable, net				/	3	
	4	Accounts receivable, net			3,170	,225.	4	4,273,742.
	5	Loans and other receivables from any current or				, -		, , ,
		trustee, key employee, creator or founder, subst						
		controlled entity or family member of any of the					5	
	6	Loans and other receivables from other disquali						
	_	under section 4958(f)(1)), and persons described					6	
S	7	Notes and loans receivable, net		· · · · · · · · · · · · · · ·			7	
Assets	8	Inventories for sale or use					8	
As	9	Description of the second state of the second			95	,390.	9	41,363.
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	709,380.				
	b			709,380. 271,673.	382	,297.	10c	437,707.
	11	Investments - publicly traded securities			388	,754.	11	495,780.
	12	Investments - other securities. See Part IV, line 1					12	
	13	Investments - program-related. See Part IV, line				13		
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11			,272.	15	337,404.	
	16	Total assets. Add lines 1 through 15 (must equ			5,169	<u>,066.</u>	16	5,955,991.
	17	Accounts payable and accrued expenses			1,747	<u>,578.</u>	17	1,289,951.
	18	Grants payable			18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
	21	Escrow or custodial account liability. Complete	Schedule D			21		
Se	22	Loans and other payables to any current or form	ner officer,	director,				
III		trustee, key employee, creator or founder, subst						
Liabilities		controlled entity or family member of any of thes	se persons	; L			22	
	23	Secured mortgages and notes payable to unrela		····· F			23	4 600 050
	24	Unsecured notes and loans payable to unrelated			846	,789.	24	4,688,959.
	25	Other liabilities (including federal income tax, pa						
		parties, and other liabilities not included on lines	s 17-24). C	omplete Part X	0 010	220		
		of Schedule D			2,010			2,336,700. 8,315,610.
	26	Total liabilities. Add lines 17 through 25			4,604	, 597.	26	8,313,010.
ŝ		Organizations that follow FASB ASC 958, che	ck here	X				
nce	07	and complete lines 27, 28, 32, and 33.			-3,919	103	07	_2 979 /39
alaı	27	Net assets without donor restrictions	4,483	<u>,493.</u> 962	27 28	<u>-2,878,438.</u> 518,819.		
d B	28	Net assets with donor restrictions	4,405	, 902.	28	510,019.		
'n		Organizations that do not follow FASB ASC 9 and complete lines 29 through 33.						
٩.	00						00	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ec					29 30	
SS	30						30 31	
et⊿	31 32	Retained earnings, endowment, accumulated in Total pet assets or fund balances		·····	564	,469.	31 32	-2,359,619.
Ž	32	Total net assets or fund balances			5,169	<u>, 105.</u> 066	32 33	5,955,991.
	აა	TOTAL HADHILLES AND HEL ASSELS/TUND DAIANCES			5,103	,000.	აა	· · · · · · · · · · · · · · ·

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet

		1 2		12		10
	NOMEN'S PRISON ASSOCIATION AND HOME rt XI Reconciliation of Net Assets	13-	55968	36	Paç	_{ge} 12
I a						X
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	302	2 1	10.
2		2				
2			5,282,48 L,019,623			
4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	3				69.
- - 5	Net assets of fund balances at beginning of year (hust equal Part A, fine 32, column (A)	5			<u> </u>	98.
6		6			, 4.	<u> </u>
7	Donated services and use of facilities	7				
8	Investment expenses Prior period adjustments	8				
9		9	-3,	971	0	09.
9 10	Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				- , 0 .	
10	column (B))	10	-2,	359	.6	19.
Pa	rt XII Financial Statements and Reporting	10			70	
	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	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	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	X	
	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:					
	Separate basis X 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	L

Form **990** (2022)

SCHEDULE A	
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(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

