COSMETIC EXECUTIVE WOMEN FOUNDATION, LTD.

FORM 990 COPY FOR PUBLIC INSPECTION

YEAR ENDED DECEMBER 31, 2023



CLIENT COPY

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 04-42-24 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	e 2023 calendar year, or tax year beginning and er	nding		
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre	COSMETIC EXECUTIVE WOMEN FOUNDATION, LTD			
F	Name			13-3563114	
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
F	Final	250 WEST 57TH STREET	18	(212) 685-59	
	termir ated			G Gross receipts \$	3,334,437.
	Amen return			H(a) Is this a group re	
	Application	F Name and address of principal officer: CARLOTTA JACOBSON		for subordinates	
	pendi	250 WEST 57TH STREET, NEW YORK, NY 10107		H(b) Are all subordinates in	·····= =
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		list. See instructions
	Websi			H(c) Group exemption	n number
K	Form o	organization: X Corporation Trust Association Other	L Year	of formation: 1989	1 State of legal domicile; NY
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: DEDICATE	ED TO EM	POWERING AND	
Governance		EDUCATING PEOPLE WITH CANCER TO THRIVE IN THEIR WORKPLACE.			
rna	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11
Se	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			10
Ziţi.	6	Total number of volunteers (estimate if necessary)			0
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		3,035,904.	2,641,848.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		140,337.	169,886.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,176,241.	2,811,734.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		75,000.	28,750.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,666,128.	1,627,752.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ω X	_b	Total fundraising expenses (Part IX, column (D), line 25) 471,93		1,119,559.	966 730
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			866,739.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,860,687. 315,554.	2,523,241.
	19 4	Revenue less expenses. Subtract line 18 from line 12	Red	ginning of Current Year	End of Year
ts o		Tatal assets (Dart V. line 1C)		6,613,155.	7,386,186.
SSe	20	Total assets (Part X, line 16)		211,163.	156,723.
Net Assets or	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		6,401,992.	7,229,463.
P	art II	Signature Block		0,102,772.	.,225,250.
Unc	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whic		•	Three transfer and 2 one i, it is
	,				
Sig	n	Signature of officer ELECTRONICALLY FILED WIT	Н	Date	
He		CARLOTTA JACOBSON, PRESIDENT	"		
		Type or print name and title	_		
		Print/Type preparer's name RVA RE Preparer's signature RV C	E	Oate Check	PTIN
Pai	d	CANDICE METH	_	it self-employe	P01306891
Pre	parer	Firm's name EISNER ADVISORY GROUP LLC		Firm's EIN	87-1353108
Use	Only	Firm's address 733 THIRD AVENUE			
		NEW YORK, NY 10017-2703		Phone no.212	
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** COSMETIC EXECUTIVE WOMEN FOUNDATION, LTD 13-3563114 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 250 WEST 57TH STREET, 918 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10107 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of CLAUDIA FLOWERS 250 WEST 57TH STREET SUITE 918 - NY, NY 10107 Telephone No. 646-929-8000 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this $\overline{\ \ }$ and attach a list with the names and TINs of all members the extension is for. . If it is for part of the group, check this box , 20 24 I request an automatic 6-month extension of time until NOVEMBER 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: x calendar year 20 23 or _____ , 20 ____ , and ending ___ tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

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

Form 8868 (Rev. 1-2024)

