CLENT COPY

# TAX RETURN FILING INSTRUCTIONS

FORM 990

## FOR THE YEAR ENDING

JUNE 30, 2016

	······································
Prepared for	NEW YORK FOUNDATION FOR THE ARTS, INC. 20 JAY STREET NO. 740 BROOKLYN, NY 11201
Prepared by	LOEB & TROPER LLP 655 THIRD AVENUE, 12TH FLOOR NEW YORK, NY 10017
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE  NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.  KEEP THIS COPY FOR YOUR RECORDS. KINDLY ACKNOWLEDGE RECEIPT BY SIGNING, DATING AND RETURNING THIS LETTER.
	SIGNATURE DATE

Copartment of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.lrs.gov/form990.

QMB No. 1545-0047 Open to Public Inspection

Д	For th	e 2015 calendar year, or tax year beginning $$	<u>. JUN</u> 30, 2016	5
В	Check if applicab	C Name of organization	D Employer identi	lication number
190.00	Addr		ta dan dan dan	
Ļ	Name	Doing Dusiness as		7129564
	Initial			
	Final return	20 JAY STREET 740	212-	-366-6900
	termi aled		G Gross receipts \$	9,268,320.
Ĺ	Amer	BROOKEIN, NI IIZUI	H(a) Is this a group	
	Appli	F Name and address of principal officer:MICHAEL ROYCE	for subordinate	s? Yes X No
	pend	SAME AS C ABOVE	H(b) Are all subordinates	Included? Yes No
į	Tax-ex	empt status: [X] 501(c)(3)	527 If "No," attach:	a list. (see instructions)
J	Websi	te:▶ HTTP://WWW.NYFA.ORG	H(c) Group exempti	on number 📂
K	Form o	f organization: X Corporation Trust Association Other 🕨 L	Year of formation: 1971	м State of legal domicile: <b>N</b> Y
P	art I	Summary		
ds	1	Briefly describe the organization's mission or most significant activities: TO EMPOW	ER ARTISTS AT	CRITICAL
Governance		STAGES IN THEIR CREATIVE LIVES.		
rus	2	Check this box > if the organization discontinued its operations or disposed of r		issets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	29
		Number of independent voting members of the governing body (Part VI, line 1b)		29
Activities &	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		37
atie	6	Total number of volunteers (estimate if necessary)	•	29
ਚੌ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	}	
₫	· -	Net unrelated business taxable income from Form 990-T, line 34		
	7		Prior Year	Current Year
4-	8	Contributions and grants (Part VIII, line 1h)	6,730,574.	
PIG.	9	Program service revenue (Part Viti, line 2g)	1,413,790.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,364.	
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	235,482.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,396,210.	
land'bleam'	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,058,368	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	1
	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,777,642	2,072,973.
Ses	15		O .	0.
Expenses	100	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  175,862.		1 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -
ă	1.00		1,129,365.	1,051,518.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,965,375.	8,535,455.
J. 60	19	Revenue less expenses. Subtract line 18 from line 12	430,835.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
SSS	20	Total assets (Part X, line 16)	5,347,524.	5,699,638.
196	21	Total flabilities (Part X, line 26)	517,111.	954,250.
		Net assets or fund balances. Subtract line 21 from line 20	4,830,413.	4,745,388.
homean	art il	Signature Block		The desired state of the state
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta		у кломеаде ала ренет, и is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	rarer has any knowledge.	7
		Signature of officer		Laurente Learner van Lauren van der van de la verscher van de la versc
Sig		, , , , , , , , , , , , , , , , , , , ,	Date + 11	
He	re-	MICHAEL ROYCE, EXECUTIVE DIRECTOR Type or print name and title	CONTRACTOR AND CONTRA	
		The same was the same and the s	Thata Transmitter	======================================
	_	Print/Type preparer's name Preparer's signature	Date Check [	PTIN
Pai(		AARON SHAPIRO	seff-employ	4 M/C/M/WK/11/M/11/11/11/11/11/11/11/11/11/11/11/1
	parer	Firm's name LOEB & TROPER LLP	Firm's EIN 🛌	<u>13-1517563</u>
Use	Only	Firm's address 655 THIRD AVENUE, 12TH FLOOR		
********	ereren en samuel	NEW YORK, NY 10017	Phone no. <b>21</b>	2-867-4000
May	y tine li	RS discuss this return with the preparer shown above? (see instructions)	والمراقع والمراقع المراقع المراقع والمراقع والمراقع المراقع والمراقع المراقع المراقع والمراقع والمراقع والمراقع	X Yes No

	990 (2015) NEW YORK FOUNDATION FOR THE ARTS, INC. 23-7129564 Page 2
Pa	rt III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:
	SEE SCHEDULE O
	**P***********************************
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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 X 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.  (Code: ) (Expenses \$ 6,203,004. Including grants of \$ 4,613,202.) (Revenue \$ 408,440.)
4a	(Code: ) (Expenses \$ 6,203,004. Including grants of \$ 4,613,202.) (Revenue \$ 408,440.) FISCAL SPONSORSHIPS:
	SINCE 1976, NYFA HAS PROVIDED FISCAL SPONSORSHIPS TO INDIVIDUAL ARTISTS
	AND EMERGING ORGANIZATIONS, MAKING IT THE OLDEST PROGRAM OF ITS KIND IN
	THE COUNTRY. IT MAKES IT POSSIBLE FOR INDIVIDUALS AND ORGANIZATIONS
	WITHOUT NOT-FOR-PROFIT STATUS TO RAISE FUNDS FOR UPCOMINGS FILMS,
	THEATRICAL PERFORMANCES, ART INSTALLATIONS AND OTHER PROJECTS.
LTV/ANDI	
b	(Code: ) (Expenses \$ 967,647. including grants of \$ 637,000.) (Revenue \$ ARTIST FELLOWSHIPS:
	IN 1984, NYFA WAS SELECTED BY THE NEW YORK STATE COUNCIL ON THE ARTS TO
	ADMINISTER THE STATE'S ARTISTS' FELLOWSHIPS. THE PROGRAM HAS SINCE EXPANDED TO AWARD DIRECT GRANTS OF \$7,000 EACH TO APPROXIMATELY 100 NEW
	YORK STATE ARTISTS EACH YEAR. THESE FELLOWSHIPS ARE ARTIST CENTERED AND
	ALLOW ARTISTS THE FREEDOM TO USE THE GRANT IN WHATEVER MANNER WILL HAVE
	THE GREATEST IMPACT ON THEIR CREATIVE LIVES.
	TO THE PROPERTY OF THE PROPERT
	196 670
łc	(Code:) (Expenses \$186,679. including grants of \$) (Revenue \$) NYFA_ON_LINE_RESOURCES:
	NYFA'S ON-LINE RESOURCES INCLUDES SOURCE AND CLASSIFIEDS. NYFA'S SOURCE
	SECTION OF ITS WEBSITE IS VISITED BY MILLIONS OF USERS EACH YEAR.
	SOURCE PROVIDES INFORMATIONAL DATA BASE, WHICH INCLUDES OPPORTUNITIES,
	SUCH AS GRANTS, RESIDENCIES, GALLERY SPACE, AND SEVERAL OTHER RESOURCES
	FOR ARTISTS AND ARTS ORGANIZATIONS. NYFA'S CLASSIFIEDS IS ANOTHER
	RESOURCE FOR THE ARTIST COMMUNITY TO ADVERSTISE GALLERY SPACE,
	EXHIBITIONS, JOB OPENINGS, AND BANNER ADS. NYFA CLASSIFEDS POSTS
	SEVERAL THOUSAND ADS PER YEAR.
	Other program services (Describe in Schedule O.)
d	Other program services (Describe in Schedule O.)  (Exponses \$ 719,792. including grants of \$ 160,762.) (Revenue \$ 986,332.)  Total program service expenses \$ 8,077,122.

		<b>,</b>	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	į		
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			ļ
	If "Yes," complete Schedule D, Part IV	9		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	10	<u> X</u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а		118	X	
ь		1 143	<del></del>	<u> </u>
ņ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c		and milestra	V-MANAGEMENT CONTRACTOR	<del></del>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ď	and the second s			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	***************************************
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	126		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13	···	<u> </u>
14a b		140		A
W	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F. Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a7 If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	,	I	v
***************************************	complete Schedule G, Part III	19	000 4	X

Page 4

	Cire Chieckinst of Required Schedules (continued)			
adicade		{ <del></del>	Yes.	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<del> </del>	X
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	<del> </del>	ļ
A7- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			ļ
*	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	† <u></u> -	ļ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	200 <del>-1 /12/-</del>	Americano.	TORON DE CONTRACTOR DE CONTRAC
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	248		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	and with the second		
	any tax-exempt bonds?	24c	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		************
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
Þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	ļ	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schodule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		ĺ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		!	7.7
ΔĠ	of any of these persons? If "Yes," complete Schedule L, Part III	27	<del></del>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			х
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		<del></del>
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- militarina.		.m.n.Edda.ao
	If "Yes," complete Schedule N, Part (	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxeble entity? If "Yes," complete Schedule R, Part II, III, or IV, and		}	
	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		i	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	,_,	<u> </u>
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197	_	<u>ا</u> بر	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					[]
		***********			Yes	No
ta	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	18	370	<u>/</u>	T	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	C	<u>)</u>	1	
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportet	ole gaming			
	(gambling) winnings to prize winners?	.,,,,		10		
2a	Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	37	4	ĺ	-
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax ret	ums?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	<u> </u>	X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedul	e 🔿 👑		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	r authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	l accoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country: >					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Account	5 (FBAR).			1.0
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	113-11-73	********************	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			55		X
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did					
	any contributions that were not tax deductible as charitable contributions?			63		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu				{	
	were not tax deductible?			6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			111.0	, ,	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s			7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	L
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	,				1
	to file Form 8282?			7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year					
Ø	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract	?	7e	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			71	<b> </b>	X
₿	If the organization received a contribution of qualified intellectual property, did the organization file f			7g	ļl	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		i	.7h		· Promise and
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the				
	sponsoring organization have excess business holdings at any time during the year?	********		8		
9	Sponsoring organizations maintaining donor advised funds.			4.55	12. 17.	1, 174
3				9a	$\sqcup$	
b		*********		9b		
10	Section 501(c)(7) organizations, Enter:	1 1	ļ			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				11.11.1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1				riig.
	Gross Income from members or shareholders	114				1355
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1				
	amounts due or received from them.)	11b	10-111-11-10-10-1-1-1-1-1-1-1-1-1-1-1-1	1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		annian-ma-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				Hale.
	Section 501(c)(29) qualified nonprofit health insurance issuers.				<u> </u>	
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1				
	organization is licensed to issue qualified health plans	13b	·*************************************			
	Enter the amount of reserves on hand	130				
	Did the organization receive any payments for indoor tanning services during the tax year?	······································		14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	₩Ų		14b		

