

THE NEW YORK  
WOMEN'S  
FOUNDATION

New York Women's Foundation®

**RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FORM**

**YEAR ENDED DECEMBER 31, 2014**

**PUBLIC DISCLOSURE**

The accompanying 990 federal tax return does not constitute a financial statement prepared in accordance with generally accepted accounting principles.

990's are informational returns that report financial and organizational data to the Internal Revenue in a prescribed format.

While they provide much useful information, 990's should be read in conjunction with, rather than apart from, an organization's audited financial statements. Both documents taken together build a comprehensive picture of an organization's financial position and activity.

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2014 calendar year, or tax year beginning 2014, and ending 2014, and ending 20

<b>B</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	<b>C</b> Name of organization THE NEW YORK WOMEN'S FOUNDATION, INC. Doing Business As	<b>D</b> Employer identification number 13-3457287
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 39 BROADWAY SUITE 2300	<b>E</b> Telephone number (212) 514-6993
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10006	<b>G</b> Gross receipts \$ <u>9,369,560.</u>
	<b>F</b> Name and address of principal officer: ANA OLIVEIRA PRESIDENT AND CEO 39 BROADWAY, SUITE 2300 NEW YORK, NY 10006	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: WWW.NYWF.ORG **H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1987 **M** State of legal domicile: NY

**Part I Summary**

**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  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	29.
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	29.
<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	29.
<b>6</b>	Total number of volunteers (estimate if necessary)	173.
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	0

		Prior Year	Current Year
<b>8</b>	Contributions and grants (Part VIII, line 1h)	6,233,575.	4,895,028.
<b>9</b>	Program service revenue (Part VIII, line 2g)	0	0
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	775,323.	1,115,862.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,008,898.	6,010,890.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,281,600.	5,288,600.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,323,134.	2,481,510.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	204,000.	214,000.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,626,789.</u>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,828,866.	1,773,067.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,637,600.	9,757,177.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-2,628,702.	-3,746,287.

		Beginning of Current Year	End of Year
<b>20</b>	Total assets (Part X, line 16)	22,384,156.	16,042,437.
<b>21</b>	Total liabilities (Part X, line 26)	2,867,914.	687,677.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	19,516,242.	15,354,760.

**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 <u>JULIE FLOCH</u>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <u>P00736879</u>
Firm's name ▶ <u>EISNERAMPER LLP</u>	Firm's EIN ▶ <u>13-1639826</u>		Phone no. <u>212-949-8700</u>	
Firm's address ▶ <u>750 THIRD AVENUE NEW YORK, NY 10017-2703</u>				

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** (2014)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. . . . .  **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions Employer identification number (EIN) or
	THE NEW YORK WOMEN'S FOUNDATION, INC.	13-3457287
	Number, street, and room or suite no. If a P.O. box, see instructions. 39 BROADWAY	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10006	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **TALATHA REEVES, 39 BROADWAY SUITE 2300 NEW YORK, NY 10006**  
 Telephone No. **212 514-6993** Fax No. **646 564-5998**

- If the organization does not have an office or place of business in the United States, check this box. . . . .
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . . . . .  . If it is for part of the group, check this box. . . . .  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 2015.

5 For calendar year 2014, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension AWAITING INFORMATION FROM THIRD PARTY SOURCES NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b> \$	0
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b> \$	0
<b>c</b> <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b> \$	0

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date



**Part III Statement of Program Service Accomplishments**

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

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 \$ 7,531,128. including grants of \$ 5,288,600. ) (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 7,531,128.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> 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	
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>25b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>28b</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
<b>28c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>35b</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> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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, and various tax compliance requirements.

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 Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?; b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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 Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
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:

TALATHA REEVES C/O NYWF 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 DELANEY CHAIR	3.00 0	X		X				0	0	0
(2) YVONNE QUINN VICE CHAIR	3.00 0	X		X				0	0	0
(3) SUSAN COTE TREASURER	3.00 0	X		X				0	0	0
(4) IRMA RODRIGUEZ SECRETARY	3.00 0	X		X				0	0	0
(5) FRAN BARRETT BOARD MEMBER	3.00 0	X						0	0	0
(6) ANDREA BATISTA-SCHLESINGER BOARD MEMBER	3.00 0	X						0	0	0
(7) KWANZA BUTLER BOARD MEMBER	3.00 0	X						0	0	0
(8) MICHELE O PENZER BOARD MEMBER	3.00 0	X						0	0	0
(9) SUSAN R CULLMAN BOARD MEMBER	3.00 0	X						0	0	0
(10) JENNIFER GIACOBBE BOARD MEMBER	3.00 0	X						0	0	0
(11) REGAN A SOLMO BOARD MEMBER	3.00 0	X						0	0	0
(12) LISA M HOLTON BOARD MEMBER	3.00 0	X						0	0	0
(13) TAINA BIEN-AIME BOARD MEMBER	3.00 0	X						0	0	0
(14) JOYCE COWIN BOARD MEMBER (STARTED 6/2014)	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) KAREN REYNOLDS SHARKEY BOARD MEMBER	3.00 0	X						0	0	0
( 16) VIRGINIA DAY BOARD MEMBER	3.00 0	X						0	0	0
( 17) JANET RICCIO BOARD MEMBER	3.00 0	X						0	0	0
( 18) JEAN SHAFIROFF BOARD MEMBER	3.00 0	X						0	0	0
( 19) CELESTE SMITH BOARD MEMBER	3.00 0	X						0	0	0
( 20) CATHY ISAACSON BOARD MEMBER	3.00 0	X						0	0	0
( 21) CAROLYN ROSSIP MALCOLM BOARD MEMBER (STARTED 6/2014)	3.00 0	X						0	0	0
( 22) ROSEVELIE MARQUEZ MORALES BOARD MEMBER	3.00 0	X						0	0	0
( 23) GRAINNE MCNAMARA BOARD MEMBER (STARTED 6/2014)	3.00 0	X						0	0	0
( 24) ELBA MONTALVO BOARD MEMBER (STARTED 6/2014)	3.00 0	X						0	0	0
( 25) YVONNE MOORE BOARD MEMBER	3.00 0	X						0	0	0
<b>1b Sub-total</b>								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								901,187.	0	77,799.
<b>d Total (add lines 1b and 1c)</b>								901,187.	0	77,799.