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

	13					
	OMB No. 1545-0047					
	2022					
	Open to Public Inspection					
Employer	Employer identification number					

Name of the organization

Nan			N'S PRISON	ASSOCIATION	AND F	IOME		13-5596836					
Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S							
		zation is not a private found											
1		A church, convention of ch					I)(A)(i).						
2		A school described in secti											
3	\square	A hospital or a cooperative				(b)(1)(A)(ii	i).						
4	\square	A medical research organization						r the hospital's name,					
		city, and state:											
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental unit descrit	oed in					
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).						
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in					
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-gran	t college					
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the colleg	e or					
		university:											
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, ar	nd 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.)											
11		An organization organized a	-	•	•								
12		An organization organized a	-	-	-								
		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											
а		the supported organizatio		-	•	-							
		organization. You must c			majonty o			supporting					
b		Type II. A supporting org	-		ion with its	sunnorte	nd organization(s) by he	wing					
		control or management o	-					•					
		organization(s). You mus					niter of manage the ear						
с] Type III functionally inte			in connect	ion with, a	and functionally integrat	ed with,					
		its supported organization											
d] Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	vith its supported organ	ization(s)					
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution red	uirement and an attent	iveness					
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .						
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, or	r Type III non-functior	nally integrated supporting	ng organiz	ation.							
f		r the number of supported o	•										
g		vide the following information		d organization(s). (iii) Type of organization	(iv) Is the oroz	inization listed	() Amount of monotons	(ai) Amount of other					
	(I	i) Name of supported organization	(ii) EIN	(described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
		organization		above (see instructions))	Yes	No							
Tota	ıl												

Schedule A (Form 990) 2022	WOMEN'S PRIS	ON ASSOCIATION	AND HOME
Part II Support Schedule for	or Organizations De	escribed in Sections 1	170(b)(1)(A)(iv) and 170

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8180814.	9296923.	8884152.	8903162.	4949328.	40214379.
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						
U	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8180814.	9296923.	8884152.	8903162.	4949328.	40214379.
	The portion of total contributions	01000140	5250525.	0004152.	05051021	19195200	10211575
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						303,746.
	Public support. Subtract line 5 from line 4.						39910633.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	8180814.	9296923.	8884152.	8903162.	4949328.	40214379.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	6,760.	5,692.	6,259.	6,640.	27,874.	53,225.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	90,964.	196,866.	419,134.	13,200.		2045072.
11	Total support. Add lines 7 through 10						42312676.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop	b here		-			
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	94.32 %
15	Public support percentage from 2021					15	96.84 %
16a	33 1/3% support test - 2022. If the o					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
h	10% -facts-and-circumstances test	-		• • • •			
U.	more, and if the organization meets th						
	organization meets the facts-and-circu						
10	-				• •		······································
18	Private foundation. If the organization	IT UIU HOL CHECK a I		a, 100, 178, 01 170	, check this box al	iu see instructions	•