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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				e he manage	X
Sec	tion A. Governing Body and Management				·	<b></b>
		,	1	·	Yes	No
ta	Enter the number of voting members of the governing body at the end of the tax year	1a	2	9		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	16	2	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			2	ļ	X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4	ļ	X
5	Did the organization become aware during the year of a significant diversion of the organization's as				<u> </u>	X
6	Did the organization have members or stockholders?			6	ļ	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			1		
	more members of the governing body?			7 <u>s</u>	<u> </u>	X
Þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b		X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	,	•	1 7.5		
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rec					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	<u> </u>	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenue	e Code.)		,	
					Yes	Markey and Area
	Oid the organization have local chapters, branches, or affiliates?			10a	ļ	X
Ċ	If "Yes," did the organization have written policies and procedures governing the activities of such c			}		
	and branches to ensure their operations are consistent with the organization's exempt purposes? $$			10b		·
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	re filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			124.75		
12a				12a	<u> </u>	<u> </u>
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done			120	X	
13	Did the organization have a written whistleblower policy?	********	*************************	13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	***************************************
15	Did the process for determining compensation of the following persons include a review and approve	_	dependent		Alaini.	373
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
8	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	_X_	*************
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		les.			
163	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger					
	taxable entity during the year?			<u>16a</u>		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic			1-74		2.1
	exempt status with respect to such arrangements?	******		16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NY			1- 1		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	" (Secti	on 501(c)(3)s only)	availab	e	
	for public inspection. Indicate how you made these available. Check all that apply.	V., 484 V				
	X Own website Another's website X Upon request Other (explain		· ·		-1-4	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	ntiict o	r interest policy, an	d financ	CIAI	
4V4 A44	statements available to the public during the tax year.	-1	at			
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	a recoras: 📂			
	MICHAEL ROYCE - 212-366-6900 20 JAY STREET, SUITE 740, BROOKLYN, NY 11201					
	110000000000000000000000000000000000000			C	990 (	0040
932006	12-16-15			Form	おおいく	ZU 15)

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		7.1	7. 9		4	Page

Form 990 (2015)

# Form 990 (2015) NEW YORK FOUNDATION FOR THE ARTS, INC. 23-7 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.

(A)	(8)			((	2)			(D)	(E)	(F)
Name and Title	Average		not c		more	than-		Heportable	Reportable	Estimated
	hours per	box offic	erac uniq	kaj era Se be	rson Greete	is bat n/trus	nan tee)	compensation from	compensation from related	amount of other
	week (list any	<u> </u>	Ţ	l		T		the	organizations	compensation
	hours for	chailt				38		organization	(W-2/1099-MISC)	from the
	related	10 32	127			123		(W-2/1099-MISC)	,	organization
	organizations	1 55	1 ES		100	dun				and related
	below line)	10 H24 12 14 01	ntálubsa) medae	器	Key employee	Hajsest compensated existing	Activer			organizations
(1) JUDITH K BRODSKY	10.00	ļ., <del></del>		<u> </u>		52 18	æ			
CHAIR	<u> </u>	x		х				0.	0.	0
(2) HOWARD ROTHMAN	10.00				-15.17.166		a wanacawa	anana arawa na arawa arawa manana arawa a ana a ana mana arawa manana Manana Abana.	envenerantenen erren	
VICE CHAIR	The second secon	x		X				0.	0.	0
(3) KARL KELNER	5.00	$\Box$							The state of the s	2001100-770-
TREASURER		х		X				0.	0.	0.
(4) MICHAEL FINDLAY	5.00									
SECRETARY		X	-11d-10-00-7	X	11WM-101	TOTALIS		0.	0.	0
(5) J. WHITNEY STEVENS	5.00							_	_	
FORMER CHAIR		Х		X					<u>O.</u>	0
(6) SHARON HELD	2.00	ļ <sub></sub>						_		
HOARD MEMBER		X				ļ		0.		<u>Q</u>
(7) A.M. HOMES	2.00							ا م	^	0
BOARD MEMBER		X	~ <u>-</u>			├		0.	0.	0,
(8) MARC JASON	2.00	x						ο.,	٥.	0 .
BOARD MEMBER	2.00								<del>\</del>	
(9) JOHN F. WILLIAMS II		x						0.	0.	0.
BOARO MEMBER (10) EMILY BAB KIRSCH	2.00	1			-				and a second	
BOARD MEMBER	2.00	x						0.	0.	0 .
(11) LYNDA LOGAN	2.00	TA			-					
BOARD MEMBER	<u> </u>	х						0.	0.	0.
(12) MARJORIE W. MARTAY	2.00			IL T MELITERY	our rross	arviu Airi		AMINIMATORIA	, , , , , ,	
BOARD MEMBER		Х						0.	0.	0.
(13) DAVID NOBLE	2.00						i		THE PARTY OF THE P	and we were a comment of many to the state of the
BOARD MEMBER		Х						0.	0.	0.
(14) KATHLEEN O'GRADY	2.00									
BOARD MEMBER		X						0.		<u></u> 0.
(15) PAULANNE QUEEN	2.00									_
BOARD MEMBER		X		ALIW 177117			movemen	0.	0.	0.
(16) MIRA NAIR	2.00						l	_		JL.
BOARD MEMBER	MANUFACTURE TO A CONTROL OF THE CONT	X			ļ	ļ			0.	0.
(17) WILL DRAPER	2.00		- 1				Ì			^
BOARD MEMBER 532007 12-16-15		Х						0.1	0.	0 . Form <b>990</b> (2015

2 Total number of Independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0
SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2015)

Form 990 NEW YORK	FOUNDA	ri	NC	F(	)R	<u>'I'I</u>	Æ	ARTS, INC.	23-712	9564
Part VII Section A. Officers, Directors, Tru	stees, Key Er	الإرز	pyee	:s, a	ನಡೆ ಕಿ	ligh	est	Compensated Employ	yees (continued)	
(A)	(8)				<b>C)</b>			(D)	(€)	(F)
Name and title	Average	ļ		Pos				Reportable	Reportable	Estimated
	hours	(c	heci	∢all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	1 %				畫		the organization	organizations (W-2/1099-MISC)	compensation trom the
	hours for	PKH.						(W-2/1099-MISC)	(11-21 (000-111100)	organization
	related	15 45	被			挺		(11 10)		and related
	organizations	tockédasí flystet or diserzer	Pathickind Instac		1	र्जुम्ब्य काष्ट्रप्रम्य स्मृतिक				organizations
	below	5005		25	fey employee	30	Forse			
	fine)	2	E	22	2	墨	Ē			
(27) MARY LANG	2.00									_
BOARD MEMBER		X	ļ	ļ		ļ	ļ	0.	0.	0.
(28) CARMELITA TROPICANA	2.00	}								
BOARD MEMBER		X	ļ				}	0.	0.	0.
(29) WESLEY MCDADE	2,00	4.5								0
BOARD MEMBER	50.00	X					L	<u>O</u> *	0	0.
(30) MICHAEL ROYCE		1		х				258,362.	0.	11,370.
EXECUTIVE DIRECTOR (31) SEBI VITALE	45.00	$\vdash$		1	<u> </u>	$\vdash$		230,302.		and the second second
DIRECTOR OF FINANCE & ADMINISTRATION	10.00	1		x				100,541.	0.	18,899.
(32) MARK ROSSIER	45.00	ļ	<b></b>						<del></del> _	
DIRECTOR OF DEVELOPMENT		ĺ				x		130,362.	0.	10,516.
те се при	CONTRACTOR		T					1	,	
		1	ļ							
	**************************************	[		***************************************				The second of th	and the second s	000011300-00-FC/200001 COST-01-1B 00-181-1 FC-00-1
			<u></u>	<u></u>			<u> </u>			
The second secon	And to the filter of the filter on the filter of the filte	ļ	ļ		L	ļ	ļ			
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		ł								
7977744 ANYA, shidhinia and an ann an an an ann an an an an an an a						evasens.				and to continue to the second of the second continue to the second of the second
L-04										
	nanan are muli manan nan nan nan arawa arawa ma									
	VALUE OF STREET OF STREET OF STREET OF STREET		**********	17 TOTAL P.	- TAN-THE	V4018040V		***************************************	CONTRACTOR	MATIANA HYVERALIATER MATERIALIST PARTY PRINCES
** (And And And And And And And And And And							*/*/****	, , , , , , , , , , , , , , , , , , ,	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	CONTRACT ENT LANC CLEIN NO ALBERTANISME AND A	***********							VICTOR 1000 001 1000 001 10000 001 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 1000	
}					1					
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>							~~~	***************************************	***************************************	
Total to Dark VIII Continue A Line to								489,265.		40,785.
Total to Part VII, Section A, line 1c								キソファ カソフ・		*Y,/Y,-

Form 990 (2015) NEW YORK FOUNDATION FOR THE ARTS, INC. 23-7129564 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns Membership dues 16 329,844. c Fundraising events d Related organizations 10 ,536,412 Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above tr 5, 187, 040 9 Noncash contributions included in lines 1a-1f: \$ 053,296 Total, Add lines 1a-1f Business Code 2 3 PROGRAM SERVICE FEES 986,332 986,332 561499 Program Service Revenue ADMINISTRATIVE FEES 561000 408,440 408,440. All other program service revenue 394,772. Total, Add lines 2a-2f investment income (including dividends, interest, and 14,553. 14,553. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... 5 (i) Real 41,825 6 a Gross rents 2,256. b Less: rental expenses ...... 39,569 Rental income or (loss) 39.569 d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other 711,074 assets other than inventory b Less: cost or other basis 709,691 and sales expenses ...... c Gain or (loss) 1,383. 1,383. 1.383 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 329,844. of contributions reported on line 1c). See 52,800 Part IV, line 18 ь 103.376. b Less: direct expenses -50,576 Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 ...... a b Less: direct expenses Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less; cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue

Form 990 (2015)

452,997.1

532000 12-15-15

e Total. Add lines 11a-11d

Total revenue. See instructions.