**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 **6**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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 **2**

**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) MERBLE REAGON ----- BOARD MEMBER (STARTED 6/2014)	3.00 ----- 0	X						0	0	0
( 27) TRACEY SCHUSTERMAN ----- BOARD MEMBER	3.00 ----- 0	X						0	0	0
( 28) JOAN SHERMAN ----- BOARD MEMBER (STARTED 6/2014)	3.00 ----- 0	X						0	0	0
( 29) STEPHANIE WANG-BREAL ----- BOARD MEMBER	3.00 ----- 0	X						0	0	0
( 30) HYATT BASS ----- BOARD MEMBER (UNTIL 6/2014)	3.00 ----- 0	X						0	0	0
( 31) DIANA L TAYLOR ----- BOARD MEMBER (UNTIL 6/2014)	3.00 ----- 0	X						0	0	0
( 32) MAHSA PELOSKY ----- BOARD MEMBER (UNTIL 6/2014)	3.00 ----- 0	X						0	0	0
( 33) ANA OLIVEIRA ----- PRESIDENT & CEO	40.00 ----- 0			X				240,395.	0	13,974.
( 34) TALATHA KIAZOLU-REEVES ----- VP OF OPERATIONS AND STRATEGIC	40.00 ----- 0					X		153,928.	0	13,862.
( 35) CARMEL OWEN ----- VP OF LEADERSHIP GIFTS	40.00 ----- 0					X		158,881.	0	5,000.
( 36) ERIN MCDONALD ----- DIRECTOR, STRATEGIC LEARNING	40.00 ----- 0					X		127,420.	0	13,558.
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

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 **6**

	Yes	No
3 Did the organization list any <b>former</b> 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c	2,939,819.				
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions) . . . . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	1,955,209.				
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .		210,972.				
	h	<b>Total.</b> Add lines 1a-1f . . . . .			4,895,028.			
<b>Program Service Revenue</b>	2a	<b>Business Code</b>						
	b							
	c							
	d							
	e							
	f	All other program service revenue . . . . .						
	g	<b>Total.</b> Add lines 2a-2f . . . . .			0			
	<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		152,800.			152,800.
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				
			b	Less: cost or other basis and sales expenses . . . . .	4,054,549.			
			c	Gain or (loss) . . . . .	3,091,487.			
			d	Net gain or (loss) . . . . .	963,062.			963,062.
8a		Gross income from fundraising events (not including \$ <u>2,939,819.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	a	267,183.				
			b	Less: direct expenses . . . . .	267,183.			
			c	Net income or (loss) from fundraising events . . . . .		0		
9a		Gross income from gaming activities. See Part IV, line 19 . . . . .	a					
	b		Less: direct expenses . . . . .					
	c		Net income or (loss) from gaming activities . . . . .		0			
10a	Gross sales of inventory, less returns and allowances . . . . .	a						
		b	Less: cost of goods sold . . . . .					
		c	Net income or (loss) from sales of inventory . . . . .		0			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
11a								
b								
c								
d	All other revenue . . . . .							
e	<b>Total.</b> Add lines 11a-11d . . . . .			0				
12	<b>Total revenue.</b> See instructions . . . . .			6,010,890.			1,115,862.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	5,288,600.	5,288,600.		
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 . . . . .	254,369.	131,439.	32,945.	89,985.
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 . . . . .	1,876,026.	969,433.	243,425.	663,168.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	135,081.	70,329.	16,103.	48,649.
9 Other employee benefits . . . . .	49,431.	25,404.	6,371.	17,656.
10 Payroll taxes . . . . .	166,603.	86,064.	18,358.	62,181.
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	0			
c Accounting . . . . .	153,901.	64,215.	37,220.	52,466.
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17.	214,000.			214,000.
f Investment management fees . . . . .	102,878.		102,878.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	743,611.	611,408.	17,520.	114,683.
12 Advertising and promotion . . . . .	8,450.	6,960.		1,490.
13 Office expenses . . . . .	149,300.	58,671.	20,951.	69,678.
14 Information technology . . . . .	41,750.	19,301.	3,966.	18,483.
15 Royalties . . . . .	0			
16 Occupancy . . . . .	272,235.	121,338.	57,871.	93,026.
17 Travel . . . . .	50,601.	26,500.	5,387.	18,714.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . . .	2,065.	844.	27.	1,194.
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	49,752.	22,388.	10,200.	17,164.
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 <u>BAD DEBTS</u> . . . . .	9,150.		9,150.	
b <u>EVENT EXPENSE</u> . . . . .	107,131.	892.		106,239.
c <u>REPAIRS AND MAINTENANCE</u> . . . . .	8,414.	2,212.	4,506.	1,696.
d <u>DUES AND SUBSCRIPTIONS</u> . . . . .	31,922.	20,264.	3,966.	7,692.
e All other expenses . . . . .	41,907.	4,866.	8,416.	28,625.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	9,757,177.	7,531,128.	599,260.	1,626,789.
26 <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	2,978,642.	<b>1</b>	4,701,520.
	<b>2</b> Savings and temporary cash investments	5,918,872.	<b>2</b>	287,576.
	<b>3</b> Pledges and grants receivable, net	3,099,572.	<b>3</b>	512,072.
	<b>4</b> Accounts receivable, net	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	102,406.	<b>9</b>	111,808.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 426,403.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 246,170.	198,672.	<b>10c</b> 180,233.
	<b>11</b> Investments - publicly traded securities	9,094,522.	<b>11</b>	9,231,828.
	<b>12</b> Investments - other securities. See Part IV, line 11	0	<b>12</b>	0
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	991,470.	<b>15</b>	1,017,400.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	22,384,156.	<b>16</b>	16,042,437.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	181,338.	<b>17</b>	266,334.
	<b>18</b> Grants payable	2,362,500.	<b>18</b>	140,000.
	<b>19</b> Deferred revenue	180,500.	<b>19</b>	125,500.
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> 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	143,576.	<b>25</b>	155,843.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	2,867,914.	<b>26</b>	687,677.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	11,702,069.	<b>27</b>	10,562,227.
	<b>28</b> Temporarily restricted net assets	6,014,578.	<b>28</b>	2,992,938.
	<b>29</b> Permanently restricted net assets	1,799,595.	<b>29</b>	1,799,595.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b>	19,516,242.	<b>33</b>	15,354,760.
<b>34</b> <b>Total liabilities and net assets/fund balances.</b>	22,384,156.	<b>34</b>	16,042,437.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	6,010,890.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	9,757,177.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-3,746,287.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	19,516,242.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-415,195.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	15,354,760.

