

Form **990**

Department of the Treasury
Internal Revenue Service

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.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning , 2016, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE NEW YORK WOMEN'S FOUNDATION, INC.			D Employer identification number 13-3457287	
	Doing Business As			E Telephone number (212) 514-6993	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
	39 BROADWAY		2300		
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10006				
F Name and address of principal officer: ANA OLIVEIRA, PRESIDENT & CEO 39 BROADWAY, SUITE 2300 NEW YORK, NY 10006			G Gross receipts \$ 8,748,190.		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J Website: WWW.NYWF.ORG			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1987 M State of legal domicile: NY		
H(c) Group exemption number ▶					

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE NEW YORK WOMEN'S FOUNDATION IS A VOIC FOR CHANGE FOR WOMEN AND GIRLS OF NYC TO ACHIEVE SUSTAINED ECONOMIC SECURITY AND JUSTICE.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)		3	30.
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4	30.
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	38.
	6 Total number of volunteers (estimate if necessary)		6	289.
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
b Net unrelated business taxable income from Form 990-T, line 34		7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	COPY FOR PUBLIC INSPECTION	19,096,674.	5,897,892.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,482,119.	268,990.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		167,263.	38,296.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,746,056.	6,205,178.
14 Benefits paid to or for members (Part IX, column (A), line 4)	6,000,000.		7,626,500.	
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		3,044,935.	3,445,685.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,982,467.		229,600.	203,200.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,770,327.	1,811,452.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,044,862.	13,086,837.
	19 Revenue less expenses. Subtract line 18 from line 12		9,701,194.	-6,881,659.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		23,954,825.	17,672,529.
	22 Net assets or fund balances. Subtract line 21 from line 20		700,337.	1,041,357.
			23,254,488.	16,631,172.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer		Date	
	▶ Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	CANDICE METH			P01306891
	Firm's name ▶ EISNERAMPER LLP	Firm's EIN ▶ 13-1639826		
	Firm's address ▶ 750 THIRD AVENUE NEW YORK, NY 10017-2703	Phone no. 212-949-8700		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,460,323. including grants of \$ 7,626,500.) (Revenue \$)

THE NEW YORK WOMEN'S FOUNDATION IS A VOICE FOR WOMEN AND A FORCE FOR CHANGE. WE ARE A CROSS-CULTURAL ALLIANCE OF WOMEN CATALYZING PARTNERSHIPS AND LEVERAGING HUMAN AND FINANCIAL CAPITAL TO ACHIEVE SUSTAINED ECONOMIC SECURITY AND JUSTICE FOR WOMEN AND GIRLS. WITH FIERCE DETERMINATION, WE MOBILIZE HEARTS, MINDS AND RESOURCES TO CREATE AN EQUITABLE AND JUST FUTURE FOR WOMEN, FAMILIES AND COMMUNITIES IN NEW YORK CITY. THE FOUNDATION WORKS TO ACHIEVE THIS MISSION THROUGH GRANT MAKING AND PUBLIC EDUCATION.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 10,460,323.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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 in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (30), 1b (30), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CT, NJ, NY,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
JOHN EMMERT, CFO 39 BROADWAY SUITE 2300 NEW YORK, NY 10006 212-514-6993

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNE E. DELANEY CHAIR (UNTIL 6/2016)	3.00 0.	X		X				0.	0.	0.
(2) YVONNE QUINN CHAIR	3.00 0.	X		X				0.	0.	0.
(3) KWANZA BUTLER VICE CHAIR	3.00 0.	X		X				0.	0.	0.
(4) ELBA MONTALVO SECRETARY	3.00 0.	X		X				0.	0.	0.
(5) TRACEY SCHUSTERMAN TREASURER	3.00 0.	X		X				0.	0.	0.
(6) FRAN BARRETT BOARD MEMBER	3.00 0.	X						0.	0.	0.
(7) HYATT BASS BOARD MEMBER (STARTED 6/2016)	3.00 0.	X						0.	0.	0.
(8) ANDREA BATISTA-SCHLESINGER BOARD MEMBER	3.00 0.	X						0.	0.	0.
(9) TAINA BIEN-AIME BOARD MEMBER	3.00 0.	X						0.	0.	0.
(10) SUSAN COTE BOARD MEMBER	3.00 0.	X						0.	0.	0.
(11) LORRAINE CORTES VAZQUEZ BOARD MEMBER (STARTED 6/2016)	3.00 0.	X						0.	0.	0.
(12) JOYCE COWIN BOARD MEMBER (UNTIL 6/2016)	3.00 0.	X						0.	0.	0.
(13) SUSAN R. CULLMAN BOARD MEMBER (UNTIL 6/2016)	3.00 0.	X						0.	0.	0.
(14) VIRGINIA DAY BOARD MEMBER	3.00 0.	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JENNIFER GIACOBBE ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(16) LISA M. HOLTON ----- BOARD MEMBER (UNTIL 6/2016)	3.00 ----- 0.	X						0.	0.	0.
(17) CATHY ISAACSON ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(18) CAROLYN ROSSIP MALCOLM ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(19) ROSEVELIE MARQUEZ MORALES ----- BOARD MEMBER (UNTIL 6/2016)	3.00 ----- 0.	X						0.	0.	0.
(20) GRAINNE MCNAMARA ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(21) RHONDA MIMS ----- BOARD MEMBER (STARTED 6/2016)	3.00 ----- 0.	X						0.	0.	0.
(22) YVONNE MOORE ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(23) MARGARET MORRISON ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(24) JEANNE MULLGRAV ----- BOARD MEMBER (STARTED 6/2016)	3.00 ----- 0.	X						0.	0.	0.
(25) PRISCILLA PAINTON ----- BOARD MEMBER (STARTED 6/2016)	3.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,137,615.	0.	74,488.
d Total (add lines 1b and 1c)								1,137,615.	0.	74,488.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 11