394

4.929.

Sec	tion 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oth	er organizations must oc	omplete column (A).	
No to form	Check if Schedule O contains a respon	· · · · · · · · · · · · · · · · · · ·			2007.000
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(8) 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	524,122.	524,122.		
2	Grants and other assistance to domestic				
	individuals, See Part IV, line 22	4,886,842.	4,886,842.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals, See Part IV, lines 15 and 16				
4	Benefits paid to or for members				** 1/2021 . A10700 1 1/2000 W 1 1007 1 1/21 1 1/21 1 1 1/21 1 1/21 1 1/21 1 1/21 1 1/21 1 1/21 1 1/21 1 1/21 1
5	Compensation of current officers, directors,				
	trustees, and key employees	450,993.	428,443.	13,530.	9,020
6	Compensation not included above, to disqualified		The second secon	hivetivis and the first of the second	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,330,689.	1,264,154.	39,921.	26,614
8	Pension plan accruats and contributions (include			manus marin samuel sa	
Ū	section 401(k) and 403(b) employer contributions)	26,165.	24,857.	785.	523
9	Other employee benefits	138,261.	131,348	4,148.	2,765
10	Payroli taxes	126,865.	120,522.	3,805.	2,538
11	Fees for services (non-employees):			3,000.	4,330
ě	-				and the second of the second o
ŧ				4 7 7 0	
¢	<u></u>	30,103.	22,571.	4,159.	3,373
	Lobbying		·	The second secon	
€	,,,			· ' ·	
1	111211111111111111111111111111111111111			77°71 70°81 70°00 710°00 240°0000 100°00 700°00 100°00 700°00	
ξ			[		
	соlumn (A) amount, list line 11g expenses on Sch О.)	138,197.	<u>85,111.</u>	50,923.	<u>2,163</u>
12	Advertising and promotion	67.		67.	ra vorantiin kaana kirranki rokkiin kan kan kan kan kan kan kan kan kan ka
13	Office expenses	195,812.	167,135.	15,818.	12,859
14	Information technology			ANT. 1987 D. A. W. L. L. L. A. L.	
15	Royalties		A. Halfala Alba		
16	Оссиралсу	322,145.	227,597.	22,481.	72,067
17	Travel	38,332.	14,873.	21,828.	1,631
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	ļ			
19	Conferences, conventions, and meetings	14,044.	1,645.	12,324.	75.
20	Interest		and the second second	The state of the s	
21	Payments to affiliates	·			1
22	Depreciation, depletion, and amortization	163,268.	107,979.	22,813.	32,476.
23	Insurance	14,842.	9,557.	2,410.	2,875.
24	Other expenses, Itemize expenses not covered				
	above, (List miscellaneous expenses in line 24e, if line 2.4e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule (1)		syn, kip pe ne nami gymnad v raufadarab. Diller		r pri Porsegiali de
2	The state of the s	47,619.	0.0 0.40	47,619.	Water A. A. San
þ	PROJECT PRODUCTION	36,748.	36,748.	4	The state of the s
¢	HOSPITALITY	16,644.	9,259.	4,058.	3,327.
d	PROFESSIONAL DEVELOPMEN	15.371.	5,007.	8,677.	<u>1,687.</u>
е		18,326.	9,352.	7,105.	1,869.
25	Total functional expenses. Add lines 1 through 24e	8,535,455.	8,077,122.	282,471.	175,862.
26	Joint costs. Complete this line only if the organization				<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundralsing solicitation.				
	Check here 📂 [] If following SQP 98-2 (ASC 958-720)				

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	A.A. A. MINISTER M. MANUSCO PRESIDENT STREET, STATE OF A STREET, STREE		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	2,090,539.	1	1,222,227.
	2	Savings and temporary cash investments	2,340,077.	2	3,611,862
	3	Pledges and grants receivable, net	276,346.	3	329,972
	4	Accounts receivable, net		4	**************************************
	5	Loans and other receivables from current and former officers, directors,	Material Annual Politic Political Political Control of Annual Annual Annual Annual Annual Annual Annual Annual	42-W-2004-0-00	
		trustees, key employees, and highest compensated employees. Complete			}
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	PRESENTANTAMENTAL SENSOT SELECTION S		11-0-1
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		{	
es:		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
AS.	ន	inventories for sale or use		8	The state of the s
	9	Prepaid expenses and deferred charges	23,297.	9	39,785.
		Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a 1,828,005.		. :	
	ь	Less: accumulated depreciation 106 1,599,034.	338,619.	10c	228,971.
	11	Investments - publicly traded securities	241,168.	11	229,343.
	12	Investments - other securities. See Part IV, line 11		12	A THE STATE OF THE
	13	investments - program-related. See Part IV, line 11		13	
	14	intangible assets		14	
	15	Other assets. See Part IV, line 11	37,478.	15	37,478.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,347,524.	16	5,699,638
	17	Accounts payable and accrued expenses	80,646.	17	743,638.
	18	Grants payable	19,114.	18	19,114.
Ì	19	Deferred revenue		19	A 11-11-11-11-11-11-11-11-11-11-11-11-11-
İ	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	N. CHIPTONINA CONTROLLED VICTORIA CONTROLLED V	21	Anti-desired and the state of the desired the second line of the second
g	22	Loans and other payables to current and former officers, directors, trustees,		11.11	
9		key employees, highest compensated employees, and disqualified persons.		1   11	
Liabilities		Complete Part II of Schedule L.	' '	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	-   -	24	
-	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	417,351.	25	191,498.
	26	Total liabilities. Add lines 17 through 25	517,111.	26	954,250.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and			
2		complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	1,623,957.	27	1,439,577.
Net Assets of Fund balances	28	Temporarily restricted net assets	2,919,368.	28	2,768,723.
9	29	Permanently restricted net assets	287,088.	29	537,088.
3		Organizations that do not follow SFAS 117 (ASC 958), check here		117	
5		and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u> </u>	32	Retained earnings, endowment, accumulated income, or other funds	11700 11874011	32	
=	33	Yotal net assets or fund balances	4,830,413.	33	4,745,388.
	34	Total liabilities and net assets/fund balances	5,347,524.	34	5,699,638.
			The state of the s		Form <b>990</b> (2015)

	1990 (2015) NEW YORK FOUNDATION FOR THE ARTS, INC.	23-7	129564	₽ag	<sub>10</sub> 12		
на	rt XI Reconciliation of Net Assets				$(\mathbf{x})$		
	Check if Schedule O contains a response or note to any line in this Part XI						
		_	0 451		0.77		
7	Total revenue (must equal Part VIII, column (A), line 12)		<u>8,45</u> 2				
2	Total expenses (must equal Part tX, column (A), line 25)	2	8,535				
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>58.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,830				
5	Net unrealized gains (losses) on investments	5	<u> </u>	1,8	<u>23.</u>		
6	Donated services and use of facilities	6					
7	Investment expenses	7		.v-us-1111			
8	Prior period adjustments	. 8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9		2,2	56.		
1Q	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
AURO VANCO	column (B))	10	4,745	5,3	88.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				$[\mathbf{x}]$		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				: '.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				I.E.C. T.		
	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?		2ь	x			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				1		
	consolidated basis, or both:	,					
	X 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?		20	х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche						
3a	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?	gran / North	3a		X		
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			***		
~	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ou addit	3b	1			
	The state of the s		Form \$	990	2015)		
			1 4/1/11 %				