13-3563114

rai	Objective to the Control of the Cont	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission: THE FOUNDATION IS DEDICATED TO EMPOWERING AND EDUCATING PEOPLE WITH	
	CANCER TO THRIVE IN THEIR WORKPLACE BY PROVIDING EXPERT ADVICE,	
	INTERACTIVE TOOLS, AND EDUCATIONAL EVENTS.	
	INTERNICITY TOOLS, THE EDUCATIONAL DIEMIS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	res no
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	res rec
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	/ AYDADSAS
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	
	revenue, if any, for each program service reported.	Aperioco, aria
4a	(Code:) (Expenses \$1,589,223. including grants of \$\$ 28,750.) (Revenue \$\$)
14	CANCER AND CAREERS EMPOWERS AND EDUCATES PEOPLE WITH CANCER TO THRIVE	
	IN THEIR WORKPLACE BY PROVIDING EXPERT ADVICE, INTERACTIVE TOOLS, AND	
	EDUCATIONAL EVENTS. THROUGH A COMPREHENSIVE WEBSITE, FREE PUBLICATIONS,	
	CAREER COACHING, AND A SERIES OF EDUCATIONAL SEMINARS FOR EMPLOYEES	
	WITH CANCER ALONG WITH THEIR HEALTHCARE PROVIDERS AND COWORKERS, CANCER	
	AND CAREERS STRIVES TO ELIMINATE FEAR AND UNCERTAINTY FOR WORKING	
	PEOPLE WITH CANCER. CANCERANDCAREERS.ORG INFORMS MORE THAN 500,000	
	VISITORS PER YEAR, PROVIDING ESSENTIAL TOOLS AND INFORMATION FOR	
	EMPLOYEES WITH CANCER.	
4b	(Code:) (Expenses \$)
		,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 1,589,223.	- 000 ()

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Form 990 (2023) COSMETIC EXECUTIVE WOMEN FOUNDATION, LTD Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			X
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		X
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	_ A
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
ıza	, ,	120	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
D		10h		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
		14a		x
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ı -t a		<u> </u>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	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	_ <i>''</i> _		
	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."			
	,	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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			
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2023) COSMETIC EXECUTIVE WOMEN FOUNDATION, LTD

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
24 a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			₩
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		х
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
00				
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			x
	"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		
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 noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R, Part VI	37		х
38	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	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 21			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	х	
-				

13-3563114

COSMETIC EXECUTIVE WOMEN FOUNDATION, LTD

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

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 10	-	v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			X
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		A
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50		5a		х
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
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	- Ou		
~	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
b	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
d	15 No. 11 No. 11 No. 12			
е	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		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	1,0		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	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			
С	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
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	L	х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023) COSMETIC EXECUTIVE WOMEN FOUNDATION, LTD 13-3563114 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
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 11			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?	3	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
,	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	, u		
D		7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
		8a	Х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3		
	This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ioa		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	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	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
ŭ	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 CA, 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	ole
	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	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CLAUDIA FLOWERS - 646-929-8000			
	250 WEST 57TH STREET SUITE 918, NY, NY 10107			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	ustee or director ustee (M)		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations				
(1) REBECCA NELLIS	40.00							255 452		20 204
EXECUTIVE DIRECTOR	40.00			Х				257,458.	0.	32,301.
(2) RACHEL BECKER	40.00	1			x			171 060	0.	16 000
DEPUTY DIRECTOR (3) LETICIA BENNETT	40.00				A			171,069.	0.	16,890.
SR. DIR DEVEL & STRATEGIC PROGRAMS	40.00	1				x		162 744	0.	14 007
(4) CARLOTTA JACOBSON	8.00					X		163,744.	0.	14,987.
PRESIDENT	8.00	x		Х				0.	0.	0.
(5) HEIDI MANHEIMER	1.00	Λ						0.	0.	0.
CHAIRWOMAN	1.00	x		х				0.	0.	0.
(6) KIM KELLEHER	1.00	21						· · ·	,	
TREASURER	1.00	х		х				0.	0.	0.
(7) CRISTINA CARLINO THRU 12/1/23	1.00									
BOARD MEMBER		х						0.	0.	0.
(8) AGNES CHAPSKI	1.00							-		-
BOARD MEMBER		х						0.	0.	0.
(9) LAURA GELLER	1.00									
BOARD MEMBER		х						0.	0.	0.
(10) SONIA KASHUK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) LUCY KRIZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) MELISSA MAHLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) DIANE PACCIONE RIZZO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) JADZIA TIRSCH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) CONNY WITTKE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) CLAUDIA FLOWERS	8.00									
CFO/COO				Х				0.	0.	0.