**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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

Name of the organization THE NEW YORK WOMEN'S FOUNDATION, INC.	Employer identification number 13-3457287
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**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1-9 above or IRC section (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)							
<b>Total</b>							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2014

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	4,166,081.	5,273,372.	20,580,675.	6,233,575.	4,895,028.	41,148,731.
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. . . . .	4,166,081.	5,273,372.	20,580,675.	6,233,575.	4,895,028.	41,148,731.
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). . . . .						19,303,213.
6 Public support. Subtract line 5 from line 4.						21,845,518.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4 . . . . .	4,166,081.	5,273,372.	20,580,675.	6,233,575.	4,895,028.	41,148,731.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	393,800.	259,819.	164,560.	141,426.	152,800.	1,112,405.
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.) . . . . .	2,513.	319.	268.			3,100.
11 Total support. Add lines 7 through 10 . . . . .						42,264,236.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	1,133,420.
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 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	51.69 %
15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	15	49.18 %
16a 33 1/3 % support test - 2014. 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 - 2013. 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 - 2014. 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 - 2013. 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 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f)). . . . .	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15. . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17 . . . . .	18	%

19a **33 1/3% support tests - 2014.** 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 - 2013.** 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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>		
<b>3</b> 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>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>		
<b>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>		
<b>b</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>		

**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. 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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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	<b>Total annual distributions.</b> 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 2014 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-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013 . . . . .			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013 . . . . .			
e	Excess from 2014 . . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

2014

▶ 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](http://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 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not 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

**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	----- ----- -----	\$ 275,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 140,368.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 111,000.	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	----- ----- -----	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 101,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ 103,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ 100,000.	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.)

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

Complete if the organization answered "Yes" to 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.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: THE NEW YORK WOMEN'S FOUNDATION, INC. Employer identification number: 13-3457287

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

Complete if the organization answered "Yes" to 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, aggregate value of grants, and questions about donor informed status.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, and monitoring expenses. Includes a sub-table for 'Held at the End of the Tax Year'.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for art and historical treasures.

**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" to 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 in Part XIII.  Yes  No

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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	9,459,292.	8,014,391.	7,780,476.	8,586,314.	8,609,268.
b Contributions					
c Net investment earnings, gains, and losses	597,789.	1,851,379.	635,386.	-93,684.	1,055,636.
d Grants or scholarships	412,031.	406,478.	401,471.	712,154.	1,078,590.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	9,645,050.	9,459,292.	8,014,391.	7,780,476.	8,586,314.

- 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  19.0000 %
  - c Temporarily restricted endowment  10.0000 %
- The percentages in 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:
- |                             | Yes    | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i)  | X  |
| (ii) related organizations  | 3a(ii) | X  |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 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" to 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		65,915.	15,382.	50,533.
d Equipment		360,488.	230,788.	129,700.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				180,233.