Schedule A (Form 990) 2022

	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						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3 received						
U	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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		-	-	-	-	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
b	(less section 511 taxes) from businesses						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	(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						
с 11	(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 regularly carried on Other income. Do not include gain						
с 11	(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 regularly carried on Other income. Do not include gain or loss from the sale of capital						
c 11 12	(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 regularly carried on Other income. Do not include gain						
0 11 12 13	(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 regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organizatic	
11 12 13 14	(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 regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here				•		·
11 12 13 14 Sec	(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 regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	c Support Per	centage		•	1 1	······
11 12 13 14 Sec	(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 regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here ction C. Computation of Public	c Support Per ine 8, column (f), d	centage livided by line 13, 0		•	15	%
11 12 13 14 <u>Sec</u> 15 16	 (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 regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Ction C. Computation of Public Public support percentage for 2022 (I 	c Support Per ine 8, column (f), d Schedule A, Part	centage ivided by line 13, o III, line 15			1 1	······
11 12 13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u>	(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 regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2022 (I Public support percentage for 2021 (Computation of Investion Computation of Investion (Computation (Comp	c Support Per ine 8, column (f), d Schedule A, Part tment Income	centage livided by line 13, d III, line 15 Percentage	column (f))	· ·····	15 16	<u>%</u>
c 11 12 13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17	(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 regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2022 (I Public support percentage from 2021 ction D. Computation of Investion Investment income percentage for 2021	c Support Per ine 8, column (f), d Schedule A, Part tment Income 222 (line 10c, colur	ivided by line 13, of III, line 15 Percentage nn (f), divided by li	column (f)) ne 13, column (f))	- 	15 16 17	
c 11 12 13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18	 (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 regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Ction C. Computation of Public Public support percentage from 2021 Ction D. Computation of Investion and stop here Investment income percentage from 2021 	c Support Per ine 8, column (f), d Schedule A, Part tment Income 222 (line 10c, colur 2021 Schedule A,	ivided by line 13, of III, line 15 Percentage nn (f), divided by li Part III, line 17	column (f)) ne 13, column (f))	- 	15 16 17 18	
c 11 12 13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18	 (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 regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Ction C. Computation of Public Public support percentage from 2022 (I Public support percentage from 2022 (I Investment income percentage from 2021 Investment income percentage from 2021 Sa 1/3% support tests - 2022. If the 	c Support Per ine 8, column (f), d Schedule A, Part timent Income 222 (line 10c, colur 2021 Schedule A, organization did n	ivided by line 13, of III, line 15 Percentage nn (f), divided by li Part III, line 17 not check the box	ne 13, column (f))	e 15 is more than 3	15 16 17 18 33 1/3%, and line 17	
c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	 (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 regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Ction C. Computation of Public Public support percentage for 2022 (IPublic support percentage from 2021) Ction D. Computation of Investion and income percentage from 2021 Investment income percentage from 2021 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box and stop and	c Support Per ine 8, column (f), d Schedule A, Part Stment Income 222 (line 10c, colur 2021 Schedule A, organization did n nd stop here. The	rcentage livided by line 13, o III, line 15 Percentage nn (f), divided by li Part III, line 17 not check the box organization quali	ne 13, column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s	e 15 is more than 3 supported organize	15 16 17 18 33 1/3%, and line 17 ation	% % % % % % %
c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	 (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 regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Ction C. Computation of Public Public support percentage from 2022 (I Public support percentage from 2022 (I Investment income percentage from 2021 Investment income percentage from 2021 Sa 1/3% support tests - 2022. If the 	c Support Per ine 8, column (f), d Schedule A, Part Stment Income 222 (line 10c, colur 2021 Schedule A, organization did n nd stop here. The organization did n	centage livided by line 13, o lll, line 15 Percentage nn (f), divided by li Part III, line 17 not check the box organization quali not check a box or	ne 13, column (f)) non line 14, and line fies as a publicly s l line 14 or line 19a	e 15 is more than 3 supported organiza a, and line 16 is mo	15 16 17 18 33 1/3%, and line 17 ition ore than 33 1/3%, a	% % % 7 is not

(f) Total

(e) 2022

Schedule A (Form 990) 2022 WOMEN'S PRISON ASSOCIATION AND HOME Part III Support Schedule for Organizations Described in Section 509(a)(2)

(a) 2018

Calendar year (or fiscal year beginning in)

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

(c) 2020

(d) 2021

(b) 2019

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

Schedule A (Form 990) 2022

Sche	edule A	A (Form 990) 2022			ASSOCIATION	AND HOME	T2-22	9003	o Pa	age 5
Pa	rt IV	Supporting Organiza	ations _{(continue}	d)						
									Yes	No
11	Has t	the organization accepted a	gift or contribution f	rom any of	the following persons?					
а	A pe	rson who directly or indirectly	/ controls, either ald	one or toge	ther with persons descr	ribed on lines 11b and				
	11c k	below, the governing body of	a supported organ	ization?				11a		
b	A fan	nily member of a person dese	cribed on line 11a a	bove?				11b		
с	A 35	% controlled entity of a perso	on described on line	11a or 11b	b above? If "Yes" to line	e 11a, 11b, or 11c, provide				
		il in Part VI.						11c		
Sec	tion	B. Type I Supporting (Organizations							
									Yes	No
1	more direc	he governing body, members e supported organizations ha ctors, or trustees at all times of tively operated, supervised, of	ve the power to reg during the tax year?	ularly appo I <i>If "No," de</i>	int or elect at least a ma escribe in Part VI how t	ajority of the organization's the supported organization(s	officers,			

	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.
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.	
Section C. Type II Supporting Organizations	

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1

Section D. All	Type III Support	ing 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			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. *Complete* line 2 *below.* а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instru	uction <u>s).</u>

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a

1

2

Yes No

Yes No

chedule A (Form 990) 2022 WOMEN'S PRISON ASSC Part V Type III Non-Functionally Integrated 509(a)(3) Sur	CIATION AN		<u>13-5596836 р</u>
1 Check here if the organization satisfied the Integral Part Test as a			Part VI). See instruction
All other Type III non-functionally integrated supporting organization		,	,
ection 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		
ection 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amo	ount,		
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		

C - Distributable Ar _

Section C - Distributable Amount				Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see					

instructions).