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	Section A. Officers, Directors, Trus	1								,			/ E\	
	(A)	(B)			(C Dosi	•			(D)	(E)			(F)	
	Name and title	Average	(do not check more tha						Reportable	Reportable compensatio			timate	
		hours per week					s both r/trust		compensation			ount		
		(list any	o.					Ĺ	from the	from related organizations				
		hours for	lirect				_		organization	(W-2/1099-MIS			om th	
		related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC)	10/		anizat	
		organizations	ruste	l trus		ee	n ben		1099-NEC)	1000 1420)			l relat	
		below	dualt	rtions		nploy	st co	-	1000 1120,				nizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3		
			_	_	Ū	×	1 0							
			-											
1b	Subtotal						<u> </u>		592,271.		0.		64,	,178,
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								592,271.		0.		64,	,178.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	!			_
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director truste	ee k	ev e	mnl	OVE	≏ ∩r	hial	hest compensated empl	ovee on	1		103	140
	line 1a? If "Yes," complete Schedule J for s	,	-	•	•	•		•		•		3		х
4	For any individual listed on line 1a, is the su													
•	and related organizations greater than \$150											4	х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ıch r	ers	on .					5		х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										ensat	tion fro	m	
	the organization. Report compensation for	the calendar ye	ear e	ndin	ıg wi	ith c	or wit	thin T		ear.				
	(A) Name and business	address	NO:	NE					(B) Description of s	ervices	С	(C omper		n
								\dashv						

Form 990 (2023) COSMETIC EXPERIMENT OF Revenue

			Check if Schedule O	conta	ains a re	sponse	or note to any lin	e in this Part VIII			
						<u> </u>	5	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt		Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
လ လ	1	а	Federated campaigns		1	la					
ant	_		Membership dues			lb					
ي ق			Fundraising events			lc					
ifts			Related organizations			ld					
niis,			Government grants (contr			le					
Sign			All other contributions, gifts,								
le E			similar amounts not included			lf	2,641,848.				
草豆		g	Noncash contributions included in			lg \$					
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f		~ <u>_</u>	3 I ¥		2,641,848.			
<u> </u>							Business Code				
a l	2	а									
Š	_	b									
Ser		c									
E S		d	-								
gra		e									
Program Service Revenue			All other program service	rever	nue						
	3	_	Investment income (include								
								130,881.			130,881.
	4		Income from investment of					•			·
	5		Royalties		•						
			···- /			Real	(ii) Personal				
	6	а	Gross rents	6a							
	_		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)				•				
	7		Gross amount from sales of		(i) Sec	curities	(ii) Other				
	-	_	assets other than inventory	7a	56	1,708.					
		b	Less: cost or other basis			•					
ē		_	and sales expenses	7b	52	2,703.					
enr		С	Gain or (loss)	7c	3	9,005.					
her Revenue			Net gain or (loss)			•	•	39,005.			39,005.
ē	8		Gross income from fundraisin								
g	_		including \$		-						
			contributions reported on	line ⁻	 1c). See	,					
			Part IV, line 18		•	I					
		b	Less: direct expenses								
			Net income or (loss) from								
	9		Gross income from gamin								
			Part IV, line 19			- 1					
		b	Less: direct expenses								
			Net income or (loss) from				•				
	10		Gross sales of inventory, I								
			and allowances			10a					
		b	Less: cost of goods sold								
			Net income or (loss) from								
			() 3111			,	Business Code				
sno	11	а									
nec		b									
Miscellaneous Revenue		С									
isc B		d	All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue See instruction					2 811 734.	0.	0.	169 886.