**Part VII Investments - Other Securities.**

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

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	86,979.
(2) ACCRUED INCOME RECEIVABLE	15,378.
(3) BENEFICIAL INTEREST	915,043.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	1,017,400.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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	155,843.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	155,843.

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 XIII Supplemental Information (continued)**

## INCOME TAX UNCERTAINTIES

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 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 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" to 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**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" to 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 ten 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 PRASAD CONSULTING & RESEARCH	RESEARCH		X		24,000.	
2 CATHY MCNAMARA, INC.	FUNDRAISER		X	3,207,002.	190,000.	3,017,202.
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				3,207,002.	214,000.	3,017,202.

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" to 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	FALL DINNER	1.	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	2,118,851.	879,806.	208,345.	3,207,002.
	2	Less: Contributions	1,966,362.	789,612.	183,845.	2,939,819.
	3	Gross income (line 1 minus line 2)	152,489.	90,194.	24,500.	267,183.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	152,489.	90,194.	24,500.	267,183.
	8	Entertainment				
	9	Other direct expenses				
10		Direct expense summary. Add lines 4 through 9 in column (d)				267,183.
11		Net income summary. Subtract line 10 from line 3, column (d)				

**Part III Gaming.** Complete if the organization answered "Yes" to 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))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % 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: \_\_\_\_\_

10 a 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:
 

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

Name ▶ -----

Address ▶ -----

- 15a 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).

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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) GIRLS EDUCATIONAL AND MENTORING SERVICES 201 WEST 148TH STREET GRD FL	13-4150972	501 ( C ) 3	80,000.				ANTI-VIOLENCE AND SA
(2) SERVICE WOMEN'S ACTION NETWORK 220 EAST 23RD STREET STE 509	13-2612524	501 ( C ) 3	75,000.				ANTI-VIOLENCE AND SA
(3) A BETTER BALANCE 80 MAIDEN LANE, SUITE 606	20-3664771	501 ( C ) 3	75,000.				ECONOMIC SECURITY
(4) CORRECTIONAL ASSOCIATION OF NEW YORK 2090 ADAM CLAYTON POWELL BD	13-5562324	501 ( C ) 3	75,000.				HEALTH, SEXUAL RIGHT
(5) COUNCIL OF SENIOR CENTERS & SERVICES OF NYC 49 WEST 45TH STREET, 7TH FL	13-2967277	501 ( C ) 3	75,000.				ANTI-VIOLENCE AND SA
(6) PARTICIPATORY BUDGETING PROJECT 388 ATLANTIC AVENUE, 2ND FL	45-3858268	501 ( C ) 3	75,000.				ECONOMIC SECURITY
(7) SCO FAMILY OF SERVICES/CTR FOR FAMILY LIFE 345 43RD STREET BROOKLYN, NY 11232	11-2777066	501 ( C ) 3	75,000.				ECONOMIC SECURITY
(8) NYC ALLIANCE AGAINST SEXUAL ASSAULT 32 BROADWAY, SUITE 1101 NEW YORK, NY 10004	31-1702032	501 ( C ) 3	75,000.				STRATEGIC DISCRETION
(9) BUILDON 965 LONGWOOD AVE, ROOM 313	22-3128648	501 ( C ) 3	70,000.				ECONOMIC SECURITY
(10) CHRYSA COMMUNITY DEVELOPMENT CORP. 37-43 77TH STREET, 2ND FLOOR	11-3580935	501 ( C ) 3	70,000.				ECONOMIC SECURITY
(11) FAMILIES FOR FREEDOM 35 WEST 31ST SUITE #702 NEW YORK, NY 10001	20-2788922	501 ( C ) 3	70,000.				ANTI-VIOLENCE AND SA
(12) GRACE OUTREACH 378 E. 151 STREET 5TH FLOOR BRONX, NY 10455	86-1110482	501 ( C ) 3	70,000.				ECONOMIC SECURITY

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) (2014)

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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) GRAND ST. SETTLEMENT 80 PITT STREET NEW YORK, NY 10002	13-5562230	501 ( C ) 3	70,000.				ECONOMIC SECURITY
(2) HOT BREAD KITCHEN 1590 PARK AVENUE NEW YORK, NY 10029	26-3332972	501 ( C ) 3	70,000.				ECONOMIC SECURITY
(3) NEW YORK CITY ALLIANCE AGAINST SEXUAL ASSLT 32 BROADWAY, SUITE 1101 NEW YORK, NY 10004	31-1702032	501 ( C ) 3	70,000.				ANTI-VIOLENCE AND SA
(4) SANCTUARY FOR FAMILIES PO BOX 1406, WALL ST STATION SAPNA NYC	13-3193119	501 ( C ) 3	70,000.				ECONOMIC SECURITY
(5) VOICES UNBROKEN 2348 WATERBURY AVE BRONX, NY 10462	26-3124969	501 ( C ) 3	70,000.				ECONOMIC SECURITY
(6) LOCAL DEVELOPMENT CORPORATION OF EAST NY 1414 METROPOLITAN AVENUE 2ND FL	75-3077676	501 ( C ) 3	70,000.				ANTI-VIOLENCE AND SA
(7) LOCAL DEVELOPMENT CORPORATION OF EAST NY 80 JAMAICA AVE, 3RD FLOOR	11-2556667	501 ( C ) 3	70,000.				ECONOMIC SECURITY
(8) WAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN, NY 11237	11-3344389	501 ( C ) 3	70,000.				ECONOMIC SECURITY
(9) UPWARDLY GLOBAL 505 8TH AVENUE, SUITE 602	94-3346127	501 ( C ) 3	70,000.				ECONOMIC SECURITY
(10) WOMEN'S HOUSING AND ECON. DEVELOPMENT CORP. 50 EAST 168TH STREET BRONX, NY 10452	11-3099604	501 ( C ) 3	70,000.				ECONOMIC SECURITY
(11) YWCA OF QUEENS 42-07 PARSONS BLVD. FLUSHING, NY 11355	20-0351906	501 ( C ) 3	70,000.				ECONOMIC SECURITY
(12) BOOM! HEALTH (FORMERLY BRONX AIDS SERVICES) 953 SOUTHERN BLVD., SUITE 201	13-3599121	501 ( C ) 3	60,000.				HEALTH, SEXUAL RIGHT