Schedule A (Form 990) 2022

nolly Integrated E00(a)(2) Supporting Organ	nizat	tione
WOMEN'S PRISON ASSOCIATION A	AND	HOME

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continue	ed)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	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 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	s	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Part IV, Section A, li line 1; Part IV, Sectio	WOMEN'S PRISON ASSOCIATION AND HOME 13-5596836 Page 8 Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; nes 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, on D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
AT&T CREDIT	
2019 AMOUNT: \$	90,869.
COST OF LIVING IN	ICREASE
2019 AMOUNT: \$	51,341.
FUNDRAISING INCOM	IE
2018 AMOUNT: \$	59,113.
2019 AMOUNT: \$	26,220.
2021 AMOUNT: \$	13,200.
GUIDE ONE INSURAN	ICE INCOME
2020 AMOUNT: \$	418,270.
MISCELLANEOUS INC	COME
2018 AMOUNT: \$	31,851.
2019 AMOUNT: \$	28,436.
2020 AMOUNT: \$	864.
2022 AMOUNT: \$	59,460.
INSURANCE INCOME	
2022 AMOUNT: \$	1,265,448.

SCHEDULE A, PART II, COLUMN (E):

Sched	ule A (Fo	orm 990)) 2022							SSOCI				13-5596836 Page 8
Part	: VI S P Iii	art IV, S ne 1; Pa	ment ection rt IV, S	A, lines 1 Bection D,	matio , 2, 3b, lines 2	n. Pro 3c, 4b and 3;	ovide the , 4c, 5a, Part IV,	e explan 6, 9a, 9 Section	ation 9b, 90 1 E, lir	is required c, 11a, 11b nes 1c, 2a	by Part II , and 11c 2b, 3a, a	l, line 10; ; Part IV ind 3b; F	; Part II, line , Section B Part V, line 1	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V,
	S	ection D See instr), lines	5, 6, and	8; and	Part V,	Sectior	n E, lines	32,5	, and 6. Al	so comple	ete this p	part for any	additional information.
THE	AMO	UNTS	IN	THIS	COL	UMN	ARE	FOR	A	SHORT	PERI	COD.		

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Page 8

13-5596836

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 22 OMB No. 1545-0047

2022

Employer identification number

Name of the organizati	ion	
i lance en and enganization		
	WOMEN'S	PR
Organization type (ch	l \.	

N'S	PRISON	ASSOCIATION	AND	HOME	13-5596836

 Filers of:
 Section:

 Form 990 or 990-EZ
 Image: 501(c)(Image: 3) (enter number) organization

 Image: 4947(a)(1) nonexempt charitable trust not treated as a private foundation

 Image: 527 political organization

 Form 990-PF
 501(c)(3) exempt private foundation

 Image: 4947(a)(1) nonexempt charitable trust treated as a private foundation

 Image: 501(c)(3) exempt private foundation

 Image: 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 for an *exclusively* set in the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the

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) (2022)

Schedule B (Form 990)

Department of the Treasury

Schedule B (Form 990) (2022)

Name of organization

WOMEN'S PRISON ASSOCIATION AND HOME

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 1,290,989. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 2,348,813. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 198,518. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 186,523. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 6 Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.)

Page 2

Employer identification number

13-5596836

-

WOMEN'S PRISON ASSOCIATION AND HOME

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

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

Page **3**

Employer identification number

13-5596836

WOMEN '	S PRISON ASSOCIATION AN	ND HOME	13-5596836			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	hrough (e) and the following line en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.) \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gi	ft			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			[
-		(e) Transfer of gi	 fer of gift			
-	Transferee's name, address, a 	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gi	ier of gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gi	ər of gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

Schedule B (Form 990) (2022) Name of organization

Employer identification number

Page 4

SCHEDULE I	D
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Department of the Treasury Internal Revenue Service

(Form 99	9 0)
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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.