13-3563114

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	28,750.	28,750.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	428,528.	241,038.	106,973.	80,517.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	884,914.	559,653.	160,096.	165,165.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	8,700.	4,894.	2,172.	1,634.
9	Other employee benefits	201,391.	113,283.	50,275.	37,833.
10	Payroll taxes	104,219.	58,621.	26,016.	19,582.
11	Fees for services (nonemployees):				
а	Management				
	Legal	8,351.		8,351.	
	Accounting	38,702.		38,702.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	20,183.		20,183.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	135,610.	78,916.	2,688.	54,006.
12	Advertising and promotion	262,385.	169,431.		92,954.
13	Office expenses	2,753.	2,298.	455.	
14	Information technology	149,085.	135,699.	7,827.	5,559.
15	Royalties				_
16	Occupancy	8,352.	6,333.	557.	1,462.
17	Travel	10,666.	7,882.	674.	2,110.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,600.	1,147.	98.	355.
23	Insurance	34,607.		34,607.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	SEMINAR	102,743.	102,743.		
b	PRINTING AND PUBLISHING	42,165.	42,165.		
С	EVALUATION COSTS	3,774.	3,774.		
d	CREDIT CARD EXPENSES	2,770.			2,770.
е	All other expenses	42,993.	32,596.	2,410.	7,987.
25	Total functional expenses. Add lines 1 through 24e	2,523,241.	1,589,223.	462,084.	471,934.
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)				
					Earm 990 (2022)

Form **990** (2023)

Form 990 (2023)
Part X Balance Sheet

Fai	rt X	Check if Schedule O contains a response or note to any line in this Part >	,		
		Check if Scriedule O contains a response or note to any line in this Part /	(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	702,856.	1	416,409.
	2	Savings and temporary cash investments		2	·
	3	Pledges and grants receivable, net		3	108,881.
	4	Accounts receivable, net		4	56,000.
	5	Loans and other receivables from any current or former officer, director,		-	·
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
"	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	22 416	9	34,846.
		Land, buildings, and equipment: cost or other	,		
		basis. Complete Part VI of Schedule D			
	b			10c	
	11	Investments - publicly traded securities	5,731,438.	11	6,766,050.
	12	Investments - other securities. See Part IV, line 11		12	, ,
	13	Investments - program-related. See Part IV, line 11	I	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	4,000.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	7,386,186.
	17	Accounts payable and accrued expenses	, ,	17	122,350.
	18	Grants payable		18	,
	19	Deferred revenue		19	10,000.
	20	Tax-exempt bond liabilities	········	20	,
	21	Francis or available account liability. Complete Dart IV of Cabadyla D		21	
	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ij		controlled entity or family member of any of these persons		22	
Ë	23			23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	44,412.	25	24,373.
	26	Total liabilities. Add lines 17 through 25	211,163.	26	156,723.
		Organizations that follow FASB ASC 958, check here	,		
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	6,273,292.	27	7,062,963.
Bala	28	Net assets with donor restrictions		28	166,500.
<u> </u>		Organizations that do not follow FASB ASC 958, check here	7		
Ē		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Datained comings and consent account dated in case or other finale		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	7,229,463.
Z	33	Total liabilities and net assets/fund balances	C C12 1FF	33	7,386,186.

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,811	,734.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,523	,241.
3	Revenue less expenses. Subtract line 2 from line 1	3		288	,493.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		6,401	,992.
5	Net unrealized gains (losses) on investments	5		538	,978.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		7,229	,463.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	1	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		21	у Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	1	х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		31	.	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2023

Open to Public Inspection

Name of the organization **Employer identification number** COSMETIC EXECUTIVE WOMEN FOUNDATION, LTD 13-3563114 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	3,384,293.	3,442,614.	3,124,677.	3,035,904.	2,641,848.	15,629,336.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,384,293.	3,442,614.	3,124,677.	3,035,904.	2,641,848.	15,629,336.
	The portion of total contributions						· · ·
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	(0)						11,517,305.
6	Public support. Subtract line 5 from line 4.						4,112,031.
	etion B. Total Support						1,111,001.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	3,384,293.	3,442,614.	3,124,677.	3,035,904.	2,641,848.	15,629,336.
	Gross income from interest,	7 1 2 7 2 3 3	, , = = = , , = = = .	, , = = = , , , , , ,	. , ,		
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	121,647.	104,275.	87,508.	95,305.	130,881.	539,616.
9	Net income from unrelated business	121,017.	101,170	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20,000.	100,001.	
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						16,168,952.
	Total support. Add lines 7 through 10		1			40	10,100,332.
	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for the					. , . ,	
Sec	organization, check this box and storection C. Computation of Publi					•••••	
	Public support percentage for 2023 (li			olumn (f))		14	25.43 %
	Public support percentage from 2022					15	25.43 % 30.58 %
	33 1/3% support test - 2023. If the c						
IUa	stop here. The organization qualifies	-					
h	33 1/3% support test - 2022. If the o		~			or more, check thi	
Ü	and stop here. The organization qual						
170							
1 <i>1</i> a	17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
L		-	-	• • •	-	70 and line 15 is 1	
O	10% -facts-and-circumstances test	_					1U70 UI
	more, and if the organization meets the				-		
10	organization meets the facts-and-circu						
18	Private foundation. If the organization	n dia not check a b	oox on line 13, 162	i, 100, 17a, 0r 17b	, check this box ar		(Farm 000) 2002