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1645-0047

2015

Open to Public Inspection

Nan	ne of	the organization						Employer	identification number
равитальтого				DATION FOR TH			ic.		3-7129564
Pa	irt (	Reason for Public	Charity Status	(All organizations must c	omplete th	is part.) S	ee instruction	s.	
The	organ	ization is not a private found	dation because it is:	(For lines 1 through 11,	check only	one box.)			
1		A church, convention of ch	nurches, or associati	on of churches describe	d in sectio	n 170(b)(	1)(A)(i).		
2		A school described in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (For.	m 990 or 9	90·EZ).)			
3		A hospital or a cooperative	hospital service org	janization described in s	ection 170	)(b)(1)(A)(i	ii).		
4		A medical research organic	zation operated in co	onjunction with a hospita	ıl describer	d in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated f	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental i	unit describ	ed in
		section 170(b)(1)(A)(iv). (	Complete Part II.)						
6		A federal, state, or local go		mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X								
		section 170(b)(1)(A)(vi). (C	•						
8		A community trust describ		(1)(A)(vi). (Complete Pa	rt II.)				
9		An organization that norma				contributi	ons member	shin fees la	nd gross receipts from
-		activities related to its exer							•
		income and unrelated busi							
		See section 509(a)(2). (Co		. 1000 00000000000000000000000000000000	Acath water cart to	mand words	.,, od by 1,, o o,	Se. usacion	antol danto do, 1010,
10	[]	An organization organized	•	sively to test for public s	ofaty See -	eaction 50	10/51/41		
11	7	An organization organized		•				arry out the	numoses of one or
٠.		more publicly supported or		-				•	
		lines 11a through 11d that	-						TIBER THE DOX III
a	<u></u>	Type I. A supporting orga	· ·	· ·					oivino
43									
		the supported organizati			a majorny i	or me one	ctors or truste	es or the s	upporung
le.	[	organization. You must o	*						des e
b	Ш.	Type II. A supporting org							
		control or management of			same perso	ons that co	introl or mana	ge the sup	ропеа
_		organization(s). You mus				ed a seeda			
Ċ	h	Type III functionally inte						ly integrate	od with,
		ita supported organizatio		•					
đ	<u>'</u>	Type III non-functionally						-	
		that is not functionally inf	_		•			f an attenti	veness
		requirement (see instruct		· ·					
¢		<ol> <li>Check this box if the orga</li> </ol>					. Туре I, Туре	II, Туре III	
		functionally integrated, o							£
1	Ente	r the number of supported (	organizations				****************		TOTAL PERIOD CONTRACTOR OF THE OFFICE ACCORDANCE AND THE
<b></b> 9.		ide the following information ) Name of supported	<u>ា about the supporte</u>          (តី) ERN	ed organization(s). (iii) Type of organization	(iv) is the o	randization	(v) Amount of	en conctant	A Paris I Land Commence of the
	,,	organization	(11) = 114	(described on lines 1-9	listed in	n your	support	- 1	(vi) Amount of other support (see
				above (see instructions))	governing		instructi		instructions)
news were	***************************************			<u> </u>	Yes	No			·
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						PROFESTOR STATE OF THE STATE OF	T0000-17-0011/0010-1-001-0-7-0-0-0-0-		
			NAMES AND STREET STREET OF STREET STREET STREET, STREET STREET, STREET, STREET, STREET, STREET, STREET, STREET	***************************************	A. Harry Warding W. St. Walle St.				
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LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 NEW YORK FOUNDATION FOR THE ARTS

[Part II] Support Schedule for Organizations Described in Sections 170/b)/1/(A 23-7129564 Page 2

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 Lor if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support	THE THE STREET OF THE STREET S		78M					
	ndar year (or fiscal year beginning in) 🔊	(a) 2011	(ь) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1									
·	membership fees received. (Do not								
	include any "unusual grants.")	5,663,096.	13.937 330.	6,209,868,	6,730,974.	7,053,296,	39 594 164,		
2	Tax revenues levied for the organ-	~ ~ × × × × × × × × × × × × × × × × × ×		<u></u>	<u> </u>		2.,		
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities					<u> </u>			
_	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	5,663,096.	13,937,330,	6,209,868,	6,730,574.	7.053.296,	39,594,164.		
5	The portion of total contributions	3,400.030.	20,001,000	0,203,000	V.13V.37.1		9.5, 55 7, 104,		
•	by each person (other than a	ļ							
	governmental unit or publicly								
	supported organization) included		. 1						
	on line 1 that exceeds 2% of the								
	amount shown on line 11.								
	column (f)						3,543,914,		
6	Public support. Subtract the 5 from line 4.	***************************************					36 050 250		
	tion B. Total Support					<u> </u>	. 30,030,230,		
ARTHUR MANEY	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
7	Amounts from line 4	5 663 096	13 937 330	6 209 868	6,730,574,	7,053,296,	39 594 164.		
8	Gross income from interest.	3,000,000,	12,507,000,	9,209,000,		kannon minekalikalialiakan kantalikalia	annan iinteritaan iinteritaan iinteritaan iinteritaan iinteritaan iinteritaan iinteritaan iinteritaan iinterita		
Ū	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	100,222.	72,132.	73,552.	74,885.	56.378.	377,169.		
9	Net income from unrelated business	termonium eerste karaanii karaanii ka Pite oo aa eersta kanniin oo kii alian i	enana kama-alaan 1990 oo dhaa ah ah ah ah ah ah ah ah ah ah ah ah	an tean are to see a suite and a suite and a suite and a suite and a suite and a suite and a suite and a suite	W. / / W. h	, , , , , , , , , , , , , , , , , , , ,			
	activities, whether or not the								
	business is regularly carried on				180,831.	0.	180,831.		
10	Other income. Do not include gain				- I - I - I - I - I - I - I - I - I - I	partition and an extensive section of the section o	en antico de la compania de la compania de la compania de la compania de la compania de la compania de la comp		
	or loss from the sale of capital			j					
	assets (Explain in Part VI.)			}					
11	Total support, Add lines 7 through 10						40,152,164,		
12	Gross receipts from related activities,		•			12 5	,891,187.		
13	First five years, if the Form 990 is for								
	organization, check this box and stop	-			-	, ,, ,	<b></b>		
Sec	tion C. Computation of Publ	ic Support Per	rcentage						
14	Public support percentage for 2015 (6	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	89.78 %		
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	84.05 %		
16a	5 Public support percentage from 2014 Schedule A, Part II, line 14								
	stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support test - 2014. 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 quali	ifies as a publicly s	upported organiza	ition			<b>&gt;</b>		
	10% -facts-and-circumstances test								
	and if the organization meets the "facts-and-circumstances" tast, 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								
₽	10% -facts-and-circumstances test								
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and s	stop here. Explain	in Part VI how the			
	organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization								
	Private foundation. If the organization						(-1		
					Sche	dule A (Form 990	or 990-EZ) 2015		
							-		

Schedule A (Form 990 or 990-EZ) 2015 NEW YORK FOUNDATION FOR THE ARTS, INC. 23-7129564 Page 3
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 t	<u>jelow, please com</u> r	olete Part II.)				WEATHER THE THE THE THE THE THE THE THE THE THE
Se	ction A. Public Support	·	formation of the section of the sect	ga en mero comunicación cuancidade de manera de comunicación de comunicación de comunicación de comunicación d	part 1954 Activities and State Continues and and Continues and		0-4-AAAAAF BIRKELI A1-VIV
Cale	ndar year (or fiscal year beginning in) 👺	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	!					
	iness under section 513						
4	ization's benefit and either paid to						
_	or expended on its behalf					-	
Þ	The value of services or facilities	]			,		
	furnished by a governmental unit to	]					
_	the organization without charge		NAMES OF THE PROPERTY OF THE P				
	Total. Add lines 1 through 5		\$ 1,450 m = 2,750 m to \$ 1,50 kt   1		a kanananan periodokan kananan kananan dalam da kananan da kananan da kananan da kananan da kananan da kananan	ar	ALAJO ALIMON MILIONINA DEL CALLENDO DE CARROLE
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ta	Amounts included on lines 2 and 3 received from other than disqualitied persons that exceed the greater of \$5,000 or 1% of the	gal (1974) at de desir la 1964 desenta de la 1874 (la 1964) a 1964 de esta (1974) at de esta (1974) at de esta	untervision de la filo de Parla de Carlo de Vicente (PPE) de la coltica de Vicente (PPE) de la coltica de Vicente (PPE) de la coltica de Vicente (PPE) de Vicen	tall (add block 1999) i de 1982 / "N.V. of Philosof of Philosophics And America is a common of Philosophics in the Common of Philosophics is a common of Philosophics in the Common of Phi	·		
	amount on line 13 for the year						Market and the second s
	Public support. (Subtractions 7c from line 6.)						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	(8) 2011	(0) 2012	(6) 2010	(0) 2014	(6) 2013	try rotal
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			A BAL DELIFE PER BERGER, JOHN VIEWERS II DELIFERANCE AND AND AND AND AND AND AND AND AND AND			
b	Unrelated business taxable income			i		1	
	(less section 511 taxes) from businesses acquired after June 30, 1976						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				<u> </u>		1001148100181181818181818181818181818181
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	-			•		processor.
2~~	check this box and stop here tion C. Computation of Publ	in Comment Day	<u>e ann ann an Aonaidh an ann an Aonaidh an an Aonaidh a</u>	* \$ 1.5 * \$ 1,1.4 \$ 1,2.4 \$ 1,2.4 \$ 1,4.5 \$ 1.4 \$	***************************************		<u></u>
				at area (A)			
	Public support percentage for 2015 (I Public support percentage from 2014					15	<u>%</u>
	tion D. Computation of Investigation			o na historica a transcalada a a contrato de la co	A-A	3 710 1	%
or contraction in a	Investment income percentage for 20		^b^	a 19 antimo (6)		477	
						17	<u>%</u>
	Investment income percentage from ; 33 1/3% support tests - 2015. If the			on line 14 and line		18   3 1/394   and See 12	.ic.oot
	·						
	more than 33 1/3%, check this box at						
	33 1/3% support tests - 2014. If the	-					Extraction 2
	line 18 is not more than 33 1/3%, che Private foundation, if the organizatio						
	rate roundador, a ma organizatio	HUMA HOL CHECK AL	222 011 (1110 14, 15)	, or rad, critica (it)	WITH THE PARTY OF	sada A Form 600	P L

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## Schedule A (Form 990 or 990-EZ) 2015 NEW YORK FOUNDATION FOR THE ARTS, INC. 23-7129564 Page 4

## Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

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

Γ	Yes	No
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9c		
10a		
		444
10b		