Name of the organization

Employer identification number

	WOMEN'S PRISON ASS			13-5596836
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Sim	nilar Funds or <i>i</i>	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised f	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		in daman advisad fu	
5	Did the organization inform all donors and donor advisors in v	-		
•	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			•
	for charitable purposes and not for the benefit of the donor o		• •	
Dor	impermissible private benefit?			
Par			on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea	·		istorically important land area
	Protection of natural habitat	F	Preservation of a ce	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution	on in the form of a	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not	on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspectior	n, handling of	
	violations, and enforcement of the conservation easements it	holds?	-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	enforcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enfor	cing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of	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	on easements in its revenue	e and expense state	ement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's fir	nancial statements	that describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	FArt, Historical Treas	ures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenu	ue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or	r research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that descri	bes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue s	tatement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furtherar	nce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				<u>.</u>
2	If the organization received or held works of art, historical tree			
_	the following amounts required to be reported under FASB A		-	,
а	Revenue included on Form 990, Part VIII, line 1			\$
	······································			······ · ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

\$

						4.0		2		•
Sche Par		PRISON ASS			thar S			96836		age 2
								(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that ma	ake signi	ficant use of	its			
_	collection items (check all that apply):									
a	Public exhibition	d		hange program						
b	Scholarly research	е								
c	Preservation for future generations	He attack and some later	h							
4	Provide a description of the organization's co	•	•	•	•	• •	Part	KIII.		
5	During the year, did the organization solicit o] X] N.a.
Par	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran							Yes		No
	reported an amount on Form 990, Par		te il the organizatio	IT all swelled Te	5 01170	iiii 990, Faii	, .	ne 9, 0i		
1a	Is the organization an agent, trustee, custodi		any for contributions	s or other assets	not incl	uded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII]
-			ering tablet					Amount		
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fe							Yes		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Par	t XIII					
Par	t V Endowment Funds. Complete i	f the organization and								
		(a) Current year	(b) Prior year	(c) Two years b		Three years b		(e) Four		
	Beginning of year balance	229,309.	284,130.	221,9	20.	185,4	23.		180,	464.
	Contributions									
	Net investment earnings, gains, and losses	81,168.	-36,665.	78,7	24.	50,7	15.		4,	959.
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	21,017.	18,156.	16,5	14.	14,2	18.			
f	Administrative expenses	000.460			2.0		<u> </u>		105	402
g	End of year balance	289,460.	229,309.		30.	221,9	20.		185,	423.
2	Provide the estimated percentage of the curr	ent year end balance) held as:						
	Board designated or quasi-endowment Permanent endowment100		_%							
b		%								
С	Term endowment The percentages on lines 2a, 2b, and 2c show	%								
20	Are there endowment funds not in the posse		tion that are hold an	d administored	for the					
Ja	organization by:	ssion of the organizat	tion that are neid a	a autimistered				Г	Yes	No
	(i) Unrelated organizations							3a(i)	X	
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par										
	Complete if the organization answere	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, Pa	art X, line	e 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Accu	imulated		(d) Bool	<pre> value </pre>	э
		basis (investm	nent) basis	(other)	depre	ciation				
1a	Land			9,000.						00.
	Buildings		52	9,954.	15	7,713.		372	2,24	41.
с	Leasehold improvements									
d	Equipment		17	0,426.	11	3,960.		56	5,40	56.
	Other									
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	<u>(, column (B), line 1</u>	0c.)				43	1,70	07.

Schedule D (Form 990) 2022

(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related			
Complete if the organization answered "Y	es" on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		L	
Complete if the organization answered "Y	es" on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1) LEASE DEPOSIT			29,233.
(2) OPERATING LEASE RIGHT-OF	F-USE ASSETS		308,171.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.) line 15.)		337,404.
Complete if the organization answered "Y	es" on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. lir	ne 25.
1. (a) Description of liability	, ,	, ,	(b) Book value
(1) Federal income taxes			
(1) Federal Income taxes (2) CONTRACT ADVANCES			2,012,687.
(3) LEASE LIABILITY			324,013.
			521,0131
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>			2 226 700
Total. (Column (b) must equal Form 990, Part X, col. (B,			
2. Liability for uncertain tax positions. In Part XIII, pro-	vide the text of the footnote t	to the organization's financial stateme	ents that reports the