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) (2014)

**SCHEDULE I**  
**(Form 990)**

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

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

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://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.  Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) CALLEN- LORDE COMMUNITY HEALTH CENTER 356 WEST 18TH STREET NEW YORK, NY 10011	13-3409680	501 ( C ) 3	60,000.				HEALTH, SEXUAL RIGHT
(2) CIADADAO GLOBAL 43-12 34TH AVENUE	13-2612524	501 ( C ) 3	60,000.				ECONOMIC SECURITY
(3) COMMITTEE FOR HISPANIC CHILDREN & FAMILIES 110 WILLIAM ST., SUITE 1802	11-2622003	501 ( C ) 3	60,000.				HEALTH, SEXUAL RIGHT
(4) COMMUNITY HEALTH ACTION OF SPATEN ISLAND 56 BAY STREET 4TH FLOOR	13-3556132	501 ( C ) 3	60,000.				HEALTH, SEXUAL RIGHT
(5) CONNECT 127 WEST 127TH ST., RM. 431	02-0694269	501 ( C ) 3	60,000.				ANTI-VIOLENCE AND SA
(6) EDWIN GOULD SVCS. FOR CHILDREN & FAMILIES 151 LAWRENCE ST., 5TH FL BROOKLYN, NY 11201	13-5675643	501 ( C ) 3	60,000.				ANTI-VIOLENCE AND SA
(7) FOOTSTEPS 217 THOMPSON ST., SUITE 367	20-0666923	501 ( C ) 3	60,000.				ECONOMIC SECURITY
(8) GIRL BE HEARD INSTITUTE 80 EAST 11TH ST., SUITE 301A	27-1848709	501 ( C ) 3	60,000.				ANTI-VIOLENCE AND SA
(9) GIRLS WRITE NOW 247 WEST 37TH ST. SUITE 1800	54-2115054	501 ( C ) 3	60,000.				ECONOMIC SECURITY
(10) HOLLABACK! 30 3RD AVENUE, 800B BROOKLYN, NY 11217	27-3199988	501 ( C ) 3	60,000.				ANTI-VIOLENCE AND SA
(11) HUDSON LINK FOR HIGHER EDUCATION IN PRISON PO BOX 862 NEW YORK, NY 10562	13-4132348	501 ( C ) 3	60,000.				ECONOMIC SECURITY
(12) LATINOJUSTICE PRIDEF 99 HUDSON STREET NEW YORK, NY 10013-2815	13-2722664	501 ( C ) 3	60,000.				ECONOMIC SECURITY

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) (2014)

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" to 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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" to 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 non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> LEGAL INFORMATION FOR FAMILIES TODAY 32 COURT STREET, SUITE 1208	13-3910567	501 ( C ) 3	60,000.				ECONOMIC SECURITY
<b>(2)</b> LEXINGTON VOCATIONAL SERVICES CENTER 30TH AVENUE & 75TH ST	11-3264924	501 ( C ) 3	60,000.				ECONOMIC SECURITY
<b>(3)</b> LITERACY PARTNERS 30 WEST 33RD STREET, 6TH FLR	51-0180665	501 ( C ) 3	60,000.				ECONOMIC SECURITY
<b>(4)</b> MOVEMENT FOR JUSTICE IN EL BARRIO 1 W. 125TH ST., 2ND FL NEW YORK, NY 10027	45-0927557	501 ( C ) 3	60,000.				ECONOMIC SECURITY
<b>(5)</b> NYC GAY AND LESBIAN ANTI-VIOLENCE PROJECT 240 WEST 35TH ST., SUITE 200	13-3149200	501 ( C ) 3	60,000.				ANTI-VIOLENCE AND SA
<b>(6)</b> FER SCHOLAS 804 EAST 138TH STREET, 2ND FLR	04-3252955	501 ( C ) 3	60,000.				ECONOMIC SECURITY
<b>(7)</b> RED UMBRELLA PROJECT 147 PRINCE STREET BROOKLYN, NY 11201	20-3452075	501 ( C ) 3	60,000.				ECONOMIC SECURITY
<b>(8)</b> SOLEDAD O'BRIEN & BRAD RAYMOND FOUNDATION PO BOX 20970 NEW YORK, NY 10023	45-2440475	501 ( C ) 3	60,000.				ECONOMIC SECURITY
<b>(9)</b> SPARKS PPD 1274 49TH STREET, SUITE 427	26-0794276	501 ( C ) 3	60,000.				HEALTH, SEXUAL RIGHT
<b>(10)</b> START SMALL. THINK BIG 1231 LAFAYETTE AVENUE, 2ND FLR	27-1821066	501 ( C ) 3	60,000.				ECONOMIC SECURITY
<b>(11)</b> THE FINANCIAL CLINIC 115 WEST 30TH ST. SUITE 700	76-0833915	501 ( C ) 3	60,000.				ECONOMIC SECURITY
<b>(12)</b> THE HETRICK-MARTIN INSTITUTE 2 ASTOR PLACE NEW YORK, NY 10003	13-3104537	501 ( C ) 3	60,000.				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