Nest the organization accepted a gift or contribution from any of the following persons?		edule A (Form 990 or 990-EZ) 2015 NEW YORK FOUNDATION FOR THE ARTS, INC. 23-71 rt IV Supporting Organizations (continued)	2956	4 p	age 5
a A person who disectly as indirectly controls, either alone or together with persons described in (6) and (c) below, the governing body of a supported organization?  b A Smilly inentiar of a person described in (e) above?  c A SS% controlled entity of a person described in (e) above?  11b				Yes	No
a A person who disectly as indirectly controls, either alone or together with persons described in (6) and (c) below, the governing body of a supported organization?  b A Smilly inentiar of a person described in (e) above?  c A SS% controlled entity of a person described in (e) above?  11b	11	Has the organization accepted a gift or contribution from any of the following persons?		}	Ţ
b A family member of a person describes in (a) above?  A 35% controlled entity of a cerean described in (g) or (b) above? If "Yes" (a. a, b, or c, provide detail in Part Vi.  1 Did the directors, trustoes, or membership of one or more supported organizations have the power to regularly appoint or react at least a naporty of the organization's directors or frustees at all times during the tax year? If "yes", describe in Part V In or the supported organization(s) effectively operated, auparhised, or controlled the organization activities. If the organization had more than one supported organization, describe how the powers to appoint and/or emmove directors or trustees were effected among the supported organization, describe how the powers to appoint and/or emmove directors or trustees were effected among the supported organization(s) that operated, supervised, or controlled the supporting organization of the thin the supported organization(s) that operated, supervised, or controlled the supporting organization of the thin the supported organization(s) that operated, supervised, or controlled the supporting organization.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s) that operated, supported organizations  1 Were a majority of the organization's supported organizations, by the last day of the fifth month of the organization's tax year, (i) a copy of the organization's supported organization's support provided to the organization's averaged by the supported organization's supported organization's supported organization's averaged by the supported organization's supported organization's supported organization's apport provided organization's provided organization's averaged by the supported organization's supported organization's supported organization the supported organization's supported organization that the supported organization s	萄				
b A family member of a person described in (a) at bove?  A 35% controlled entity of a recent described in (a) or (b) above? if "res" to a, b, or c, provide detail in Part VI.  1 Did the directors, trustoes, or membership of one or more supported organizations have the power to regularly appoint or react at least a naporty of the organization's directors or frustees at all times during the tax year? If "my," describe in Part VI how the supported organization's directors or frustees at all times during the tax year? If "my," describe the Part VI how the supported organization (sections) or frustees at all times during the tax year? If "my," describe the Part VI how the supported organization (sections) or the powers to appoint and/or remove directors or trustees were elicoted enong the supported organization, describe how the powers to appoint and/or remove directors or trustees were elicoted enong the supported organizations and want conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operated, supportung, any supported organization of the "result in an Part VI how providing use hereif carried out the purposes of the supporting organization(s) that operated, supportung organizations.  3 Word or majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization as vested in the same persons that controlled or managed.  1 Word or majority of the organization's supported organizations, by the lead day of the fifth month of the organization's tax year, (i) a copy of the form 950 that was most recently feed as of the date of notification, and (ii) copies of the organization's powering documents in effect or the date of notification, to the settent for provided organization's powering documents in effect or the date of notification, to the settent for provided organization's p			11a		
a ASSS controlled entity of a person described in (s) or (b) above? If "Yes" to a, b, or c, provide detail in Part Vi.  Section B. Type I Supporting Organizations    Did the directors, trustees, or membership of one or more supported organizations have the power to regulatly appoint or elect at least a majority of the organization of directors or trustees at all times during the tax yea? If "No, "describe in Part VI how the supported organizations) defectively operation, supported, or controlled the organization accessible at the regulation of the organization and material organizations and what conditions or restrictions, if any applied to such powers during the tax year.    2 Did the organization operate for the benefit of any supported organization of 1" Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting organizations or controlled the supporting organization (I" Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting organization or controlled the supporting organization or controlled organization or controlled the supporting organization or controlled organization or supported organizations or trustees of each of the organization's supported organization(s)? If Yes, "describe in Part VI how control or rimustees of each of the organization's supported organizations, by the last day of the fifth month of the organization are supported organizations, as well as the same persons that controlled or mininged in supported organizations are supported organizations.    Ves	b		11b	1	
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Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations		dule A (Form 990 or 990-EZ) 2015 NEW YORK FOUNDATION FOR			-7129564 Page 6
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 2. Recoveries of prior-year distributions 3. Other gross income (see instructions) 4. Add lines 1 through 3 5. Depreciation and depetion 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. Other expenses (see instructions) 8. Adjusted Net Income (subtract lines 5, 6 and 7 from Jine 4) 8. Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional)  1. Aggregate fair market value of all non-exemptuse assets (see instructions for short tax year or assets held for part of year): a. Average monthly value of securities b. Average monthly cash balances c. Fair market value of other non-exemptuse assets c. Fair market value of other onn-exemptuse c. Fa	1			The second secon	AU AU
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Schedule A (Form 990 or 990-EZ) 2015

23-7129564 Page 7 Schedule A (Form 990 or 990 EZ) 2015 NEW YORK FOUNDATION FOR THE ARTS, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Current Year Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 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. Total annual distributions, Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount (ī) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: a b d From 2013 From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) J. Remainder, Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2015 from Section D, fine 7: a Applied to underdistributions of prior years b Applied to 2015 distributable amount e. Remainder, Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015, Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3) and 4c. Breakdown of line 7: c Excess from 2013 d Excess from 2014 e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-	EZ) 2015 NE	W YORK	FOUNDA	TION	FOR	THE	ARTS,	INC.	237129	3564 Page 8
Part VI	Supplementa Part IV, Section A line 1: Part IV, Se	al Informati v, lines 3 , 2 , 3t ction O. lines 2	<b>on.</b> Provide 5, 3c, 4b, 4c, 2 and 3: Part	the explanation of the thick that the thick the thick the thick the thick the thick the thick th	ons requi 9c, 11a, lines 1c.	red by P 115, and 2a, 2b, 3	art II, lir I 11e; P 3a and 3	ne 10; Part I art IV, Secti 35: Part V. I	I, line 17a or on B, lines 1 ine 1: Part V	17b; Part III, li and 2; Part IV, Section B, line	ne 12; Section C, : 1e; Part V,
	Section D, lines 5 (See instructions	. 6, and 8; and )	i Part V, Sec	tion E, lines 2,	, 5, and 6	. Also co	mplete	this part for	any additio	nal information	·
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77-11-14	NATION AND MAINTAINING WAS PROBABLY ASSESSED.	TANKA TANTANIA TIPTATA ANTATA TANTA (									
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# Schedule B

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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.lrs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

Employer Identification number

NI	W YORK FOUNDATION FOR THE ARTS, INC.	23-7129564					
Organization type (check of	144411111111111111111111111111111111111						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> I(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.					
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's						
Special Rules							
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amoun, line 1. Complete Parts I and II.	or 16b, and that received from					
year, total contribu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. 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							
out it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

## NEW YORK FOUNDATION FOR THE ARTS, INC.

23-7129564

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u> ,	NEW YORK STATE COUNCIL ON THE ARTS  175 VARICK STREET  NEW YORK, NY 10014	s1,007,257.	Person X Payroll S Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE FORD FOUNDATION  1440 BROADWAY  NEW YORK, NY 10018	\$500,000.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP ← 4	(c) Total contributions	(d) Type of contribution
<b>3</b>	THE ANDREW W. MELLON FOUNDATION  140 E 62ND ST  NEW YORK, NY 10065	\$\$ <u>400,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NYC DEPT. OF CULTURAL AFFAIRS  31 CHAMBERS STREET  NEW YORK, NY 10007	\$ 338,220.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ESTATE OF RICHARD BRICK  70 GRAND STREET, APT 3  NEW YORK, NY 10013	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
6	THE SCHERMAN FOUNDATION  16 E 52ND ST #601  NEW YORK, NY 10022	\$ 225,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NEW	YORK	FOUN	MOITAC	FOR THE	ARTS	INC.

23-7129564

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	EMERSON COLLECTIVE  2440 WEST EL CAMINO REAL, SUITE 300  MOUNTAIN VIEW, CA 94040	\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	NATIONAL ENDOWMENT FOR THE HUMANITIES  400 7TH ST SW  WASHINGTON, DC 20506	\$170,935.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b>,</b>		\$	Person Payroli Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ATTERMENT PER LINE		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-2	######################################	\$Schedule B (Form	Person Payroli Noncash (Complete Part II for noncash contributions.)