X 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

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WOMEN'S PRISON ASSOCIATION AND HOME Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

	, ,	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Fotal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

					29	
Sche	dule D (Form 990) 2022 WOMEN'S PRISON ASSOCIATION				5596836	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	6,329	,408.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	27,298.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		<u>,298.</u>
3	Subtract line 2e from line 1			3	6,302,	,110.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,302,	<u>,110.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	Returr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total expenses and losses per audited financial statements			1	5,282,	<u>,487.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments					
с	Other losses					
d						
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	5,282,	<u>,487.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	5,282,	487.
Pa	t XIII Supplemental Information.					

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

PART V, LINE 4:

THE INCOME FROM THE ENDOWMENT FUND ASSETS ARE USED TO SUPPORT THE

ORGANIZATION'S GENERAL ACTIVITIES.

PART X, LINE 2:

WPA FOLLOWS ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, "INCOME

TAXES," WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX

PROVISIONS FOR UNCERTAIN TAX POSITIONS.

SCHEDULE J Compensation Information					30 OMB No. 1545-0047				
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	_	20	7 7				
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22				
Depar	tment of the Treasury	Attach to Form 990.		Open to Public					
Interna	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe					
Nam	e of the organization		mployerid 1 ס ב נ	entificatio		iber			
Pa	rt I Question	WOMEN'S PRISON ASSOCIATION AND HOME s Regarding Compensation	12-25	90030)				
14					Yes	No			
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form 99	0		165	NO			
а		line 1a. Complete Part III to provide any relevant information regarding these items.	0,						
	First-class or c		use						
	Travel for com								
		ation and gross-up payments Health or social club dues or initiation fees							
		spending account	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	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
3	Indicate which, if ar	y, of the following the organization used to establish the compensation of the organization's							
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	to						
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.							
	Compensation	committee Written employment contract							
	Independent o	ompensation consultant Compensation survey or study							
	Form 990 of o	ther organizations X Approval by the board or compensation corr	nmittee						
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 re	lated organization:							
а		e payment or change-of-control payment?		. 4a		X			
b		eive payment from a supplemental nonqualified retirement plan?		. 4b		X			
С		eive payment from an equity-based compensation arrangement?		. 4c		X			
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
_)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	· · · · ·	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
_	contingent on the r			5.		v			
						x			
α		ation?		5b		21			
c		r 5b, describe in Part III.							
0	contingent on the n	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
9	e e			6a		Х			
		ation?				X			
5		r 6b, describe in Part III.							
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
•		les 5 and 6? If "Yes," describe in Part III		7		Х			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		· •					
5		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		Х			
9		id the organization also follow the rebuttable presumption procedure described in							
5	Regulations section			9					
		eduction Act Notice, see the Instructions for Form 990.		le J (Form					

13-5596836

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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CARYN YORK	(i)	213,394.	0.	270.	0.	18,702.	232,366.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	1 (11)				1		1	

Schedule J (Form 990) 2022

Page 3

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.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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



WOMEN'S PRISON ASSOCIATION AND HOME

13-5596836

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HISTORIES REALIZE NEW POSSIBILITIES FOR THEMSELVES AND THEIR FAMILIES.

OUR SERVICES HELP WOMEN TO OBTAIN WORK, HOUSING AND HEALTH CARE; TO

REBUILD THEIR FAMILIES; AND TO PARTICIPATE FULLY IN CIVIC LIFE. THROUGH

THE INSTITUTE ON WOMEN & CRIMINAL JUSTICE, WPA SEEKS TO INCLUDE THE

VOICES OF WOMEN IN PUBLIC DISCOURSE ON CRIMINAL JUSTICE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FULLY IN CIVIC LIFE. THROUGH THE INSTITUTE ON WOMEN & CRIMINAL JUSTICE,

WPA SEEKS TO INCLUDE THE VOICES OF WOMEN IN PUBLIC DISCOURSE ON

CRIMINAL JUSTICE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

NYC MAYOR'S OFFICE OF CRIMINAL JUSTICE (MOCJ) COMMUNITY LINKAGE UNIT

AND LAW PROJECT FUNDED VIA A CITY COUNCIL ALLOCATION, WPA'S COMMUNITY

LINKAGE UNIT SCREENS PROSPECTIVE CLIENTS AND CONNECTS THEM TO

APPROPRIATE PROGRAMMING AT WPA OR WITH PARTNER AGENCIES, PROVIDES NEW

CLIENT ORIENTATIONS AND REENTRY GROUPS, AND PROVIDES SHORTT-TERM CASE

MANAGEMENT TO HELP CRIMINAL JUSTICE-INVOLVED WOMEN ACCESS THE SERVICES

AND SUPPORT THEY NEED TO ACHIEVE STABILITY AND SELF-SUFFICIENCY.