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 3

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MICHELE O. PENZER ----- BOARD MEMBER	3.00 ----- 0.	X					0.	0.	0.	
(27) MERBLE REAGON ----- BOARD MEMBER	3.00 ----- 0.	X					0.	0.	0.	
(28) KAREN REYNOLDS SHARKEY ----- BOARD MEMBER	3.00 ----- 0.	X					0.	0.	0.	
(29) JANET RICCIO ----- BOARD MEMBER	3.00 ----- 0.	X					0.	0.	0.	
(30) IRMA RODRIGUEZ ----- BOARD MEMBER	3.00 ----- 0.	X					0.	0.	0.	
(31) JEAN SHAFIROFF ----- BOARD MEMBER	3.00 ----- 0.	X					0.	0.	0.	
(32) JOAN SHERMAN ----- BOARD MEMBER (UNTIL 6/2016)	3.00 ----- 0.	X					0.	0.	0.	
(33) CELESTE SMITH ----- BOARD MEMBER	3.00 ----- 0.	X					0.	0.	0.	
(34) REGAN SOLMO ----- BOARD MEMBER	3.00 ----- 0.	X					0.	0.	0.	
(35) STEPHANIE WANG-BREAL ----- BOARD MEMBER	3.00 ----- 0.	X					0.	0.	0.	
(36) SHAWNA WILSON ----- BOARD MEMBER	3.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 11

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) ANA OLIVEIRA ----- PRESIDENT & CEO	40.00 ----- 0.			X				325,769.	0.	13,337.
(38) TALATHA KIAZOLU-REEVES (UNTIL 1 ----- VP OF OPERATIONS & STRAG LEARN	40.00 ----- 0.					X		184,252.	0.	11,851.
(39) PATRICIA ENG ----- VP OF PROGRAMS	40.00 ----- 0.					X		180,279.	0.	13,565.
(40) NANCY GUIDA ----- VP OF COMMUNICATIONS	40.00 ----- 0.					X		169,780.	0.	8,654.
(41) CHRISTINE RAMELLI (UNTIL 12/20 ----- DIRECTOR OF DEVELOPMENT	40.00 ----- 0.					X		147,452.	0.	13,744.
(42) KATHARINE LANDON ----- DIRECTOR OF PROGRAMS	40.00 ----- 0.					X		130,083.	0.	13,337.
----- ----- ----- ----- ----- ----- ----- ----- ----- ----- -----										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 11

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
----- ----- ----- ----- -----		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,416,090.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	3,481,802.				
	g Noncash contributions included in lines 1a-1f: \$		85,897.				
	h Total. Add lines 1a-1f ▶			5,897,892.			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			0.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			217,348.			217,348.
	4 Income from investment of tax-exempt bond proceeds . ▶			0.			
	5 Royalties ▶			0.			
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss) ▶			0.		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		2,347,733.					
		b Less: cost or other basis and sales expenses					
		2,296,091.					
	c Gain or (loss)			51,642.			
	d Net gain or (loss) ▶			51,642.			51,642.
	8a Gross income from fundraising events (not including \$ 2,416,090. of contributions reported on line 1c). See Part IV, line 18	a		246,921.			
		b Less: direct expenses	b	246,921.			
c Net income or (loss) from fundraising events. ▶				0.			
9a Gross income from gaming activities. See Part IV, line 19	a		0.				
	b Less: direct expenses	b	0.				
	c Net income or (loss) from gaming activities. ▶			0.			
10a Gross sales of inventory, less returns and allowances	a		0.				
	b Less: cost of goods sold	b	0.				
	c Net income or (loss) from sales of inventory. ▶			0.			
Miscellaneous Revenue			Business Code				
11a MISCELLANEOUS INCOME		999999	30,000.			30,000.	
b ADMINISTRATIVE FEE		999999	8,296.			8,296.	
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶			38,296.				
12 Total revenue. See instructions. ▶			6,205,178.			307,286.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,626,500.	7,626,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	339,106.	189,899.	33,911.	115,296.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	2,594,661.	1,496,743.	277,443.	820,475.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	91,778.	51,944.	9,674.	30,160.
9 Other employee benefits	202,356.	118,893.	21,952.	61,511.
10 Payroll taxes	217,784.	126,374.	19,945.	71,465.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	5,665.		5,665.	
c Accounting	191,404.	102,842.	28,177.	60,385.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	203,200.			203,200.
f Investment management fees	53,346.		53,346.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	675,182.	409,967.	87,050.	178,165.
12 Advertising and promotion	2,634.	2,107.		527.
13 Office expenses	138,037.	75,312.	10,082.	52,643.
14 Information technology	35,606.	17,581.	2,444.	15,581.
15 Royalties	0.			
16 Occupancy	289,614.	115,845.	69,509.	104,260.
17 Travel	64,806.	37,688.	3,103.	24,015.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	15,892.	10,514.	828.	4,550.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	62,394.	37,436.	5,616.	19,342.
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EVENT EXPENSE	164,709.			164,709.
b REPAIRS AND MAINTENANCE	8,387.	4,784.	1,131.	2,472.
c DUES AND SUBSCRIPTIONS	70,313.	35,687.	5,293.	29,333.
d MISCELLANEOUS EXPENSE	33,463.	207.	8,878.	24,378.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,086,837.	10,460,323.	644,047.	1,982,467.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,051,859.	1	2,919,147.
	2 Savings and temporary cash investments	3,389,193.	2	2,515,306.
	3 Pledges and grants receivable, net	8,098,394.	3	2,771,914.
	4 Accounts receivable, net	2,807.	4	3,984.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	92,445.	9	105,248.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 388,061.		
	b Less: accumulated depreciation	10b 287,882.	148,795.	10c 100,179.
	11 Investments - publicly traded securities	8,135,651.	11	8,180,061.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	1,035,681.	15	1,076,690.
16 Total assets. Add lines 1 through 15 (must equal line 34)	23,954,825.	16	17,672,529.	
Liabilities	17 Accounts payable and accrued expenses	272,657.	17	351,039.
	18 Grants payable	139,950.	18	476,800.
	19 Deferred revenue	127,000.	19	55,500.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	160,730.	25	158,018.
	26 Total liabilities. Add lines 17 through 25	700,337.	26	1,041,357.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	9,880,898.	27	8,732,515.
	28 Temporarily restricted net assets	11,573,995.	28	6,099,062.
	29 Permanently restricted net assets	1,799,595.	29	1,799,595.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	23,254,488.	33	16,631,172.
	34 Total liabilities and net assets/fund balances	23,954,825.	34	17,672,529.