Employer identification number

## NEW YORK FOUNDATION FOR THE ARTS, INC.

23-7129564

(a) No. from Part I	Noncash Property (see instructions). Use duplicate copies of F  (b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from	(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
		\$ 4************************************	4667-4-194 (1970) (1964-466-44-44)
(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
		is in the control of	, ,

Employer identification number

•	the year from any one contributor. Complete coll completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	urans (a) through (e) and the follo haritable, etc., contributions of \$1,000 of	f in section 501(c)(7), (8), or (10) that total more than \$1,00 thing line entry. For organizations in tess for the year. (Enter this into, once) \$
) No. rom art i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
A. T. C. C. C. C. C. C. C. C. C. C. C. C. C.			
			79/14/14/14/14
		(e) Transfer of gif	ft
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
A PARTICIPATION AND A PARTICIPATION OF THE PARTICIP	Land Late & Triangle of Advisor Advisor (Advisor		
		(e) Transfer of gif	analization and antique antique and antique antique and antique antique antique and antique antiqu
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferoe
155-15		material (1/10/10/10/10/10/10/10/10/10/10/10/10/10	-11411-00-114-00-01100-117-01100-117-01100-117-01100-117-01100-117-01100-117-01100-117-01100-117-01100-117-01
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	**************************************		
	<u></u>	(e) Transfer of gif	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
	A make deliver a device of the section of the secti		
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	- La Adales da	(e) Transfer of gif	t
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
	Transferee's name, address, and	ZP + 4	Relationship of transferor to transferee

## SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	NEW YORK FOUNDATION FOR THE A			23-7129	
Pa	rt I Organizations Maintaining Donor Advised Funds or Othe	r Simila	ır Funds or A	<b>CCOUNTS.</b> Complete in	the .
IOLOGIC POPULATION	organization answered "Yes" on Form 990, Part IV, line 6.				
	(a) Donor adv	ised fund:	3 (	(b) Funds and other acc	ounts
1	Total number at end of year			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2					i orași de articologica de art
3	Aggregate value of grants from (during year)  Aggregate value of grants from (during year)			CANADA AND AND AND AND AND AND AND AND AN	
4	Appropriate value at and of year				
5	Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that the assets	theid in d	and adviced for	and a	V-254
9	are the organization's property, subject to the organization's exclusive legal control			, <b>,</b>	No
					Connect IVO
6	Did the organization inform all grantees, donors, and donor advisors in writing that	_		-	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for		. , ,	<del></del>	
F3	impermissible private benefit?				No.
	rt II   Conservation Easements. Complete if the organization answered "		orm 990, Part IV	, มก@ /	
1	Purpose(s) of conservation easements held by the organization (check all that app				
	process,			important land area	
	Protection of natural habitat	reservatio	n of a certified hi	istoric structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation cont	ribution ir	the form of a co	onservation easement o	n the last
	day of the tax year.			Held at the End of	the Tax Year
2	Total number of conservation easements	, , , ,		28	
b	Total acreage restricted by conservation easements			2b	
¢	Number of conservation easements on a certified historic structure included in (a)		/!	2c	
ď	Number of conservation easements included in (c) acquired after 8/17/06, and not	on a histo	ric structure		
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, released, extinguished,			ization during the tax	
	year >		_	_	
4.	Number of states where property subject to conservation easement is located				
5	Does the organization have a written policy regarding the periodic monitoring, insp.	ection, ha	ndling of		
				Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations,				e year
	<b>▶</b>		•	•	•
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and	enforcina	conservation ea	sements during the vea	ır
	<b>▶</b> \$	_		7 .	
8	Does each conservation easement reported on line 2(d) above satisfy the requirem	ents of se	ction 170(h)(4)(8	BAB	
_	and section 170(h)(4)(B)(ii)?				□ No
9	In Part XIII, describe how the organization reports conservation easements in its re	venue and	i expense stater	ment, and balance shee	
~	include, if applicable, the text of the footnote to the organization's financial statement				
	conservation easements.	71 11 10 11 10 11 1	,000,1200 010 01g	janaansi o accocaning	
Par	t III Organizations Maintaining Collections of Art, Historical T	reasure	s. or Other	Similar Assets.	
• •••	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.				
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report it			uri halance sheet works	
* 1.3	historical treasures, or other similar assets held for public exhibition, education, or i				
	the text of the footnote to its financial statements that describes these items.	000000771	Transference of	persons sorvice, provide,	7117 Care 743111
_	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	*********	statament and b	alamaa ahaat warke of a	d biotorical
O	•				
	treasures, or other similar assets held for public exhibition, education, or research is	ii iurun <del>o</del> ra	rice or pooric ser	vice, provide the tollow	ing amounts
	relating to these items:			h. di	
	(i) Revenue included on Form 990, Part VIII, line 1				
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treasures, or other similar		- '	provide	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to				
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X	<u> </u>	<u> </u>		
LŧΔ	For Panerwork Reduction Act Notice see the Instructions for Form 990.			Schadula D /For	- 000\ 2016

	dule D (Form 990) 2015 NEW YOR T III   Organizations Maintaining C	K FOUNDATI		FERST FIRST TO THE STATE OF THE	**************************************	AND ALLER OF THE PARTY OF THE P	" "	Page <b>2</b> ved)
3	Using the organization's acquisition, access	ion, and other record	is, check any of the	following that are	a significant	use of its	collection	items
	(check all that apply):							
A	Public exhibition	ප්	Loan or exc	hange programs				
b	Scholarly research	e	Other					
С	Preservation for future generations							and the same of th
4	Provide a description of the organization's c	offections and explain	n how they further ti	ne organization's e	exempt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	·	·	-				
	to be sold to raise funds rather than to be m						Yes	No.
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered "Yes"	an Form 99	0, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other assets	not included			The state of the s
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII							
			-				Amount	
С	Beginning balance				1c			w-,-,-,-
d	Additions during the year							
¢	Distributions during the year							
1	Ending balance				,	İ		y.g
2a	Did the organization include an amount on F					, 🗀	Yes	□ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part	XIII	المتعادة والمراجع فيارا والمتعادة وا		
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV, Iu	ne 10.	INCA ARIPTMENT STREET	·•	
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three	years back	(e) Four y	zears back
1a	Beginning of year balance	420,505,	652,118,	618,04	5. 3	772_838,		819,822,
b	Contributions	250,000,		PLANT MINISTER SERVED POR PROPERTY OF THE PROP		,	ļ	
¢	Net investment earnings, gains, and losses	8.701,	19,387.	37,85	4.	22 096,	<u> </u>	22,022
d	Grants or scholarships	.,						
e	Other expenditures for facilities						}	
	and programs	14 6 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	251,000,	3,78	1. 1	176 889.		67.467.
f	Administrative expenses			elakula taurieria an elakula delakula elakula elakula elakula elakula elakula elakula elakula elakula elakula e		halo in mandali olember de de Alberto News	ļ	1,539,
g	End of year balance		420,505,	652,11	<u>8, e</u>	518,045 <u>,</u>	<u> </u>	772,838,
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	i)) held as:				
B	Board designated or quasi-endowment 📂		<u>,   </u> %					
b	Permanent endowment > 79.00	%						
C	Temporarily restricted endowment 📂 🔃 2	<u>1.00</u> %						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered fo	or the organia	zation	F	
	by;						,	es No
	(i) unrelated organizations	*******************		,,	,		3a(i)	X
	(ii) related organizations					*	. 3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	rtions listed as requir	ed on Schedule R?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*******	3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par								
	Complete if the organization answere	······						
	Description of property	(a) Cost or of basis (investing	1 ' '	,	) Accumulate depreciation		(d) Book	value
ta	Land	The same of the sa						
b	Buildings	•				(1000		
¢	Leasehold improvements			2,142.	459,4	76	142	,666.
	Equipment		38	0,666.	379,8	55.	umrouspraises-	811.
e	Other		84	5,197.	759,7	03.	85	,494.
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532062 00-21-35

Schedule D (Form 990) 2015

Complete if the organization answered "Yes" c (a) Description of security or category (makiding name or security)	n Form 990, Part IV, line (b) Book value	11b. See Form 990.	, Part X, line 12. valuation: Cost or end-of-year market value
-M1	(D) BOOK VAIUE	(c) Memory of	valuation: Cost or end-pr-year market value
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(2) Closely-held equity interests (3) Other			
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Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11c. See Form 990.	Part X. line 13.
(a) Description of investment	(b) Book value		valuation: Cost or end-of-year market value
(1)			THE RESERVE OF THE PROPERTY OF
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otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
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	n Form 990, Part IV, line	11d. See Form 990,	Part X, line 15.
Part IX Other Assets.  Complete if the organization answered "Yes" or	n Form 990, Part IV, line escription	11d. See Form 990,	Part X, line 15. (b) Book value
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532053 99-21-15

	edule D (Form 990) 2015 NEW YORK FOUNDATION FOR THE ARTS, INC.		7129564	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Returr	٦.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	8,450,	430.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments 2a -4,823	<u>.</u>		
b	Donated services and use of facilities 2b			
C	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d	2e	~4.	823.
3	Subtract line 2e from line 1		8,455,	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	100000000000000000000000000000000000000	,	
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.) 45 -2,256			
	Add lines 4a and 4b	_ :	2	256.
π,	Total revenue, Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.)	5	8,452,	
Pai	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	METERS TO SERVICE AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE		
Arrow Arrows	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
		1	8,535,	455
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities 2a	1		
b	Prior year adjustments 2b	-1. 1		
С	Other losses	1		
đ	Other (Describe in Part XIII.)			
Ø	Add lines 2a through 2d	2e	one of the second second	<u></u> <u>Q</u> .
3	Subtract line 2e from line 1	3	<u>8,535,</u>	455.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	:]		
a	Investment expenses not included on Form 990, Part Vill, line 7b			
b	Other (Describe in Part XIII.)	_		
Ċ	Add lines 4a and 4b		MARINE AT THE TOTAL OF THE TOTA	<u> </u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,535,	<u>455.</u>
	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line	4; Part	X, line 2; Part >	a,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.			
PAF	RT V, LINE 4:			
NYF	A HAS DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED TO HE	LP F	JND VARI	ous
- Annual Line			K12000#14.5-08 N.A.00 N.A.N. N.20111	
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KEN	MAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORIT	LES.		
PAR	T XI, LINE 4B - OTHER ADJUSTMENTS:			
<b></b>			_	
REN	TAL EXPENSES		-2,	<u> 256.</u>
532054 09-21-		Sched	ule D (Form 99	2012016

Schedule D (Form 990) 2015	NEW	YORK	FOUNDATION	FOR	THE	ARTS	INC.	23-7129564	Page 5
Schedule D (Form 990) 2015 Part XIII   Supplemental Ir	nformation	(continue	<u>d)</u>					danier von V = 1 A V = 2° al = 2° al 1 A V av = 2° A V = 2° A V = 2°	
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502055 09-21-15

#### SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revanue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545/0047

2015

Open to Public Inspection

Name of the organization	nour serieuse of from 250 of 550 Ex.	<u> </u>	<u> </u>	<u> </u>		ntification number
NEW YOR	K FOUNDATION FOR T	HE	ART	S. INC.	23-7129	564
111111111111111111111111111111111111111	Complete if the organization arraws					
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	red funds through any of the following and funds through any of the following Solicitate for Solicitate government of Special art VII) or entity in connection with providuals or entities (fundralsers) pure	tion of tion of fundra (includer profess	non-g gover Ising o gnit thanoi	overnment grants nment grants events fficers, directors, tru (undraising services)	stees orYes	
(i) Name and address of individual or entity (fundraiser)	(II) Activity	(iii) funds have co or con contribu	Did aiser ustody itrol of utions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundralser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		48-111-12-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
						2011-1-1811/0-1-1-1911/0-1-1-1
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3 List all states in which the organizatio	n is registered or licensed to solicit		utions	or has been notified	it is exempt from re	gistration
or licensing.	(M. 1974 - 1974	VENTE COMMUNICATION	~~~~~		ooksa kalka kiriikka ee ee ee ee ee ee ee ee ee ee ee ee ee	
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LHA For Paperwork Reduction Act Noti	ce, see the Instructions for Form	990 or	990-E	EZ, Ş	ichedule G (Form 9	90 or 990-EZ) 2015

Sch Pa	edu:	ie G (Form 990 or 990 EZ) 2015 NEW YOR Trundraising Events. Complete if the	K FOUNDATION e organization answered	FOF	t THE ART on Form 990, Pa	'S . INC . 2 int IV, line 18, or repo	3-7129564 Page 2 rted more than \$15,000
195,650	en skulsulse	of fundraising event contributions and gr	THE RESERVE OF THE PROPERTY OF	· · · · · · · · · · · · · · · · · · ·		-,	
			(a) Event #1 ANNUAL BENEFIT		o) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ച്ച			(event type)	( <del>c</del>	event type)	(total number)	
Revenue	1	Gross receipts	382,644.				382,644.
	2	Less: Contributions	329,844.				329,844.
	3	Gross income (line 1 minus line 2)	52,800.				52,800.
	4	Cash prizes		- NATIONAL METALON	POPEN STANKEN STANKEN STANKEN STANKEN STANKEN STANKEN STANKEN STANKEN STANKEN STANKEN STANKEN STANKEN STANKEN		
£	5	Noncash prizes				Annual Comment of the contract	and a state of the
Direct Expenses	6	Rent/facility costs	68,514.				68,514.
Jirect E	7	Food and beverages					
	8	Entertainment	20,206.			}	20,206.
	9	Other direct expenses	14,656.	dayara manazara	enterentation de la contraction	14,656.	
		Direct expense summary. Add lines 4 through					<b>▶</b> 103,376.
Pε	11	Net income summary, Subtract line 10 from li	ne 3, column (d)	,			<u>−50,576.</u>
		Gaming. Complete if the organization s \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 99U, 1º	artiv, line 19, or	теропео тоге тап	
		\$10,000 on Form 990-E2, into 04.		(b) F	ull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo		rogressive bingo	(c) Other gaming	col. (a) through col. (c))
eve)							LALLE LEGICAL COMMISSION OF THE STATE OF THE
щ.	1	Gross revenue					MANAGEMENT AND THE PROPERTY OF
ses	2	Cash prizes	150721/11				
ect Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs				14 han ha ta A AN	LANGUAGE BERGINSEN ASSESSO AND MINISTER STORY WITH PROPERTY AND PROPERTY OF THE PROPERTY OF TH
	5_	Other direct expenses	-,	ļ			
	6	Volunteer labor	Yes % No	Y	es% o	Yes No	%
	7	Direct expense summary, Add lines 2 through	1 5 in column (d)			////	<b>&gt;</b>
nmarana	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	ATTANENANA	TATABILANIA BANANTAKANIA.		
a	ls ti	er the state(s) in which the organization condu- ne organization licensed to conduct gaming ac No," explain:	ctivities in each of these				
				MARKETON MINERALISM	ATT AND A THE THE PARTY OF THE	TX 1-100 FT-1007 (WILLIAM) FEETING TO THE WILLIAM T	M4 - 81/18 (2-1-4) - 20/ - 1-20/ 1/80/ - 138/ (
		re any of the organization's gaming licenses re (es," explain:					Yes No
				***************************************	1985		
53208	2 09	-14-19				Schedule G	(Form 990 or 990-EZ) 2015

Sche	edule G (Form 990 or 990-EZ) 2015 NEW YORK FOUNDATION FOR THE ARTS, INC. 23-	712956	4 Page 3
11	Does the organization conduct gaming activities with nonmembers?	<b></b>	[ N
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	r1	·
	to administer charitable gaming?	Yes	L N
	Indicate the percentage of gaming activity conducted in:	1 1	
	The organization's facility	1	
	An outside facility	135 [	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name 📂		
	Address 🕨	. 14 F F F A 1 / F 1 / F 1 / F 1 / F 1 / F 1 / F 1 / F 1 / F 1 / F 1 / F 1 / F 1 / F 1 / F 1 / F 1 / F 1 / F 1	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	L. N
ь	If "Yes," enter the amount of gaming revenue received by the organization 📂 \$ and the amount		
	of gaming revenue retained by the third party 📂 \$		
	If "Yes," enter name and address of the third party:		
	Name 📂		
	Address >		
16	Gaming manager Information:		
	Name >		
		Charles and the second Charles and Charles	aariahinia berenasan amaarii
	Gaming manager compensation 🔛 💲		
	Description of services provided 🐎	,-,	
		MASSINI MINISTERNAS AIRMANNAS	TOTAL CARE LANGUE CONTRACTOR
	Director/officer Employee Employee		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	□ No
	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 📂 \$		
	t IV Supplemental Information. Provide the explanations required by Part i, line 2b, columns (iii) and (v); and Part III, I	nes 9, 9b, 1	Ob, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		
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Schedule G (Form 990 or 990-EZ)	NEW YORK	FOUNDATION	FOR THE	ARTS,	INC.	23-7129564	Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	ormation (continue	ed)	\$11-\$1-\$24-\$1-\$1-\$1-\$1-\$1-\$1-\$1-\$1-\$1-\$1-\$1-\$1-\$1-	DEFENDE IN A SECURE VENT SECURE CONTRACTOR FOR		1-2-6-14-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-	
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SCHEDULE (Form 990) Name of the organization

Department of the Treasury

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

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

Attach to Form 990,

OMS No. 1545-0347	8

Open to Public

Inspection

Employer identification number

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

No 23-7129564 SMERGING ORGANIZATION EMERGING ORGANIZATION SMERGING ORGANIZATION MERGING ORGANIZATION SEERGING ORGANIZATION SMERGING ORGANIZATION (h) Purpose of grant ISCALLY SPONSORED TISCALLY SPONSORED PISCALLY SPONSORED or assistance FISCALLY SPONSORED TECALLY SPONSORED PISCALLY SPONSORED X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, ď, o . ت o, Ċ (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. INC. 51 140 (d) Amount of 73, 120 104 150 9,000 9,027 15,298 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table NEW YORK FOUNDATION FOR THE ARTS, (c) IRC section LHA For Paperwork Reduction Act Notice, see the instructions for Form 990. if applicable 501(0)(3) 501(0)(3) 501(0)(3) 27-4263636 501(C)(3) 501(0)(3) 501(0)(3) Enter total number of other organizations listed in the line 1 table 45-5192099 06-1550859 13-4005473 14-4056452 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization 178 EAST 117TH STREET, SUITE B GET/GLOBAL EMPOWERMENT THEATRE DRIMSONGS PRODUCTIONS, INC. or government PRIENDS OF 8-1027, INC. C/O SANDRA GERING INC. 285 CSWIRAL PARK WEST 354 EAST 25TH STREST BROOKLYN NY 11226 NEW YORK, NY 10016 NEW YORK NY 10065 NEW YORK, NY 10024 CUBAN ARTISTS FUND BALLROOM BASIX USA MEW YORK, NY 10035 10 PARK AVE, #12A JAMAICA NY 11434 P.O.BOX 340716 CARIBESING Part Part

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Schedule I (Form 990) (2015)

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Schedule   (Form 950) NEW YORK FOUNDATION FOR THE ARTS, INC.	FOUNDATION Assistance to Go	)N FOR THE A	RTS, INC.	nited States (Sche	duie I (Form 990), Par		23-7129564 Page 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, F.MV, appraisal, other)	(g) Description of non-cash assistance	(th) Purpose of grant or assistance
URBAN ART BEAT, INC. 724 EMPIRE BLVD EROOKLYN NY 11213	11-3794614	501(0)(3)	12 350	Đ			FISCALLY SPONSORED EMERGING ORGANIZATION
MUSIC AND MENTORING HOUSE 181 LEWOX AVENUE #1 NEW YORK NY 10026	27-3983709	\$01(c)(3)	26 598	2			FISCALLY SPONSORED EMERGING ORGANIZATION
MUSIC OF HOPE CONCERT P.O. BOX 250 YORK, ME 03909	46-1911295	501(C)(3)	27 000	ť			PISCALLY SPONSORED EMERGING ORGANIZATION
NEW YORK PERFORMANCE ARTISTS COLLECTIVE, LTD, - 748 ST. MARKES AVE, APT 6D - BROOKLYN NY 10033	46-4700160	501(C)(3)	29 655	Ö			FISCALLY SPONSORED SMERGING ORGANIZATION
PARTHENIA 67-25 47TE AVE WOODSIDE NY 10017	77-0698322	\$01(C)(3)	12,256	Ö			FISCALLY SPONSORED EMERGING ORGANIZATION
THE BETTY EFFECT 151 FIRST AVENUE \$235 NEW YORK NY 97087	47-2096890	501(0)(3)	2.5 5.5 5.5 5.5	Û			FISCALLY SPONSORED EMERGING ORGANIZATION