EXPENSES \$ 242,628. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

AIDS INSTITUTE-PB HIV SVCS. PRISON-BASED HIV PROGRAM TRAINS

INCARCERATED WOMEN AS PEER EDUCATORS TO EDUCATE FELLOW INCARCERATED

WOMEN ABOUT HIV AND STDS, PROVIDES ANONYMOUS HIV TESTING, CONDUCTS

TRAUMAFOCUSED SUPPORT GROUPS, AND HELPS WOMEN WITH HEPATITIS C WHO ARE

	34
Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
WOMEN'S PRISON ASSOCIATION AND HOME	13-5596836
NEARING RELEASE TO PLAN FOR CONTINUITY OF CARE IN THE COMM	UNITY VIA
LINKAGE AND NAVIGATION PROGRAMMING. ADDTIONALLY, SUPPORT F	ROM HEALTH
RESEARCH, INC FUNDS LINKAGE AND NAVIGATION EFFORTS WITH HI	V+ WOMEN
NEARING RELEASE FROM NYS CORRECTIONAL FACILITIES.	
EXPENSES \$ 185,590. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
CCP/ENDING THE EPIDEMIC (ETE) PROVIDES HIV RISK SCREENING,	HIV
PREVENTION COUNSELING, AND LINKAGE TO HIV PREVENTION SERVI	CES INCLUDING
PREP AND OTHER PROGRAMMING TO WPA CLIENTS.	
EXPENSES \$ 134,484. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
THE WPA LAW PROJECT (FORMERLY INCARCERATED MOTHERS LAW PRO	JECT -IMLP)
PROVIDES FAMILY LAW AND OTHER CIVIL LEGAL CONSULTATION AND	ASSISTANCE
TO WOMEN WITH INVOLVEMENT IN THE CRIMINAL LEGAL SYSTEM OR	RELATED
SYSTEMS. THE LAW PROJECT ALSO PROVIDES EDUCATION IN CIVIL	LEGAL
CONSEQUENCES OF CRIMINAL CONVICTIONS IN HOUSING, EMPLOYMEN	T, FAMILY
LAW, AND OTHER MATTERS. THE PROGRAM IS FUNDED VIA CITY COU	NCIL
ALLOCATIONS CONTRACED THROUGH MOCJ AND SAFE HORIZON.	
EXPENSES \$ 130,895. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
OTHER PROGRAMS	
EXPENSES \$ 248,427. INCLUDING GRANTS OF \$ 0. REVENUE \$	1,324,908.
FORM 990, PART VI, SECTION A, LINE 3:	
THE ORGANIZATION DELEGATED CONTROL OVER MANAGEMENT DUTIES	CUSTOMARILY
PERFORMED BY OR UNDER THE DIRECT SUPERVISION OF OFFICERS,	DIRECTORS OR
TRUSTEES TO NCHENG LLP. THE ORGANIZATION COMPENSATED NCHEN	G \$77,299. SLAVIK
SHKOLNIK, CONTRACTED CFO, IS A PRINCIPAL IN THAT FIRM.	

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

THE RETURN IS PREPARED BY THE INDEPENDENT ACCOUNTANT AND REVIEWED BY THE

FINANCE COMMITTEE IN DETAIL AND THEN SENT TO THE BOARD FOR COMMENT. IF NO

COMMENT IS RECEIVED IN 7 DAYS, THE RETURN IS FILED WITH THE IRS.