Part 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	6,205,178.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,086,837.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,881,659.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,254,488.
5	Net unrealized gains (losses) on investments	5	363,343.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-105,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,631,172.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations.

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2016

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,580,675.	6,233,575.	4,895,028.	19,096,674.	5,897,892.	56,703,844.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	20,580,675.	6,233,575.	4,895,028.	19,096,674.	5,897,892.	56,703,844.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						31,054,358.
6 Public support. Subtract line 5 from line 4.						25,649,486.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	20,580,675.	6,233,575.	4,895,028.	19,096,674.	5,897,892.	56,703,844.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	164,560.	141,426.	152,800.	150,731.	217,348.	826,865.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	268.			167,263.	38,296.	205,827.
11 Total support. Add lines 7 through 10						57,736,536.
12 Gross receipts from related activities, etc. (see instructions)					12	787,137.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	44.43 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	40.61 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2016. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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 organization'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.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b	A family member of a person described in (a) above?	11 b	
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3	By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization THE NEW YORK WOMEN'S FOUNDATION, INC.	Employer identification number 13-3457287
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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	_____	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 264,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 255,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 157,398.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 153,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number
13-3457287

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		\$ 130,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number
13-3457287

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 information once. See instructions.) ► \$ _____
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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

THE NEW YORK WOMEN'S FOUNDATION, INC.

13-3457287

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement with Yes/No checkboxes.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number, acreage, and modified/easements, and questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting works of art, historical treasures, and similar assets, and amounts required to be reported.

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

Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,596,445.	9,645,050.	9,459,292.	8,014,391.	7,780,476.
b Contributions					
c Net investment earnings, gains, and losses	578,987.	-399,885.	597,789.	1,851,379.	635,386.
d Grants or scholarships	453,037.	648,720.	412,031.	406,478.	401,471.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	8,722,395.	8,596,445.	9,645,050.	9,459,292.	8,014,391.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 71.0000 %
- b** Permanent endowment 21.0000 %
- c** Temporarily restricted endowment 8.0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		71,400.	29,676.	41,724.
d Equipment		316,661.	258,206.	58,455.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				100,179.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	99,725.
(2) ACCRUED INCOME RECEIVABLE	24,019.
(3) BENEFICIAL INTEREST	952,946.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	1,076,690.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT LIABILITY	158,018.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	158,018.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	6,649,884.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	363,343.	
b	Donated services and use of facilities	2b	134,709.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	498,052.
3	Subtract line 2e from line 1		3	6,151,832.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	53,346.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	53,346.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	6,205,178.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	13,273,200.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	134,709.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	105,000.	
e	Add lines 2a through 2d		2e	239,709.
3	Subtract line 2e from line 1		3	13,033,491.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	53,346.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	53,346.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	13,086,837.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

USE OF ENDOWMENT FUNDS:

THE FOUNDATION'S ENDOWMENT CONSISTS OF FIVE INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES, CONSISTING OF BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENT.

SCHEDULE D, PART X, LINE 2

THE FOUNDATION IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, AS IT RELATES TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE OF THE FOUNDATION'S GENERAL TAX-EXEMPT STATUS, MANAGEMENT BELIEVES THAT ASC TOPIC 740 HAS NOT HAD, AND IS NOT EXPECTED TO HAVE, A MATERIAL IMPACT ON THE FOUNDATION'S FINANCIAL STATEMENTS.

SCHEDULE D, PART XII, LINE 2D

LOSS ON UNCOLLECTIBLE RECEIVABLES OF \$105,000 IS INCLUDED IN EXPENSES PER THE AUDITED FINANCIAL STATEMENTS BUT INCLUDED IN NET ASSETS PER RETURN.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				2,663,010.	203,200.	2,473,010.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CT, NJ, NY,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		CWB EVENT (event type)	FALL DINNER (event type)	1. (total number)	(add col. (a) through col. (c))		
Revenue	1	Gross receipts	1,851,835.	613,367.	197,809.	2,663,011.	
	2	Less: Contributions	1,697,671.	531,126.	187,293.	2,416,090.	
	3	Gross income (line 1 minus line 2)	154,164.	82,241.	10,516.	246,921.	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs					
	7	Food and beverages	154,164.	82,241.	10,516.	246,921.	
	8	Entertainment					
	9	Other direct expenses					
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶					246,921.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
PRASAD CONSULTING & RESEARCH 20 SUTTON PLACE SOUTH NEW YORK NY 10022-4165	RESEARCH		X		13,200.	
CATHY MCNAMARA, INC. 1325 SIXTH AVENUE FL 27 NEW YORK NY 10019	FUNDRAISER		X	2,663,010.	190,000.	2,473,010.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) A BETTER BALANCE 80 MAIDEN LANE, SUITE 606	20-3664771	501(C)(3)	76,000.		FMV		ECONOMIC SECURITY
(2) A CALL TO MEN 250 MERRICK ROAD #813	94-3213100	501(C)(3)	110,000.		FMV		SPECIAL INITIATIVES
(3) ACTIVE CITIZEN PROJECT 250 WEST 39TH STREET, SUITE 705	30-0558873	501(C)(3)	20,000.		FMV		STRATEGIC DISCRETION
(4) AFRICAN COMMUNITIES TOGETHER 381 CANAL PLACE, SUITE 207 BRONX, NY 10451	46-1689772	501(C)(3)	60,000.		FMV		ECONOMIC SECURITY
(5) AFRICAN REFUGE 185 PARK HILL AVE., SUITE LB	01-0873188	501(C)(3)	60,000.		FMV		ECONOMIC SECURITY
(6) AMERICAN INDIAN COMMUNITY HOUSE OF NEW YORK 39 ELDRIDGE ST NEW YORK, NY 10002	23-7088777	501(C)(3)	20,000.		FMV		STRATEGIC DISCRETION
(7) ANCIENT SONG DOULA SERVICES 375 STUYVESANT AVENUE BROOKLYN, NY 11233	20-2015286	501(C)(3)	50,000.		FMV		GYWC FUND
(8) ARAB AMERICAN ASSOCIATION OF NEW YORK 7111 5TH AVENUE BROOKLYN, NY 11209	11-3604756	501(C)(3)	60,000.		FMV		GYWC FUND
(9) ARAB AMERICAN FAMILY SUPPORT CENTER 150 COURT STREET, 3RD FLOOR	11-3167245	501(C)(3)	60,000.		FMV		GYWC FUND
(10) ASIAN AMERICAN IMPACT FUND C/O NORTH STAR 520 8TH AVE, SUITE 2203 NEW YORK, NY 10018	13-2950801	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(11) ATLAS DIY CORPORATION 462 36TH ST BROOKLYN, NY 11232	45-4316117	501(C)(3)	75,000.		FMV		GYWC FUND
(12) AUDRE LORDE PROJECT, INC. 147 WEST 24TH STREET, 3RD FLOOR	06-1502452	501(C)(3)	75,200.		FMV		GYWC FUND

