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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2

2008Open to Public
Inspection**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEW YORK FOUNDATION FOR THE ARTS Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 20 JAY STREET 740 City or town, state or country, and ZIP + 4 BROOKLYN, NY 11201	D Employer identification number 23-7129564
		E Telephone number 212-366-6900
		G Gross receipts \$ 12,617,299.
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.NYFA.ORG		
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1938 M State of legal domicile: NY		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO EMPOWER ARTISTS AT CRITICAL STAGES IN THEIR CREATIVE LIVES. (CONTINUED IN SCHEDULE O)		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of employees (Part V, line 2a)	5	25
	6 Total number of volunteers (estimate if necessary)	6	25
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,531,801.	7,557,905.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	828,888.	614,916.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	294,447.	<447,310.>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	71,649.	40,872.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,726,785.	7,766,383.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	6,084,550.	7,502,866.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,726,873.	1,942,489.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	1,356,302.	757,582.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	9,167,725.	10,202,937.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,559,060.	<2,436,554.>
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	7,373,811.	5,065,722.
	21 Total liabilities (Part X, line 26)	630,080.	607,150.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,743,731.	4,458,572.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer: <i>Michael Royce</i> Date: 5-11-10 MICHAEL ROYCE, EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer's Use Only	Preparer's signature: <i>[Signature]</i>	Date: 5/11/10	Check if self-employed: <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4: LUZ AND CARR, CPAS LLP 300 EAST 42ND STREET NEW YORK, NY 10017	Preparer's identifying number (see instructions):	EIN: ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
'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
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,169,189. including grants of \$ 3,960,889.) (Revenue \$ 614,916.)
FISCAL SPONSORSHIP:

SINCE 1976, NYFA HAS PROVIDED FISCAL SPONSORSHIP 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 UPCOMING FILMS,
THEATRICAL PERFORMANCES, ART INSTALLATIONS AND OTHER PROJECTS. IN
FY09, THIS PROGRAM HELPED 50 ORGANIZATIONS AND 390 ARTIST PROJECTS
RAISE AND MANAGE \$3.2 MILLION.

4b (Code:) (Expenses \$ 1,924,290. including grants of \$ 1,565,814.) (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 135 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. THE AWARDS ARE MADE
IN 16 DIFFERENT DISCIPLINES.

4c (Code:) (Expenses \$ 3,016,417. including grants of \$ 1,976,163.) (Revenue \$)
THE ANDREW W. MELLON NEW YORK CITY THEATER PROGRAM HAS AWARDED A TOTAL
OF \$2 MILLION IN THREE-YEAR GRANTS TO 33 SMALL AND MID-SIZED THEATER
COMPANIES WITH BUDGETS UNDER \$3.5 MILLION. THE AWARDS CAN BE USED FOR
EITHER CORE OR PROJECT SUPPORT.

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

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

4e Total program service expenses ► \$ 9,109,896. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III.</i>	X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I.</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X

Form 990 (2008)

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	535
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	25
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
4b	If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
7d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?	9a	
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders	11a	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
1a Enter the number of voting members of the governing body	20	
1b Enter the number of voting members that are independent	20	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization?	X	
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **► NY**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **►**
THE ORGANIZATION - 212-366-6900
20 JAY STREET, SUITE 740, BROOKLYN, NY 11201