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

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box 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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
•		
8		
9a		
9b		
9с		
10a		
405		
10b ule A (Forn	n 990)	2023

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1.10		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	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,			
Sec	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations	2		
000	tion of Type it oupporting organizations		.,	· ·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). stion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations			l
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Vas " describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations must		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
•	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see	
	instructions)				

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Section	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	 S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	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 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
С	From 2020				
<u>d</u>	From 2021				
<u>e</u>	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	COSMETIC EXECUTIVE	WOMEN FOUNDATION,	LTD	13-3563114	Page 8
Part VI	Supplemental Int Part IV, Section A, line line 1; Part IV, Section	s 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 D, lines 2 and 3; Part IV, Sec	a, 9b, 9c, 11a, 11b, and tion E, lines 1c, 2a, 2b, 3	nt II, line 10; Part II, line 17a or 11c; Part IV, Section B, lines 1 a, and 3b; Part V, line 1; Part V nplete this part for any additior	and 2; Part IV, Sectio , Section B, line 1e; P	on C,
PART II,	SECTION C, LINE 1	7A, FACTS AND CIRCUMST	TANCES TEST:			
COSMETIC	EXECUTIVE WOMEN F	OUNDATION (THE "FOUND	ATION") QUALIFIES A	AS A		
PUBLICLY	SUPPORTED ORGANIZ	ATION BECAUSE IT MEETS	THE TEN PERCENT E	PLUS		
FACTS AND	CIRCUMSTANCES TE	ST UNDER TREAS. REG. 1	1.170A-9(F)(3) IN T	HE		
FOLLOWING	G RESPECTS: 1. TEN	PERCENT OF SUPPORT L	MITATION: THE FOUN	IDATION'S		
PUBLIC ST	JPPORT FRACTION ST	ILL REMAINS ABOVE 10%	OF THE REQUIRED PU	UBLIC		
SUPPORT	rest. 2. ATTRACTIO	N OF PUBLIC SUPPORT: T	THE FOUNDATION IS C	PRGANIZED		
AND OPERA	ATED TO ATTRACT NE	W AND ADDITIONAL SUPPO	ORT ON A CONTINUOUS	BASIS.		
ITS BOAR	O OF GOVERNORS IS	ACTIVELY INVOLVED IN S	SEEKING FINANCIAL S	SUPPORT		
FROM DIV	ERSE SOURCES ON AN	ONGOING BASIS. 3. SOU	JRCES OF SUPPORT: 1	HE		
FOUNDATIO	ON IS SUPPORTED BY	A DIVERSE GROUP OF DO	ONORS. THE FOUNDAT	rion's		
PROGRAMS	AND ACTIVITIES HA	VE BROAD APPEAL TO MEN	MBERS OF THE PUBLIC	THAT		
SHARE AN	INTEREST IN ITS M	ANY DIFFERENT AREAS OF	F FOCUS. CURRENT F	PROJECTS		
SEEK TO	PROVIDE THE FOUNDA	TION WITH THE RESOURCE	ES NECESSARY TO SUE	PORT THE		
MISSION	1. REPRESENTATIVE	GOVERNING BODY: THE I	FOUNDATION IS GOVER	NED BY		
AN ELEVE	N MEMBER BOARD OF	GOVERNORS. THE MEMBERS	G OF ITS BOARD HAVE	DIVERSE		
BACKGROUI	NDS AND SHARE A DE	EP AND ABIDING COMMITM	MENT TO THE FOUNDAT	rion's		
MISSION 2	AND PROGRAMS.					