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BACKSTRETCH EMPLOYEE SERVICE TEAM OF NY 2150 HEMPSTEAD TURNPIKE #28B	11-2976735	501(C)(3)	35,000.		FMV		SPECIAL INITIATIVES
(2) BELMONT CHILDCARE ASSOCIATION 2150 HEMPSTEAD TURNPIKE ELMONT, NY 11003	31-1646091	501(C)(3)	35,000.		FMV		SPECIAL INITIATIVES
(3) BLACK ALLIANCE FOR JUST IMMIGRATION 660 NOSTRAND AVENUE BROOKLYN, NY 11216	27-1911378	501(C)(3)	75,000.		FMV		GYWC FUND
(4) BLACK WOMEN'S BLUEPRINT 279 EMPIRE BOULEVARD BROOKLYN, NY 11225	27-1308862	501(C)(3)	137,700.		FMV		GYWC FUND
(5) BOOM! HEALTH 540 EAST FORDHAM ROAD BRONX, NY 10458	13-3599121	501(C)(3)	70,000.		FMV		ECONOMIC SECURITY
(6) BRANDWORKERS INTERNATIONAL INC. PO BOX 1257 LONG ISLAND CITY, NY 11101	26-0798625	501(C)(3)	60,000.		FMV		ECONOMIC SECURITY
(7) BUSINESS CENTER FOR NEW AMERICANS 120 BROADWAY, SUITE 230 NEW YORK, NY 10217	81-0584343	501(C)(3)	60,000.		FMV		ECONOMIC SECURITY
(8) BUSINESS OUTREACH CENTER NETWORK, INC. 85 SOUTH OXFORD STREET BROOKLYN, NY 11217	11-3306111	501(C)(3)	70,000.		FMV		SPECIAL INITIATIVES
(9) CASITA MARIA, INC. 928 SIMPSON STREET 6TH FLOOR	13-1623994	501(C)(3)	100,000.		FMV		GYWC FUND
(10) CAUSE EFFECTIVE 505 EIGHTH AVENUE, SUITE 1212	13-3083978	501(C)(3)	84,000.		FMV		CAPACITY BUILDING
(11) CENTER FOR COURT INNOVATION / FUND FOR NYC 520 EIGHTH AVENUE, 18TH FLOOR	13-2612524	501(C)(3)	110,000.		FMV		ANTI-VIOLENCE AND SA
(12) CENTER FOR FAMILY LIFE/SCO FAMILY OF SVCS 443 39TH STREET BROOKLYN, NY 11232	11-2777066	501(C)(3)	75,000.		FMV		ECONOMIC SECURITY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CENTER FOR FRONTLINE RETAIL 7 PENN PLAZA, 14TH FLOOR NEW YORK, NY 10001	11-3344389	501(C)(3)	60,000.		FMV		ECONOMIC SECURITY
(2) CENTER FOR POPULAR DEMOCRACY, INC. 449 TROUTMAN STREET BROOKLYN, NY 11237	45-3813436	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(3) CENTRO DE RECURSOS EDUCATIVOS PARA ADULTOS 475 EAST 115TH STREET, 1ST FLOOR	01-0770273	501(C)(3)	10,000.		FMV		SPECIAL INITIATIVES
(4) CHHAYA COMMUNITY DEVELOPMENT CORP. 37-43 77TH STREET, 2ND FLOOR	11-3580935	501(C)(3)	70,000.		FMV		ECONOMIC SECURITY
(5) CIDADAO GLOBAL 43-12 34TH AVENUE	13-2612524	501(C)(3)	15,000.		FMV		STRATEGIC DISCRETION
(6) CITIZENS COMMITTEE FOR NEW YORK CITY 305 SEVENTH AVENUE, 15TH FLOOR	51-0171818	501(C)(3)	25,000.		FMV		CAPACITY BUILDING
(7) CITY BAR JUSTICE CENTER (ASSOCIATION OF THE 42 WEST 44TH STREET NEW YORK, NY 10036	13-6003018	501(C)(3)	60,000.		FMV		ANTI-VIOLENCE AND SA
(8) CIVIC NATION 1415 CHAPIN ST NW #208 WASHINGTON, DC 20009	47-3576918	501(C)(3)	12,500.		FMV		STRATEGIC DISCRETION
(9) COLLEGE AND COMMUNITY FELLOWSHIP, INC. 475 RIVERSIDE DRIVE, SUITE 1626	31-1720017	501(C)(3)	35,000.		FMV		SPECIAL INITIATIVES
(10) COMM. AGAINST ANTI-ASIAN VIOLENCE: ORGANIZI 55 HESTER STREET NEW YORK, NY 10002	13-3526938	501(C)(3)	96,000.		FMV		GYWC FUND
(11) COMMUNITY CONNECTIONS FOR YOUTH, INC. 369 EAST 149TH STREET, 7TH FLOOR	26-4482112	501(C)(3)	135,000.		FMV		ANTI-VIOLENCE AND SA
(12) COMM. HEALTH ACTION OF STATEN ISLAND, INC. 56 BAY STREET, 4TH FLOOR	13-3556132	501(C)(3)	70,000.		FMV		HEALTH, SEXUAL RIGHT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY VOICES HEARD 115 EAST 106TH ST., 3RD FLOOR	13-3901997	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
(2) CONNECT 127 WEST 127TH ST., RM. 431	02-0694269	501(C)(3)	85,000.		FMV		GYWC FUND
(3) COOPERATIVE ECONOMICS ALLIANCE OF NYC C/O S 45 WEST 36TH STREET, 6TH FLOOR	13-4188834	501(C)(3)	10,000.		FMV		HILDEGARD
(4) CORRECTIONAL ASSOCIATION OF NEW YORK 2090 ADAM CLAYTON POWELL BLVD., SUITE 200	13-5562324	501(C)(3)	85,000.		FMV		HEALTH, SEXUAL RIGHT
(5) COVENANT HOUSE NEW YORK / UNDER 21, INC. 460 WEST 41ST STREET NEW YORK, NY 10036	13-3076376	501(C)(3)	60,000.		FMV		ANTI-VIOLENCE AND SA
(6) DAY ONE NEW YORK PO BOX 1507 NEW YORK, NY 10013	06-1103000	501(C)(3)	60,000.		FMV		ANTI-VIOLENCE AND SA
(7) DESIS RISING UP AND MOVING, INC. 72-18 ROOSEVELT AVENUE, 2ND FLOOR	38-3652741	501(C)(3)	125,000.		FMV		ANTI-VIOLENCE AND SA
(8) EXTREME KIDS AND CREW INC. 71 SULLIVAN STREET BROOKLYN, NY 11231	35-2392415	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(9) FAITH IN NEW YORK 103-04 39TH AVENUE, SUITE 105	80-0122559	501(C)(3)	15,000.		FMV		HILDEGARD
(10) FIERCE 147 WEST 24TH STREET, 6TH FLOOR	03-0518774	501(C)(3)	62,000.		FMV		GYWC FUND
(11) FOOTSTEPS 114 JOHN STREET, #930 NEW YORK, NY 10272	20-0666923	501(C)(3)	60,000.		FMV		ECONOMIC SECURITY
(12) GIRL BE HEARD INSTITUTE 20 JAY STREET, #210B BROOKLYN, NY 11201	27-1848709	501(C)(3)	61,400.		FMV		ANTI-VIOLENCE AND SA