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
J. WHITNEY STEVENS CHAIR	10.00	X		X				0.	0.	0.
HOWARD ROTHMAN VICE CHAIR	10.00	X		X				0.	0.	0.
JOHN F. WILLIAMS II TREASURER	10.00	X		X				0.	0.	0.
MARGRET LOUIS SECRETARY	5.00	X		X				0.	0.	0.
MARGARET C. AYERS BOARD MEMBER	2.00	X						0.	0.	0.
SUSAN BALL BOARD MEMBER	2.00	X						0.	0.	0.
JUDITH BRODSKY BOARD MEMBER	2.00	X						0.	0.	0.
ANITA DURST BOARD MEMBER	2.00	X						0.	0.	0.
JUDITH B. GRUNBERG BOARD MEMBER	2.00	X						0.	0.	0.
KARL M. KELLNER BOARD MEMBER	2.00	X						0.	0.	0.
NATHAN LYONS BOARD MEMBER	1.00	X						0.	0.	0.
MARJORIE WEISS MARTAY BOARD MEMBER	2.00	X						0.	0.	0.
MARY ELLEN MCCOOEY BOARD MEMBER	2.00	X						0.	0.	0.
KATHLEEN O'GRADY BOARD MEMBER	10.00	X						0.	0.	0.
PAULANNE QUEEN BOARD MEMBER	2.00	X						0.	0.	0.
BEN RODRIGUEZ-CUBENAS BOARD MEMBER	2.00	X						0.	0.	0.
CAROL ROSS BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID SCHROEDER BOARD MEMBER	2.00	X						0.	0.	0.
TERRY STANLEY BOARD MEMBER	2.00	X						0.	0.	0.
SHANA C. WATERMAN BOARD MEMBER	2.00	X						0.	0.	0.
MICHAEL ROYCE EXECUTIVE DIRECTOR	50.00			X				224,525.	0.	6,736.
JOANNE BROCKWAY DIRECTOR OF FINANCE	37.50			X				78,121.	0.	4,777.
FELIX ROSENWASSER DEPUTY DIR. OF ADMINISTRATION	37.50			X				8,077.	0.	0.
1b Total								310,723.	0.	11,513.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

1

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

NONE

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		0

Part VII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	53,300.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	2464676.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5039929.			
	g Noncash contributions included in lines 1a-1f: \$		175,685.			
	h Total. Add lines 1a-1f		7,557,905.			
	Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code 561000	361,113.	361,113.	
b PROGRAM SERVICE FEES		561499	253,803.	253,803.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			614,916.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		169,544.			169,544.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	4220562.			
	b Less cost or other basis and sales expenses		4837416.			
	c Gain or (loss)		<616854.>			
	d Net gain or (loss)		<616,854.>			<616,854.>
	8 a Gross income from fundraising events (not including \$ 53,300. of contributions reported on line 1c). See Part IV, line 18	a	13,500.			
	b Less direct expenses	b	13,500.			
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS	900099	40,872.	40,872.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		40,872.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		7,766,383.	655,788.		0.<447,310.>	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,516,659.	2,516,659.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,801,207.	4,801,207.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	185,000.	185,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	387,228.	100,557.	146,954.	139,717.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,326,280.	901,737.	247,748.	176,795.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,445.	13,027.	3,024.	394.
9 Other employee benefits	87,207.	51,323.	19,603.	16,281.
10 Payroll taxes	125,329.	73,565.	28,784.	22,980.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	47,772.	28,002.	11,000.	8,770.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	275.	201.	34.	40.
12 Advertising and promotion	19,431.	11,336.		8,095.
13 Office expenses	148,566.	82,050.	28,401.	38,115.
14 Information technology				
15 Royalties				
16 Occupancy	264,629.	155,332.	60,776.	48,521.
17 Travel	39,510.	33,395.	6,115.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,797.	4,055.	742.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,927.	25,784.	10,088.	8,055.
23 Insurance	13,294.	7,803.	3,053.	2,438.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROJECT PRODUCTION COST	42,451.	42,451.	0.	0.
b HOSPITALITY	31,909.	18,730.	7,328.	5,851.
c PROGRAM ADMINISTRATIVE	26,455.	26,455.	0.	0.
d MISCELLANEOUS EXPENSE	24,943.	14,641.	5,729.	4,573.
e BOARD EXPENSE	21,366.	0.	21,366.	0.
f All other expenses	28,257.	16,586.	6,490.	5,181.
25 Total functional expenses Add lines 1 through 24f	10,202,937.	9,109,896.	607,235.	485,806.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,799.	1	4,289.
	2 Savings and temporary cash investments	1,689,407.	2	846,190.
	3 Pledges and grants receivable, net	441,375.	3	302,253.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	42,506.	9	30,507.
	10a Land, buildings, and equipment: cost basis	908,676.		
	b Less accumulated depreciation. Complete Part VI of Schedule D	248,331.		
		66,223.	10c	660,345.
	11 Investments - publicly traded securities	5,132,501.	11	3,184,660.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	0.	15	37,478.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,373,811.	16	5,065,722.	
Liabilities	17 Accounts payable and accrued expenses	70,702.	17	134,134.
	18 Grants payable		18	
	19 Deferred revenue		19	29,642.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	559,378.	25	443,374.
	26 Total liabilities. Add lines 17 through 25	630,080.	26	607,150.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	550,005.	27	477,432.
	28 Temporarily restricted net assets	5,106,638.	28	2,894,052.
	29 Permanently restricted net assets	1,087,088.	29	1,087,088.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	6,743,731.	33	4,458,572.
	34 Total liabilities and net assets/fund balances	7,373,811.	34	5,065,722.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 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?	X	
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?		X
b If "Yes," did the organization undergo the required audit or audits?		