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

COSMETIC EXECUTIVE WOMEN FOUNDATION, LTD 13-3563114 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X 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** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990). For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2023)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$276,660.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$165,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$95,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$34,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

COSMETIC EXECUTIVE WOMEN FOUNDATION, LTD

13-3563114

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$	Cabactula P. (Farra 000) (0000)		

Name of organization **Employer identification number** COSMETIC EXECUTIVE WOMEN FOUNDATION, LTD 13-3563114 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

COSMETIC EXECUTIVE WOMEN FOUNDATION, LTD

Employer identification number

13-3563114

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Similar Funds	or Accou	nts. Complete if the
	organization answered Tes Sitt Offi 550,1 art iv, iiii	(a) Donor advi	sed funds	(b) Fur	nds and other accounts
1	Total number at end of year			. ,	
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		held in donor advis	sed funds	
	are the organization's property, subject to the organization's	-			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				
Pai	t II Conservation Easements. Complete if the org	ganization answered "\	es" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	<i>'</i>)		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation o	f a historically	important land area
	Protection of natural habitat	L	Preservation o	f a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contr	ibution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			<u>2a</u>	
b	-			2b	
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, c	r terminated by the	e organization	during the tax
_	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				□ v □ v.
•	violations, and enforcement of the conservation easements it		and onforcing con		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations,	and emorcing con-	servation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations and	enforcing conserva	ation easemen	ts during the year
•	Amount of expenses mounted in monitoring, inspecting, mand	alling of violations, and	critorollig coriscive	tion cascinoi	its during the year
8	Does each conservation easement reported on line 2d above	satisfy the requiremen	nts of section 170(h	n)(4)(B)(i)	
Ū	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
_	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	3			
Pai	t III Organizations Maintaining Collections of	f Art, Historical Ti	easures, or O	ther Simila	ır 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 re	evenue statement a	and balance s	heet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, or research in fo	urtherance of	public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	escribes these iten	ns.	
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its rever	ue statement and	balance shee	t works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furt	herance of pu	blic service,
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treat	asures, or other simila	assets for financia	al gain, provid	е
	the following amounts required to be reported under FASB A	SC 958 relating to the	se items:		
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

Par	t III Organizations Maintaining Co	llections of Ar	t, Historical	Treasures, o	r Other S	Similar .	Assets	(continu	ued)
3	Using the organization's acquisition, accession	, and other record	s, check any of	the following tha	t make sign	ificant us	se of its		
	collection items (check all that apply).								
а	Public exhibition	d	I Loan or	exchange progr	am				
b	Scholarly research	е	Other_						
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explair	n how they furth	er the organization	on's exemp	t purpose	e in Part XII	I.	
5	During the year, did the organization solicit or r	eceive donations	of art, historical	treasures, or oth	er similar as	sets			
	to be sold to raise funds rather than to be main	tained as part of the	he organization'	s collection?			,	Yes	☐ No
Par	t IV Escrow and Custodial Arrange	ements Comple	te if the organiz	ation answered "	Yes" on Fo	rm 990, F	Part IV, line	9, or	
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodian	, or other intermed	diary for contribu	utions or other as	ssets not inc	cluded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII an								
							А	mount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on For					?	·	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the ex	planation has b	een provided in F	Part XIII .				
Par									
		(a) Current year	(b) Prior yea	r (c) Two yea	ırs back (d) Three ye	ars back (e) Four :	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the currer	nt year end balance	e (line 1g, colum	n (a)) held as:	•		•		
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment	%	_						
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
За	Are there endowment funds not in the possess	ion of the organiza	tion that are he	ld and administe	red for the				
	organization by:							•	Yes No
	(i) Unrelated organizations?							3a(i)	
	(ii) Related organizations?							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of the or								
Par	t VI Land, Buildings, and Equipme	nt							
	Complete if the organization answered '	'Yes" on Form 990), Part IV, line 11	a. See Form 990), Part X, lin	e 10.			
	Description of property	(a) Cost or o	ther (b)	Cost or other	(c) Acc	umulated	d (c	d) Book	value
		basis (investr	nent) ba	asis (other)	depre	eciation			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
<u>e</u>	Other								
Total	l. Add lines 1a through 1e. (Column (d) must eau	ial Form 990. Part	X. line 10c. colu	ımn (B))					0.