Schedule I (Form 990)

NEW YORK FOUNDATION FOR THE ARTS, Schedule I (Form 990) (2015) Part

Page 2

23-7129564

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

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. AND GEOGRAPHY ART ADVISORY COMMITTEE THE APPROVES FINAL CHOICES OF THE PANELIST POTENTIAL PANELISTS MUST BE PRACTICING ARTISTS IN THE DISCIPLINE THEY FOR FELLOWSHIPS AND GRANTS, RECOMMENDATIONS FOR POTENTIAL PANELISTS AND CULTURAL ORGANIZATIONS AROUND NEW YORK STATE AND INDIAN NATIONS THREE RECOMMENDATIONS FROM THEIR FIELD. THE COME FROM MANY SOURCES INCLUDING: THE ARTISTS' ADVISORY COMMITTEE, LOCATED IN NEW YORK, AND SUGGESTIONS FROM PRACTICING ARTISTS. ALL (d) Amount of non-cash assistance Ö Ö Ø Ö ETHNICITY, 000 680 4 090 479 65, 683 (c) Amount of cash grant 637 53 AGE 100 465 (b) Number of THAT REFLECT CONSIDERATIONS OF THE GENRE, recipients GENERAL SUPPORT - FISCALLY SPONSORED ARTISTS (a) Type of grant or assistance LINE GENERAL SUPPORT - FELLOWSHIPS GRANTS REVIEW AND MUST RECEIVE SCHEDULE I, PART I, GENERAL SUPPORT-ARTIST FURD GENERAL SUPPORT - OTHER ARTISTS!

Schedule I (Form 990) (2015)

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Schedule I (Form 990) NEW YORK FOUNDATION FOR THE ARTS, INC. 23-7129564 Page 2 Part IV   Supplemental Information
WITHIN NEW YORK STATE AND INDIAN NATIONS LOCATED HEREIN. APPLICANTS MAY
PARTICIPATE IN THIS PROCESS BY SUGGESTING THEMSELVES OR OTHERS AS PANEL
CANDIDATES ON THE APPLICATION, PANELISTS CHANGE EACH YEAR, THOUGH
FELLOWSHIPS GRANTS ARE UNRESTRICTED CASH GRANTS WE DO REQUIRE THAT THEY
REPORT ON HOW THE FUNDS WERE USED AND TO DESCRIBE THE CREATIVE WORK
ACCOMPLISHED.
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Schedule I (Form 990)

### SCHEDULE J (Form 990)

Compensation Information

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

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

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

2015

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

NEW YORK FOUNDATION FOR THE ARTS, INC.

Employer identification number 23-7129564

P	art I Questions Regarding Compensation	******	<u> </u>	
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		1	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	ł		
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence		İ	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  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	15		
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?	2		
				AVA-MANAGA-MA
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.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study		,	
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Pert VII, Section A, line 1a, with respect to the filing		1	
	organization or a related organization:		1	1
а	Receive a severance payment or change-of-control payment?	4a	1	X
tò		46		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	40		X
	If "Yes" to any of lines 4arc, list the persons and provide the applicable amounts for each item in Part III.		1000	11,511
			11.11	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	13.4		
	contingent on the revenues of:			
а	The organization?	Бa.		_X_
ь	Any related organization?	5b	-1 m. to 1/	X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			p. 33 t
	contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	65		X
	If "Yes" on line 6a or 6b, describe in Part III.		APPLANE LILL	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		7.32	· • i • i • i • i • i • i • i • i • i •
	not described on lines 5 and 67 if "Yes," describe in Part III	7	х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1.1.1.1.1		A
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	-		7.7.7
	Regulations section 53.4958-6(c)?	9	İ	

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

Schedule J (Form 990) 2015

23-7129564 NEW YORK FOUNDATION FOR THE ARTS, INC.

Schedule J (Form 990) 2015

Page 2

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	эС compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Boกมร & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ii-(C)	
(1) MICHAEL ROYCE	=	248,362.	10,000.	0	9,990.	1.380.	269,732.	
EXECUTIVE DIRECTOR			Ċ.	0		0.		
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5321% 10-14-15				***			Schedu	Schedule J (Form 990) 2015

EACH YEAR THE BOARD, LED BY THE CHAIRPERSON, PUTS TOGETHER AN ANNUAL REVIEW SIZES, AND GROGRAPHY, AND CONTRAST THESE SALARIES AGAINST THOSE LISTED ON FROM THE FOUNDATION WORLD. THIS GROUP RESEARCHES REPORTS AND SURVEYS ON COMPRISED OF THE CHAIR, TREASURER AND A BOARD REPRESENTATIVE SALARIES AGAINST CEOS OF NOT FOR PROFITS WITH SIMILAR MISSIONS, BUDGET WEBSITES SUCH AS GUIDESTAR TO DETERMINE APPROPRIATE COMPENSATION AND BONUSES FOR THE EXECUTIVE DIRECTOR. Ç~-LINE COMMITTEE, PART I,

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

NEW YORK FOUNDATION FOR THE ARTS, 23-7129564 INC. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE NEW YORK FOUNDATION FOR THE ARTS' (NYFA) MISSION IS TO EMPOWER ARTISTS AT CRITICAL STAGES IN THEIR CREATIVE LIVES. NYFA ACCOMPLISHES THIS BY OFFERING FINANCIAL ASSISTANCE AND INFORMATION TO ARTISTS AND ORGANIZATIONS THAT DIRECTLY SERVE ARTISTS, BY SUPPORTING ARTS PROGRAMMING IN THE COMMUNITY, AND BY BUILDING COLLABORATIVE RELATIONSHIPS WITH OTHERS WHO ADVOCATE FOR THE ARTS IN NEW YORK STATE AND THROUGHOUT THE COUNTRY. EACH NYFA AWARDS CLOSE TO A \$1 MILLION TO INDIVIDUAL ARTISTS AND SMALL AND EMERGING ORGANIZATIONS THROUGH ITS FELLOWSHIP AND OTHER GRANTING PROGRAMS. NYFA'S LEARNING PROGRAMS SERVE THOUSANDS OF ARTISTS THROUGH WORKSHOPS, PANEL DISCUSSIONS, AND INDIVIDUAL MENTORING ON TOPICS RANGING FROM GRANT WRITING AND BUDGETING TO CREATING AN ARTIST PORTFOLIO AND AUDIENCE DEVELOPMENT. THE FISCAL SPONSORSHIP PROGRAM IS ONE OF THE LARGEST AND MOST ESTABLISHED IN THE COUNTRY AND HELPS ARTISTS AND ORGANIZATIONS RAISE AND MANAGE OVER \$3 MILLION ANNUALLY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: NYFA LEARNING: NYFA PROVIDES LEARNING OPPORTUNITIES FOR INDIVIDUAL ARTISTS IN VARIOUS DISCIPLINES BY CONDUCTING PROFESSIONAL DEVELOPMENT WORKSHOPS. THE WORKSHOPS ARE GEARED TOWARDS ENTREPRENEURSHIP AND PROVIDE A VARIETY OF RESOURCES TO EMERGING ARTS ORGANIZATIONS AND INDIVIDUAL ARTISTS. EXPENSES \$ 719,792. INCLUDING GRANTS OF \$ 160,762. REVENUE \$ 986,332.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization Employer identification number NEW YORK FOUNDATION FOR THE ARTS, INC. 23-7129564 A DRAFT OF THE FORM 990 WAS REVIEWED BY NYFA'S AUDIT AND FINANCE COMMITTEES, AS WELL AS THE BOARD BEFORE BEING FINALIZED. THE BOARD REVEIWED ANY ISSUES FOUND DURING THE REVEIW OF THE 990 WITH THE AUDITORS. FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS ALL BOARD MEMBERS ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST STATEMENT AND DISCLOSE ANY POTENTIAL CONFLICTS. IF CONFLICTS EXISTS THEY ARE BROUGHT FORWARD TO THE GOVERNANCE COMMITTEE TO ASSESS HOW TO GO ABOUT RESOLVING THE CONFLICT. FORM 990, PART VI, SECTION B, LINE 15: EACH YEAR THE BOARD, LED BY THE CHAIRPERSON, PUTS TOGETHER AN ANNUAL REVIEW COMMITTEE, COMPRISED OF THE CHAIR, TREASURER AND A BOARD REPRESENTATIVE FROM THE FOUNDATION WORLD. THIS GROUP RESEARCHES REPORTS AND SURVEYS ON SALARIES AGAINST CEOS OF NOT FOR PROFITS WITH SIMILAR MISSIONS, BUDGET SIZES, AND GEOGRAPHY, AND CONTRAST THESE SALARIES AGAINST THOSE LISTED ON WEBSITES SUCH AS GUIDESTAR TO DETERMINE AN APPROPRIATE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THIS MEETING WAS LAST HELD IN JUNE 2014. SUBSEQUENTLY, ANOTHER REVIEW WAS DONE IN JUNE OF 2016. FORM 990, PART VI, SECTION C, LINE 19: NYFA POSTS IT MOST RECENT AUDITED FINANCIALS ON ITS WEBSITE FOR PUBLIC VIEW. ALL OTHER DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: RENT EXPENSE 2,256.

500212 09-02-15

FORM 990, PART XII, LINE 2C:

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Fo			EZ) (2015)						····	VT-0407-16-77-77-77-74-0-7-74-16-77-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7		Page 2
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