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GIRLS EDUCATIONAL AND MENTORING SERVICES 20 WEST 148TH STREET NEW YORK, NY 10039	13-4150972	501(C)(3)	80,000.		FMV		ANTI-VIOLENCE AND SA
(2) GIRLS FOR GENDER EQUITY 30 THIRD AVENUE - SUITE 104	04-3697166	501(C)(3)	250,000.		FMV		GYWC FUND
(3) GIRLS LEADERSHIP INSTITUTE INC 111 MYRTLE STREET, SUITE 101	33-1207431	501(C)(3)	25,000.		FMV		STRATEGIC DISCRETION
(4) GIRLS WRITE NOW 247 WEST 37TH STREET, SUITE 1000	54-2115054	501(C)(3)	70,000.		FMV		ECONOMIC SECURITY
(5) GRACE OUTREACH 378 E. 151 STREET, 5TH FLOOR	86-1110482	501(C)(3)	70,000.		FMV		SPECIAL INITIATIVES
(6) GRIOT CIRCLE, INC. 25 FLATBUSH AVE., 5TH FLOOR	11-3364328	501(C)(3)	75,450.		FMV		HEALTH, SEXUAL RIGHT
(7) HOLLABACK! 30 3RD AVENUE, 800B BROOKLYN, NY 11217	27-3199988	501(C)(3)	75,200.		FMV		ANTI-VIOLENCE AND SA
(8) HOT BREAD KITCHEN 1590 PARK AVENUE NEW YORK, NY 10029	26-3332972	501(C)(3)	70,000.		FMV		SPECIAL INITIATIVES
(9) HUDSON LINK FOR HIGHER EDUCATION IN PRISON PO BOX 862 OSSINING, NY 10562	13-4132348	501(C)(3)	65,000.		FMV		ECONOMIC SECURITY
(10) IRIS HOUSE: CNTR FOR WOMEN LIVING WITH HIV 2348 ADAM C POWELL, JR. BLVD.	13-3699201	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(11) JEWS FOR RACIAL AND ECONOMIC JUSTICE 330 7TH AVENUE #1901 NEW YORK, NY 10001	13-3694790	501(C)(3)	25,000.		FMV		STRATEGIC DISCRETION
(12) JUSTICE COMMITTEE 666 BROADWAY SUITE 500 NEW YORK, NY 10012	36-4576355	501(C)(3)	65,000.		FMV		ANTI-VIOLENCE AND SA

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(1) LATINAS ON THE VERGE OF EXCELLENCE 23-90 29 ST #2 QUEENS, NY 11105	46-3732667	501(C)(3)	60,000.		FMV		ECONOMIC SECURITY
(2) LATINO LEADERSHIP INSTITUTE 440 EAST 117 STREET, SUITE 5B	11-3478120	501(C)(3)	30,000.		FMV		STRATEGIC DISCRETION
(3) LATINOJUSTICE PRLDEF 99 HUDSON STREET NEW YORK, NY 10013-2815	13-2722664	501(C)(3)	60,000.		FMV		ECONOMIC SECURITY
(4) LEAGUE OF PROFESSIONAL THEATRE WOMEN 520 8TH AVENUE, 24TH FLOOR	13-3329338	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(5) LIVEON NY 49 WEST 45TH STREET, 7TH FLOOR	13-2967277	501(C)(3)	75,000.		FMV		ANTI-VIOLENCE AND SA
(6) MAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN, NY 11237	11-3344389	501(C)(3)	50,500.		FMV		GYWC FUND
(7) MEKONG INC. 2471 UNIVERSITY AVENUE BRONX, NY 10468	13-3572287	501(C)(3)	60,700.		FMV		ECONOMIC SECURITY
(8) MINKWON CENTER FOR COMMUNITY ACTION, INC. 136-19 41ST AVE., 3RD FLOOR	11-2710506	501(C)(3)	65,000.		FMV		ECONOMIC SECURITY
(9) MIXTECA ORGANIZATION, INC. 245 23 STREET 2 FLOOR BROOKLYN, NY 11215	11-3561651	501(C)(3)	60,000.		FMV		ANTI-VIOLENCE AND SA
(10) MOVEMENT FOR JUSTICE IN EL BARRIO 1 WEST 125TH ST., 2ND FLOOR	45-0927557	501(C)(3)	60,000.		FMV		ECONOMIC SECURITY
(11) NAT'L ASIAN PACIFIC AMERICAN WOMEN'S FORUM 1735 CATON AVE. 7C BROOKLYN, NY 11226	94-3213100	501(C)(3)	60,000.		FMV		GYWC FUND
(12) NEIGHBORS HELPING NEIGHBORS INC. 621 DEGRAW STREET BROOKLYN, NY 11217	11-3059958	501(C)(3)	65,000.		FMV		ECONOMIC SECURITY