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

ANNUALLY, THE BOARD OF DIRECTORS AND TOP MANAGEMENT OFFICIALS ARE REQUIRED TO SIGN OFF ON THE ANNUAL CONFLICT OF INTEREST DISCLOSURE. UPON HIRE, INDIVIDUALS ARE REQUIRED TO READ & SIGN A CONFLICT OF INTEREST STATEMENT. EMPLOYEES ARE ENCOURAGED TO REPORT OR DISCUSS WITH HR ANY POTENTIAL CONFLICT OF INTEREST.

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

THE AGENCY USES SALARY SURVEY AND INPUT FROM THE BOARD IN DETERMINING THE COMPENSATION OF THE ORGANIZATION'S CEO, EXCECUTIVE DIRECTOR, TOP MANAGEMENT OFFICIAL, KEY EMPLOYEES OR OTHER OFFICERS.

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

THE FORM 990 AND ANNUAL REPORT ARE AVAILABLE ON THE WEB, OTHER DOCUMENTS CAN BE OBTAINED BY E-MAIL OR REGULAR MAIL BY CONTACTING: WOMEN'S PRISON ASSOCIATION, 110 SECOND AVENUE, NEW YORK, NY 10003 OR 646-336-6100 (PHONE).

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

CHANGE IN ESTIMATE-PRE-CONSTRUCTION AWARD

-3,971,009.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

	20					36
Schedule O (Form 990) 20 Name of the organization		PRISON	ASSOCIATI	ON AND HO	ME	Page Employer identification number 13-5596836
		1112001	11000011111	<u> </u>		10 0000000

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 2022

37 OMB No. 1545-0047

Open to Public Inspection

Employer identification number 13-5596836

Name of the organization

Department of the Treasury Internal Revenue Service

WOMEN'S PRISON ASSOCIATION AND HOME

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HOPPER HOME LLC - 61-1707682	_				
110 SECOND AVENUE					WOMEN'S PRISON
NEW YORK, NY 10003	RENTAL	NEW YORK	٥.	0.	ASSOCIATION AND HOME
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	3		Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section		(f) Direct controlling entity	Section 5 contr ent	olled
				501(c)(3))		Yes	No	
HUNTINGTON HOUSE HOUSING DEVELOPMENT FUND -	PROVIDE TRANSITIONAL				WOMEN'S PRISON			
13-3589201, 110 SECOND AVENUE, NEW YORK, NY	HOUSING FOR HOMELESS WOMEN				ASSOCIATION AND			
10003	AND HOMELESS FAMILIES	NEW YORK	501(C)(3)	LINE 12B, II	HOME	X		
	-							
	-							
	-							

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 WOMEN'S PRISON ASSOCIATION AND HOME

(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) Predominant income (related, unrelated, excluded from tax under sections 512-514) Name, address, and EIN of related organization Legal Code V-UBI Primary activity Direct controlling Share of total Share of General or Percentage Disproportionate domicile end-of-year assets managing amount in box entity income ownership (state or allocations? partner? 20 of Schedule foreign K-1 (Form 1065) Yes No Yes No country)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	domicile Direct controlling Type of entity C corp, S corp, income end-of-y asset	Type of entity (C corp, S corp,		Type of entity (C corp, S corp,	Type of entity (C corp, S corp,	(h) Percentage ownership	contr ent	
		country)					Yes	No		

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Schedule R (Form 990) 2022 WOMEN'S PRISON ASSOCIATION AND HOME

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)			2
c Gift, grant, or capital contribution from related organization(s)			2
d Loans or loan guarantees to or for related organization(s)	1d		2
e Loans or loan guarantees by related organization(s)			Σ
f Dividends from related organization(s)	1f		2
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1 h		
i Exchange of assets with related organization(s)	<u>1i</u>		
Lease of facilities, equipment, or other assets to related organization(s)			-
k Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n	X	
Sharing of paid employees with related organization(s)		X	+
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
(6)			

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13-5596836

Schedule R (Form 990) 2022 WOMEN'S PRISON ASSOCIATION AND HOME

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)		6	<u>, </u>	(f)	(g)	/	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e) Are a partners 501(c) orgs	all	Share of	Share of		opor-	Code V-LIBI	General	
of entity	T finally dotivity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c))(3)	total	end-of-year	tion	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	ownership
,		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes No	, ·
		-		163				103		(************	165 14	,
					_							+
					_							
												+
								1				

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 WOME Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.