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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

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Department of the Treasury  
Internal Revenue Service

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" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) THE POINT COMMUNITY DEVELOPMENT CORPORATION 940 GARRISON AVENUE BRONX, NY 10474	13-3765140	501 ( C ) 3	60,000.				HEALTH, SEXUAL RIGHT
(2) UNION SETTLEMENT ASSOCIATION 237 EAST 104TH STREET NEW YORK, NY 10029	13-1632530	501 ( C ) 3	60,000.				ECONOMIC SECURITY
(3) UNITED COMMUNITY CENTERS 613 NEW LOTS AVENUE BROOKLYN, NY 11207	11-1950787	501 ( C ) 3	60,000.				ECONOMIC SECURITY
(4) YEAR UP NEW YORK 55 EXCHANGE PLACE SUITE 403	04-3534407	501 ( C ) 3	60,000.				ECONOMIC SECURITY
(5) BUSINESS OUTREACH CENTER NETWORK 85 SOUTH OXFORD STREET BROOKLYN, NY 11217	11-3306111	501 ( C ) 3	60,000.				ECONOMIC SECURITY
(6) CENTER FOR ANTI-VIOLENCE EDUCATION 327 7TH STREET, FLOOR 2 BROOKLYN, NY 11215	11-2444676	501 ( C ) 3	60,000.				ANTI-VIOLENCE AND SA
(7) CENTER FOR COURT INNOVATION 520 8TH AVENUE, 18TH FLOOR	13-2612524	501 ( C ) 3	60,000.				ANTI-VIOLENCE AND SA
(8) ASSN. OF THE BAR OF THE CITY OF NY FUND 42 WEST 44TH STREET NEW YORK, NY 10036	13-6003018	501 ( C ) 3	60,000.				ANTI-VIOLENCE AND SA
(9) COVENANT HOUSE NEW YORK/UNDER 21, INC. 460 WEST 41ST STREET	13-3076376	501 ( C ) 3	60,000.				ANTI-VIOLENCE AND SA
(10) DAY ONE NEW YORK PO BOX 1507 CANAL ST STATION	06-1103000	501 ( C ) 3	60,000.				ANTI-VIOLENCE AND SA
(11) EMPIRE STATE PRIDE AGENDA FOUNDATION 80 MAIDEN LANE, STE. 905 NEW YORK, NY 10038	13-3843122	501 ( C ) 3	60,000.				ECONOMIC SECURITY
(12) MERCY CENTER 377 EAST 145TH STREET BRONX, NY 10454	13-3865634	501 ( C ) 3	60,000.				ECONOMIC SECURITY

- 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 **▶**

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Schedule I (Form 990) (2014)

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**SCHEDULE I  
(Form 990)**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

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Employer identification number

13-3457287

OMB No. 1545-0047

**2014**

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Inspection**

**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.  Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) NEW YORK LEGAL ASSISTANCE GROUP 7 HANOVER SQUARE, 18TH FLOOR	13-3505428	501 ( C ) 3	60,000.				ECONOMIC SECURITY
(2) STREETWISE AND SAFE 147 WEST 24TH ST., 4TH FLOOR	45-2866644	501 ( C ) 3	60,000.				HEALTH, SEXUAL RIGHT
(3) EAST HARLEM EMPLOYMENT SERVICE (STRIVE INT) 240 EAST 123RD STREET NEW YORK, NY 10035	13-3255679	501 ( C ) 3	60,000.				ECONOMIC SECURITY
(4) URBAN UPOUND 12-11 40TH AVENUE	86-1096987	501 ( C ) 3	60,000.				ECONOMIC SECURITY
(5) CAUSE EFFECTIVE 505 8TH AVENUE, SUITE 1212	13-3083978	501 ( C ) 3	60,000.				CAPACITY BUILDING
(6) BUSINESS OUTREACH CENTER NETWORK 85 SOUTH OXFORD STREET BROOKLYN, NY 11217	11-3306111	501 ( C ) 3	50,000.				CAPACITY BUILDING
(7) LOCAL DEVELOPMENT CORPORATION OF EAST NY 80 JAMAICA AVE, 3RD FLOOR	11-2556667	501 ( C ) 3	50,000.				CAPACITY BUILDING
(8) SEED P.O. BOX 750162 FOREST HILLS, NY 11375	51-0198509	501 ( C ) 3	50,000.				CAPACITY BUILDING
(9) WOMEN'S CITY CLUB OF NY 110 W. 40TH STREET NEW YORK, NY 10018	13-1484145	501 ( C ) 3	50,000.				STRATEGIC DISCRETION
(10) NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE 50 BROAD STREET, SUITE 1937	52-1891734	501 ( C ) 3	40,000.				HEALTH, SEXUAL RIGHT
(11) COMMUNITY HEALTH ACTION OF STATEN ISLAND 56 BAY STREET 4TH FLOOR	13-3556132	501 ( C ) 3	40,000.				CAPACITY BUILDING
(12) COMMUNITY SOLUTIONS 125 MAIDEN LANE SUITE 16C N	27-3523909	501 ( C ) 3	40,000.				CAPACITY BUILDING