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(1) NEIGHBORS TOGETHER 2094 FULTON STREET BROOKLYN, NY 11233	11-2632109	501(C)(3)	60,000.		FMV		ECONOMIC SECURITY
(2) NEW ECONOMY PROJECT 121 WEST 27TH STREET, SUITE 804	13-3842270	501(C)(3)	30,000.		FMV		HILDEGARD
(3) NEW IMMIGRANT COMMUNITY EMPOWERMENT 7129 ROOSEVELT AVE., 2ND FL.	11-3560625	501(C)(3)	60,000.		FMV		ECONOMIC SECURITY
(4) NEW LEADERS COUNCIL 1200 NEW HAMPSHIRE AVENUE N.W. SUITE 575	56-2581640	501(C)(3)	17,500.		FMV		STRATEGIC DISCRETION
(5) NYC GAY AND LESBIAN ANTI-VIOLENCE PROJECT 116 NASSAU STREET, 3RD FL.	13-3149200	501(C)(3)	150,900.		FMV		ANTI-VIOLENCE AND SA
(6) NY PAID LEAVE COALITION C/O CWE, 275 7TH AV 275 7TH AVENUE, 18TH FL. NEW YORK, NY 10001	56-2641262	501(C)(3)	60,000.		FMV		ECONOMIC SECURITY
(7) NEW YORK UNIVERSITY LEADERSHIP FELPS 295 LAFAYETTE ST 2ND FLOOR	13-5562308	501(C)(3)	15,000.		FMV		STRATEGIC DISCRETION
(8) NYC NEW SANCTUARY COALITION 239 THOMPSON ST NEW YORK, NY 10012	11-1635100	501(C)(3)	15,000.		FMV		STRATEGIC DISCRETION
(9) NYS TENANTS AND NEIGHBORS INFO SERVICE 255 WEST 36TH STREET, SUITE 505	14-1761209	501(C)(3)	60,000.		FMV		ECONOMIC SECURITY
(10) OMEGA INSTITUTE FOR HOLISTIC STUDIES INC. 150 LAKE DRIVE RHINEBECK, NY 12572	23-7233306	501(C)(3)	10,000.		FMV		CAPACITY BUILDING
(11) PACE CENTER FOR GIRLS, INC. ONE WEST ADAMS STREET, SUITE 301	59-2414492	501(C)(3)	15,000.		FMV		STRATEGIC DISCRETION
(12) PA'LANTE HARLEM, INC. 470 WEST 126 STREET NEW YORK, NY 10027	80-0209989	501(C)(3)	60,000.		FMV		ECONOMIC SECURITY

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(1) PER SCHOLAS 804 EAST 138TH STREET, 2ND FLOOR	04-3252955	501(C)(3)	70,000.		FMV		SPECIAL INITIATIVES
(2) POWHER NEW YORK 370 LEXINGTON AVENUE - SUITE 908	47-3609446	501(C)(3)	65,500.		FMV		ECONOMIC SECURITY
(3) PRIDE CENTER OF STATEN ISLAND 25 VICTORY BLVD., 3RD FLOOR	46-3358895	501(C)(3)	65,500.		FMV		HEALTH, SEXUAL RIGHT
(4) PROTECT OUR DEFENDERS FOUNDATION 20 PARK ROAD, SUITE E BURLINGAME, CA 94010	45-4044997	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(5) QUEER DETAINEE EMPOWERMENT PROJECT 521 W 26TH ST NEW YORK, NY 10027	13-2612524	501(C)(3)	65,200.		FMV		ANTI-VIOLENCE AND S
(6) RACETRACK CHAPLAINCY OF AM. ? NY DIVISION 2150 HEMPSTEAD TPKE ELMONT, NY 11003	27-0485424	501(C)(3)	35,000.		FMV		SPECIAL INITIATIVES
(7) RED UMBRELLA PROJECT 147 PRINCE STREET BROOKLYN, NY 11201	45-2641431	501(C)(3)	75,000.		FMV		ECONOMIC SECURITY
(8) RESEARCH FNDN OF THE CITY UNIV. OF NY ON B 524 WEST 59TH STREET, ROOM 609B-BMW	13-1988190	501(C)(3)	12,000.		FMV		SPECIAL INITIATIVES
(9) RESILIENCE ADVOCACY PROJECT 147 PRINCE STREET BROOKLYN, NY 11201	26-1758248	501(C)(3)	110,000.		FMV		ANTI-VIOLENCE AND SA
(10) RISE MAGAZINE 112 WEST 27TH STREET, #607	13-2612524	501(C)(3)	65,000.		FMV		ANTI-VIOLENCE AND SA
(11) SADIE NASH LEADERSHIP PROJECT 4 WEST 43RD STREET, SUITE 502	11-3633912	501(C)(3)	100,000.		FMV		GYWC FUND
(12) SANCTUARY FOR FAMILIES PO BOX 1406, WALL STREET STATION	13-3193119	501(C)(3)	70,000.		FMV		SPECIAL INITIATIVES