Schedule D (Form 990) 2023 COSMETIC EXECUTI	VE WOMEN FOUNDATION,	LTD	13-3563114	Page 3
Part VII Investments - Other Securities	·			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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 e	end-of-year market	value
(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, line 12, col. (B)) Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1c See Form 990 Part V line 13		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	and of year market	value
	(b) Dook value	(c) Wethod of Valuation. Gost of C	nu-or-year market	value
<u>(1)</u>				
(2)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book v	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, co	<i>l. (B))</i>			
Part X Other Liabilities	5 000 D 1 N/ II 1	446 0 E 000 B 1 V II	0.5	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	Te or 11f. See Form 990, Part X, line		
1. (a) Description of liability			(b) Book v	value
(1) Federal income taxes				04 252
(2) DUE TO COSMETIC EXECUTIVE WOMEN, INC.				24,373.
(3)				
(4)				
(5)				
<u>(6)</u>			+	
(7)			+	
(8)			1	

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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

24,373.

(9)

Par	Reconciliation of Revenue per Audited Financial Sta		evenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1				1	3,627,765.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а			538,978.	_	
b			297,236.	_	
С	Recoveries of prior year grants			_	
d	Other (Describe in Part XIII.)	2d			
е	•			2e	836,214.
3	Subtract line 2e from line 1			3	2,791,551.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20,183.		
b	Other (Describe in Part XIII.)	4b			
С				4c	20,183.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)		5	2,811,734.
Pai	rt XII Reconciliation of Expenses per Audited Financial S	tatements With E	xpenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total expenses and losses per audited financial statements			1	2,800,294.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	î î			
а	Donated services and use of facilities	2a	297,236.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	()				
е	Add lines 2a through 2d			2e	297,236.
3	Subtract line 2e from line 1			3	2,503,058.
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	20,183.		
b					
С	Add lines 4a and 4b			4c	20,183.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	2,523,241.
Pai	rt XIII Supplemental Information				
lines	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a X LINE 2:			, r arc //, iii	ic 2,1 arr Ai,
THE	FOUNDATION IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL	_ ACCOUNTING			
STAN	NDARDS BOARD'S ACCOUNTING STANDARDS CODIFICATION ("ASC")	TOPIC 740			
		·			
INCC	OME TAXES, RELATING TO ACCOUNTING AND REPORTING FOR UNCER	CTAINTY IN			
INCO	OME TAXES. DUE TO THE FOUNDATION'S GENERAL TAX-EXEMPT STA	ATUS,			
MANA	AGEMENT BELIEVES ASC TOPIC 740 HAS NOT HAD, AND IS NOT AN	TICIPATED TO			
HAVE	, A MATERIAL IMPACT ON THE FOUNDATION'S FINANCIAL STATEM	MENTS.			

332054 09-28-23 Schedule D (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

COSMETIC EXEC	UTIVE WOMEN FO	DUNDATION, LTD					13-3563114
Part I General Information on Grants a	nd Assistance					<u>'</u>	
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to recipient that received more than s	-				anization answered "\	es" on Form 990, Part l	V, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	-	-	e line 1 table	<u> </u>	<u> </u>		

Schedule I (Form 990) 2023 COSMETIC EXECUTIVE WO	MEN FOUNDATIO	N, LTD			13-3563114	Page
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncas	h assistance
FINANCIAL ASSISTANCE	115	28,750.	0.			
Part IV Supplemental Information. Provide the information re	<u> I </u>	<u>l</u> ne 2; Part III, column	(b); and any other ac	l Iditional information.		
PART I, LINE 2:						
THE FOUNDATION HAS A PROGRAM WHEREBY ONE-TIME GEN	ERAL SUPPORT (GRANT OF \$250				
ARE AWARDED TO CANCER PATIENTS AND SURVIVORS IN N	EED. GRANTS	ARE AWARDED				
BASED UPON DEMONSTRATED ELIGIBILITY THROUGH SUBMI	SSION OF A FI	NANCIAL				
ASSISTANCE GRANT APPLICATION WHICH IS AVAILABLE O	N THE FOUNDAT:	ION'S				
WEBSITE. ALL APPLICATIONS ARE SUBJECT TO A BLIND	REVIEW PROCES	5.				