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 **▲**

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Schedule I (Form 990) (2014)

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

**2014**

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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" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) RESTAURANT OPPORTUNITIES CENTERS ROC UNITED 350 SEVENTH AVE NEW YORK, NY 10001	01-0939141	501 ( C ) 3	40,000.				STRATEGIC DISCRETION
(2) RESILIENCE ADVOCACY PROJECT 154 GRAND STREET NEW YORK, NY 10013	26-1758248	501 ( C ) 3	30,000.				HEALTH, SEXUAL RIGHT
(3) THE DOOR - A CENTER FOR ALTERNATIVES 121 AVENUE OF THE AMERICA	13-6127348	501 ( C ) 3	30,000.				ANTI-VIOLENCE AND SA
(4) SCO FAMILY OF SERVICES/CTR. FOR FAMILY LIFE 345 43RD STREET BROOKLYN, NY 11231	11-2777066	501 ( C ) 3	30,000.				CAPACITY BUILDING
(5) URBAN UPBOUND 12-11 40TH AVE LONG ISLAND, NY 11101	86-1096987	501 ( C ) 3	30,000.				CAPACITY BUILDING
(6) YWCA OF QUEENS 42-07 PARSONS BLVD. FLUSHING, NY 11355	20-0351906	501 ( C ) 3	30,000.				CAPACITY BUILDING
(7) LEAGUE OF PROFESSIONAL THEATRE WOMEN 520 EIGHTH AVENUE 24TH FLOOR	13-3329338	501 ( C ) 3	25,000.				STRATEGIC DISCRETION
(8) WOMEN'S CITY CLUB/POWHER 110 W. 40TH STREET NEW YORK, NY 10018	13-1484145	501 ( C ) 3	25,000.				STRATEGIC DISCRETION
(9) THE COLLEGE AND COMMUNITY FELLOWSHIP 475 RIVERSIDE DRIVE, #1626	31-1720017	501 ( C ) 3	15,000.				STRATEGIC DISCRETION
(10) NAURA CLARK-ITA FORD 75 LEWIS AVENUE BROOKLYN, NY 11206	11-3188470	501 ( C ) 3	15,000.				STRATEGIC DISCRETION
(11) SAKHI PO BOX 20208, GREELEY SQ STN	13-3593806	501 ( C ) 3	15,000.				STRATEGIC DISCRETION
(12) SAKHI PO BOX 20208, GREELEY SQ STN	13-3593806	501 ( C ) 3	15,000.				STRATEGIC DISCRETION

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 ▶

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Schedule I (Form 990) (2014)

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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

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Department of the Treasury  
Internal Revenue Service  
Name of the organization

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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.

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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 non-cash assistance	(h) Purpose of grant or assistance
(1) WELFARE RIGHTS INITIATIVE HUNTER COLLEGE HUNTER COLLEGE 695 PARK AVE.	13-1988190	501 ( C ) 3	15,000.				STRATEGIC DISCRETION
(2) WOMEN'S CITY CLUB OF NY 110 W. 40TH STREET NEW YORK, NY 10018	13-1484145	501 ( C ) 3	15,000.				STRATEGIC DISCRETION
(3) FOOTSTEPS 217 THOMPSON ST., SUITE 367	20-0666923	501 ( C ) 3	10,000.				CAPACITY BUILDING
(4) COMMITTEE FOR HISPANIC CHILDREN & FAMILIES 110 WILLIAM ST., SUITE 1802	11-2622003	501 ( C ) 3	10,000.				CAPACITY BUILDING
(5) SERVICE WOMEN'S ACTION NETWORK 220 FIFTH AVENUE, 8TH FLOOR	13-2612524	501 ( C ) 3	10,000.				CAPACITY BUILDING
(6) ADHIKAR FOR HUMAN RIGHTS & SOCIAL JUSTICE 71-07 WOODSIDE AVENUE 1ST FL	20-3384725	501 ( C ) 3	10,000.				CAPACITY BUILDING
(7) VISUAL ARTS RESEARCH & RESOURCE CTR 1825 PARK AVE. SUITE 602 NEW YORK, NY 10035	13-3054001	501 ( C ) 3	10,000.				STRATEGIC DISCRETION
(8) PER SCHOLAS 804 EAST 138TH STREET 2ND FLOOR	04-3252955	501 ( C ) 3	7,000.				CAPACITY BUILDING
(9) HOT BREAD KITCHEN 1590 PARK AVENUE NEW YORK, NY 10029	26-3332972	501 ( C ) 3	7,000.				STRATEGIC DISCRETION
(10) THE NEW YORK FOUNDATION 10 EAST 34TH STREET 10TH FLR	13-5626345	501 ( C ) 3	6,000.				CAPACITY BUILDING
(11) COMMUNITY HEALTH ACTION OF STATEN ISLAND 56 BAY STREET 4TH FLOOR	13-3556132	501 ( C ) 3	60,000.				HURRICANE SANDY RESP
(12) GOOD OLD LOWER EAST SIDE, INC. 169 AVENUE B NEW YORK, NY 10009	13-2915659	501 ( C ) 3	70,000.				HURRICANE SANDY RESP