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(1) SEXUAL HEALTH INNOVATIONS 222 BROADWAY NEW YORK, NY 10038	45-4011283	501(C)(3)	65,000.		FMV		ANTI-VIOLENCE AND SA
(2) SOLEDAD O'BRIEN & BRAD RAYMOND FOUNDATION 134 WEST 26TH ST, SUITE 1150	45-2440475	501(C)(3)	60,000.		FMV		ECONOMIC SECURITY
(3) SOUL SISTERS LEADERSHIP COLLECTIVE C/O TAN 6360 NE 4TH COURT MIAMI, FL 33138	47-3108951	501(C)(3)	80,000.		FMV		GYWC FUND
(4) SOUTH ASIAN YOUTH ACTION 54-05 SEABURY STREET ELMHURST, NY 11373	13-3943630	501(C)(3)	60,000.		FMV		GYWC FUND
(5) SPARKS PPD 1145 42ND STREET BROOKLYN, NY 11219	26-0794276	501(C)(3)	7,500.		FMV		CAPACITY BUILDING
(6) START SMALL THINK BIG INC. 1231 LAFAYETTE AVENUE, 2ND FLOOR	27-1821066	501(C)(3)	75,000.		FMV		ECONOMIC SECURITY
(7) STRIVE 240 E 123RD ST, # 302 NEW YORK, NY 10035	13-3255679	501(C)(3)	70,000.		FMV		SPECIAL INITIATIVES
(8) SYLVIA RIVERA LAW PROJECT 147 W. 24TH STREET, 5TH FLOOR	81-0640342	501(C)(3)	60,200.		FMV		GYWC FUND
(9) THE ALEX HOUSE PROJECT, INC. 76 LORRAINE STREET BROOKLYN, NY 11231	47-5488301	501(C)(3)	100,000.		FMV		GYWC FUND
(10) THE BROTHERHOOD/SISTER SOL, INC. 512 WEST 143 STREET NEW YORK, NY 10031	13-3857387	501(C)(3)	75,000.		FMV		GYWC FUND
(11) THE CENTER FOR ANTI-VIOLENCE EDUCATION 327 7TH STREET, 2ND FLOOR	11-2444676	501(C)(3)	60,500.		FMV		ANTI-VIOLENCE AND SA
(12) THE DEBT COLLECTIVE 46 WEST 36 STREET, 6TH FLOOR	13-4188834	501(C)(3)	15,000.		FMV		HILDEGARD

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(1) THE DOOR - A CENTER OF ALTERNATIVES INC. 121 AVENUE OF THE AMERICAS, SUITE 506	13-6127348	501(C)(3)	60,000.		FMV		ANTI-VIOLENCE AND SA
(2) THE HETRICK-MARTIN INSTITUTE 2 ASTOR PLACE NEW YORK, NY 10003	13-3104537	501(C)(3)	140,400.		FMV		ANTI-VIOLENCE AND SA
(3) THE INSTITUTE FOR RESEARCH IN AFRICAN-AMERI 758 SCHERMERHORN EXTENSION, MAIL CODE 5512	13-5598093	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(4) THE LILLY AWARDS FOUNDATION 1501 BROADWAY #701 NEW YORK, NY 10036	27-0987854	501(C)(3)	30,000.		FMV		ECONOMIC SECURITY
(5) THE NATIONAL FLORENCE CRITTENTON MISSION 1750 SW HARBOR WAY, SUITE 450	54-0505932	501(C)(3)	20,000.		FMV		STRATEGIC DISCRETION
(6) THE NAT'L LATINA INST. FOR REPRO. HEALTH 50 BROAD ST., SUITE 1937 NEW YORK, NY 10004	52-1891734	501(C)(3)	60,500.		FMV		HEALTH, SEXUAL RIGHT
(7) THE NEW SCHOOL 66 WEST 12TH STREET, 5TH FLOOR	13-3297197	501(C)(3)	15,000.		FMV		STRATEGIC DISCRETION
(8) THE NEW YORK FOUNDATION 10 EAST 34TH STREET, 10TH FLOOR	13-5626345	501(C)(3)	6,000.		FMV		CAPACITY BUILDING
(9) THE PARTICIPATORY BUDGETING PROJECT 33 FLATBUSH AVENUE, 4TH FLOOR	45-3858268	501(C)(3)	85,000.		FMV		ECONOMIC SECURITY
(10) THE UCLA FDN - THE WILLIAMS INSTITUTE 405 HILDEGARD AVENUE LOS ANGELES, CA 90095	95-2250801	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(11) THE UNITED WOMEN FIREFIGHTERS ASSOCIATION 219 W. 19TH STREET NEW YORK, NY 10011	13-3157272	501(C)(3)	60,000.		FMV		ECONOMIC SECURITY
(12) THIRD WAVE FUND PO BOX 1159 BROOKLYN, NY 11238	04-3243004	501(C)(3)	5,600.		FMV		STRATEGIC DISCRETION

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(1) TURNING POINT FOR WOMEN AND FAMILIES PO BOX 670086 FLUSHING, NY 11367	54-2177390	501(C)(3)	50,500.		FMV		GYWC FUND
(2) UNION SETTLEMENT ASSOCIATION 237 EAST 104TH STREET NEW YORK, NY 10029	13-1632530	501(C)(3)	35,000.		FMV		SPECIAL INITIATIVES
(3) UNITED COMMUNITY CENTERS 613 NEW LOTS AVENUE BROOKLYN, NY 11207	11-1950787	501(C)(3)	60,000.		FMV		ECONOMIC SECURITY
(4) URU THE RIGHT TO BE INC. P.O BOX 26925 WEST HAVEN, CT 06516	56-2520642	501(C)(3)	10,000.		FMV		STRATEGIC DISCRETION
(5) VERA INSTITUTE OF JUSTICE 233 BROADWAY, 12TH FLOOR NEW YORK, NY 10279	13-1941627	501(C)(3)	60,000.		FMV		SPECIAL INITIATIVES
(6) VIOLENCE INTERVENTION PROGRAM PO BOX 1161 - TRI-BOROUGH STATION	13-3540337	501(C)(3)	35,000.		FMV		SPECIAL INITIATIVES
(7) VOICES OF COMMUNITY ACTIVISTS AND LEADER 80A FOURTH AVENUE BROOKLYN, NY 11217	13-4094385	501(C)(3)	65,000.		FMV		ECONOMIC SECURITY
(8) VOTERUNLEAD 242 W 30TH ST NEW YORK, NY 10001	46-4285577	501(C)(3)	22,500.		FMV		STRATEGIC DISCRETION
(9) WASHINGTON AREA WOMEN'S FOUNDATION 1331 H STREET, NW, SUITE 1000	52-2028612	501(C)(3)	23,400.		FMV		STRATEGIC DISCRETION
(10) WELFARE RIGHTS INITIATIVE HUNTER COLLEGE O 695 PARK AVENUE, RM. TH 207	13-1988190	501(C)(3)	60,000.		FMV		GYWC FUND
(11) WOMEN'S HOUSING AND ECONOMIC DVLPMT CORP 50 EAST 168TH STREET BRONX, NY 10452	11-3099604	501(C)(3)	70,000.		FMV		SPECIAL INITIATIVES
(12) THE YOUNG WOMENS CHRISTIAN ASSOC. OF NYC 50 BROADWAY, 13TH FLOOR NEW YORK, NY 10004	13-1624230	501(C)(3)	130,000.		FMV		ECONOMIC SECURITY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 132.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANTS: NYWF GRANTEE PARTNERS SUBMIT
 A MINIMUM OF TWO REPORTS: MID-YEAR AND END OF THE YEAR ON GRANT
 PERFORMANCE. NYWF'S STAFF AND GRANT ADVISORY COMMITTEE CONDUCT ANNUAL
 SITE VISITS TO GRANTEE PARTNERS TO ASSESS PERFORMANCE ON IDENTIFIED GOALS
 AND OBJECTIVES FOR THE GRANT PERIOD. IN ADDITION, FOLLOW-UP PHONE CALLS
 AND CONVENINGS ARE HELD TO IDENTIFY LEARNING OPPORTUNITIES AND SHARING OF
 BEST PRACTICES. BASED ON THESE REPORTS, SITE VISITS AND TELEPHONE
 INTERACTION, NYWF IN CONJUNCTION WITH GRANT PARTNERS DEVELOP CAPACITY
 BUILDING RESOURCES SUCH AS ORGANIZATION DEVELOPMENT, PROGRAM