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

ZUZ3

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

COSMETIC EXECUTIVE WOMEN FOUNDATION, LTD

Employer identification number 13-3563114

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53,4958-6(c)?	9		1

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

Schedule J (Form 990) 2023

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	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) REBECCA NELLIS	(i)	257,098.	0.	360.	0.	32,301.	289,759.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RACHEL BECKER	(i)	170,849.	0.	220.	0.	16,890.	187,959.	0.
DEPUTY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LETICIA BENNETT	(i)	163,604.	0.	140.	0.	14,987.	178,731.	0.
SR. DIR DEVEL & STRATEGIC PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
FORM 990, SCHEDULE J
SEE SCHEDULE O, EXPLANATION FOR PART VI, DELEGATION OF MANAGEMENT
DUTIES FOR FURTHER CLARIFICATION ON FEDERAL REPORTING OF EMPLOYEE
COMPENSATION.

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COSMETIC EXECUTIVE WOMEN FOUNDATION, LTD

Employer identification number 13-3563114

FORM 990, PART VI, SECTION A, LINE 3:
CERTAIN COSTS FOR SHARED GENERAL AND ADMINISTRATIVE EXPENSES (INCLUDING THE
COMPENSATION OF THE PRESIDENT AND COO/CFO) ARE ALLOCATED FROM COSMETIC
EXECUTIVE WOMEN, INC. (A NON-RELATED 501(C)(6)MEMBERSHIP ORGANIZATION) TO
THE FOUNDATION. ADDITIONALLY, THE FOUNDATION LEASES ITS EMPLOYEES FROM A
THIRD-PARTY PROFESSIONAL EMPLOYER SERVICE ORGANIZATION. THIS SERVICE
ORGANIZATION REPORTS ALL EMPLOYEES AND EARNINGS UNDER ITS OWN TAX
IDENTIFICATION NUMBER. FOR REPORTING AND DISCLOSURE PURPOSES, COMPENSATION
HAS BEEN REFLECTED ON FORM 990, PART VII AND SCHEDULE J.
FORM 990, PART VI, SECTION B, LINE 11B:
THE COO/CFO, EXECUTIVE DIRECTOR AND PRESIDENT REVIEW THE FORM 990 PREPARED
BY THE AUDITING FIRM. UPON SATISFACTORY REVIEW, THE FINAL DRAFT IS MADE
AVAILABLE TO THE BOARD OF GOVERNORS FOR QUESTIONS AND COMMENTS FOR THREE
DAYS' TIME. AFTER THE THREE DAYS HAVE ELAPSED, AND ALL QUESTIONS ARE
ANSWERED AND CONCERNS ADDRESSED, THE FORM 990 IS ELECTRONICALLY FILED WITH
THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C:
COSMETIC EXECUTIVE WOMEN FOUNDATION, LTD. REGULARLY AND CONSISTENTLY
MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT-OF-INTEREST POLICY BY
REQUIRING ALL OFFICERS, GOVERNORS AND EMPLOYEES TO RE-AFFIRM THE POLICY
ANNUALLY AND MAKE ANY NECESSARY DISCLOSURES.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED USING COMPARABLE DATA

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** COSMETIC EXECUTIVE WOMEN FOUNDATION, LTD 13-3563114 FROM NOT-FOR-PROFIT COMPANIES OF SIMILAR EMPLOYEE AND REVENUE SIZE. THE COMPENSATION COMMITTEE REVIEWS ALL DATA AND RECOMMENDS THE COMPENSATION PACKAGE TO THE BOARD OF GOVERNORS FOR APPROVAL. FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.