- 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

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Schedule I (Form 990) (2014)

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

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Inspection**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
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Department of the Treasury  
Internal Revenue Service

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
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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 non-cash assistance	(h) Purpose of grant or assistance
(1) MAKE THE ROAD NEW YORK 92-10 ROOSEVELT AVE.	11-3344389	501 ( C ) 3	60,000.				HURRICANE SANDY RESP
(2) URBAN UPBOUND 12-11 40TH AVENUE	86-1096987	501 ( C ) 3	60,000.				HURRICANE SANDY RESP
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **98**.

**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) (2014)

**Part III** Grants and Other Assistance to Individuals in the United States. 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. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANTS

NYWF GRANTEE PARTNERS SUBMIT A MINIMUM OF TWO REPORTS: MID-YEAR AND YEAR-END ON GRANT PERFORMANCE. NYWF STAFF AND GRANTS ADVISORY COMMITTEE VOLUNTEERS CONDUCT ANNUAL SITE VISITS TO GRANTEE PARTNER ORGANIZATIONS AND FOLLOW-UP WITH PHONE CALLS TO ASSESS PERFORMANCE. BASED ON THESE REPORTS, SITE VISITS AND TELEPHONE INTERACTION, NYWF DEVELOPS AND PROVIDES CAPACITY BUILDING PROGRAMS SUCH AS OUR MANAGEMENT LEADERSHIP INSTITUTE AND TA GRANTS TO IMPROVE GRANTEE PARTNER PERFORMANCE. IN ADDITION, GRANTEE PARTNER ORGANIZATIONS FUNDED UNDER THE RISE-NYC! INITIATIVE SUBMIT ADDITIONAL REPORTS ON A QUARTERLY BASIS. ALL REPORTS

**Part III** Grants and Other Assistance to Individuals in the United States. 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. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

ARE REVIEWED, ANALYZED AND CORRECTIVE ACTION PLANS DEVELOPED AS NECESSARY.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**2014**

**Open to Public Inspection**

Name of the organization <b>THE NEW YORK WOMEN'S FOUNDATION, INC.</b>	Employer identification number <b>13-3457287</b>
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**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 in 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 (e.g., 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 in 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 in 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 in 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" to line 5a or 5b, describe in Part III.

**6** For persons listed in 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" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

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

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

Schedule J (Form 990) 2014

**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 in 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 are not 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 in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANA OLIVEIRA PRESIDENT & CEO	240,395.	0	0	5,000.	8,974.	254,369.	0
2 TALATHA KIAZOLU-REEVES VP OF OPERATIONS AND STRATEGIC	153,928.	0	0	5,000.	8,862.	167,790.	0
3 CARMEL OWEN VP OF LEADERSHIP GIFTS	158,881.	0	0	5,000.	0	163,881.	0
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

**Part III Supplemental Information**

Complete this part to 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.

JSA

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**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**  
**Open To Public Inspection**

Name of the organization <b>THE NEW YORK WOMEN'S FOUNDATION, INC.</b>	Employer identification number <b>13-3457287</b>
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**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	15.	210,972.	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 is not required to be used for exempt purposes for the entire holding period? . . . . .	<b>30a</b>		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 non-standard contributions? . . . . .	<b>31</b>	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	<b>32a</b>		X
b If "Yes," describe in Part II.			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

**Part II** **Supplemental Information.** Complete this part to 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.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

THE NEW YORK WOMEN'S FOUNDATION, INC.

Employer identification number

13-3457287

PART VI GOVERNANCE, MANAGEMENT AND DISCLOSURE

SECTION B, LINE 11B - REVIEW OF FORM 990 FORM 990 IS RECEIVED FROM THE AUDITORS AND REVIEWED AND APPROVED BY MANAGEMENT, AND THE FULL BOARD. ONCE APPROVED, THE DOCUMENT IS SHARED WITH THE FINANCE AND EXECUTIVE COMMITTEES, APPROVED AND THEN FILED.

SECTION B, LINE 12C - CONFLICT OF INTEREST POLICY 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.

SECTION B, LINE 15B - DETERMINATION OF COMPENSATION 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.

SECTION C, LINE 19 - THE FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST AVAILABLE TO THE PUBLIC. HOWEVER, THE FOUNDATION MAKES ITS 990 AND FINANCIAL STATEMENTS AVAILABLE 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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ATTACHMENT 1FORM 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 2990, 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 932 N. HIGHLAND AVENUE, NE ATLANTA, GA 30306	RESEARCH CONSULTANT	116,501.
GRIFFIN WILLIAMS CRITICAL POINT 1300 CONNECTICUT AVE NW, SUITE 600 WASHINGTON, DC 20036	STRATEGIC PLANNING	160,058.