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SUSTAINABILITY AND INNOVATION AND ADVANCING GENDER AND RACIAL EQUITY.

IN ADDITION, GRANTEE PARTNER ORGANIZATIONS FUNDED UNDER INITIATIVES, FOR

EXAMPLE: (IGNITE!, CRIMINAL JUSTICE, PARTNERSHIP FOR WOMEN'S PROSPERITY)

SUBMIT ADDITIONAL REPORTS AND NYWF CONDUCTS STAFF LEAD ASSESSMENTS AS

NECESSARY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

13-3457287

Part I Questions Regarding Compensation

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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

3 Indicate which, if any, of the following the filing 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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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:

- a** The organization?
 - b** Any related organization?
- 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:

- a** The organization?
 - b** Any related organization?
- 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.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANA OLIVEIRA PRESIDENT & CEO	(i)	325,769.	0.	0.	5,000.	8,337.	339,106.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 TALATHA KIAZOLU-REEVES VP OF OPERATIONS & STRAG LEARN	(i)	184,252.	0.	0.	5,000.	6,851.	196,103.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 PATRICIA ENG VP OF PROGRAMS	(i)	180,279.	0.	0.	5,000.	8,565.	193,844.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 NANCY GUIDA VP OF COMMUNICATIONS	(i)	169,780.	0.	0.	0.	8,654.	178,434.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 CHRISTINE RAMELLI (UNTI DIRECTOR OF DEVELOPMENT	(i)	147,452.	0.	0.	5,000.	8,744.	161,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9.	85,897.	FAIR VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)

JSA

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART 1, LINE 2

THE BROKERS HIRED BY THE FOUNDATION SELL THE DONATED STOCKS UPON RECEIPT.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

13-3457287

FORM 990, PART IV , LINE 11A

THE FORM 990 IS RECEIVED FROM THE AUDITORS AND REVIEWED AND APPROVED BY
MANAGEMENT, AND THE FULL BOARD BEFORE FILLING.

FORM 990, PART VI, LINE 12C

THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED BY BOARD MEMBERS,
STAFF, VOLUNTEERS AND INTERNS. CONFLICTS OF INTEREST ARE REVIEWED
ANNUALLY AND UPDATED ON AN AS-NEEDED BASIS.

FORM 990, PART VI, LINE 15B

IN DETERMINING COMPENSATION, THE PRESIDENT/CEO MEETS WITH THE DEPARTMENT
SENIOR MANAGER AND ADMINISTRATIVE MANAGER TO DETERMINE JOB TITLE AND
RESPONSIBILITY OF THE POSITION. THE ADMINISTRATIVE MANAGER RESEARCHES
SALARIES AMONGST OTHER SIMILAR ORGANIZATIONS AS WELL AS SALARY SURVEYS.
THE DEPARTMENT SENIOR MANAGER AND PRESIDENT/CEO MAKE THE FINAL
DETERMINATION BASED ON THE SURVEYS AND JOB TITLE/RESPONSIBILITIES.
PRESIDENT/CEO COMPENSATION IS SET BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19

THE FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF
INTEREST POLICY AVAILABLE TO THE PUBLIC. HOWEVER, THE FOUNDATION MAKES
ITS 990 AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOUNDATION'S
WEBSITE AND TO THE PUBLIC UPON REQUEST. THE 990 IS ALSO AVAILABLE THROUGH
GUIDESTAR.

Name of the organization THE NEW YORK WOMEN'S FOUNDATION, INC.	Employer identification number 13-3457287
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FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS CONSIST OF \$(105,000) REPRESENTS LOSSES ON
UNCOLLECTIBLE RECIVABLES.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE NEW YORK WOMEN'S FOUNDATION IS A VOICE FOR WOMEN AND A FORCE FOR
CHANGE. WE ARE A CROSS-CULTURAL ALLIANCE OF WOMEN CATALYZING
PARTNERSHIPS AND LEVERAGING HUMAN AND FINANCIAL CAPITAL TO ACHIEVE
SUSTAINED ECONOMIC SECURITY AND JUSTICE FOR WOMEN AND GIRLS. WITH
FIERCE DETERMINATION, WE MOBILIZE HEARTS, MINDS AND RESOURCES TO
CREATE AN EQUITABLE AND JUST FUTURE FOR WOMEN, FAMILIES AND
COMMUNITIES IN NEW YORK CITY.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
C.NICOLE MASON 6629 31ST STREET NW WASHINGTON, DC 20015	CONSULTING SVS	156,123.
BIG DUCK 20 JAY STREET, SUITE 524 BROOKLYN, NY 11201	CONSULTING SVS	115,025.
CATHY MCNAMARA, INC. 1325 SIXTH AVENUE FL 27 NEW YORK, NY 10019	FUNDRAISER	190,000.