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

Employer identification number

NEW YORK FOUNDATION FOR THE ARTS

23-7129564

Part I	Reason for Public Charity Status (All organizations must complete this part) (see instructions)
---------------	---

The organization is not a private foundation because it is. (Please check only one organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state. _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7251461.	8412862.	9058067.	10531801.	7557905.	42812096.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	7251461.	8412862.	9058067.	10531801.	7557905.	42812096.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3309695.
6 Public Support. Subtract line 5 from line 4						39502401.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	7251461.	8412862.	9058067.	10531801.	7557905.	42812096.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	91,289.	155,161.	232,491.	333,611.	169,544.	982,096.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)		18,673.	541.	32,485.	40,872.	92,571.
11 Total support. Add lines 7 through 10						43886763.
12 Gross receipts from related activities, etc. (see instructions)					12	3,766,390.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	90.01 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	91.55 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2008
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If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III

Name of organization

NEW YORK FOUNDATION FOR THE ARTS

Employer identification number

23-7129564

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures

3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

1 Enter the amount of any excise tax incurred by the organization under section 4955

2 Enter the amount of any excise tax incurred by organization managers under section 4955

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

4a Was a correction made?

b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

1 Enter the amount directly expended by the filing organization for section 527-exempt function activities

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities

3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on
Form 1120-POL, line 17b

4 Did the filing organization file Form 1120-POL for this year?

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made.
Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and
promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC).

If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768
(election under section 501(h)). See the instructions for Schedule C for details

- A** Check ☐ if the filing organization belongs to an affiliated group.
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a			
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

Part III-B

Part IV

2008.05060 NEW YORK FOUNDATION FOR THE 4334 1

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

NEW YORK FOUNDATION FOR THE ARTS

Employer identification number

23-7129564

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in 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 assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	940,520.				
b Contributions					
c Investment earnings or losses	<161,523.>				
d Grants or scholarships	4,500.				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	774,497.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 100.00 %
 c Term endowment ☐ %

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		598,065.	15,739.	582,326.
d Equipment		310,611.	232,592.	78,019.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				660,345.

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,766,383.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,202,937.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<2,436,554.>
4	Net unrealized gains (losses) on investments	4	151,395.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	151,395.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	<2,285,159.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	7,917,778.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	151,395.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	151,395.
3	Subtract line 2e from line 1	3	7,766,383.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,766,383.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	10,202,937.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	10,202,937.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	10,202,937.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

PART V, LINE 4: NYFA'S ENDOWMENT FUNDS ARE AS FOLLOWS:**1. GERI ASHUR AWARD FUND**

THIS FUND SUPPORT A BIENNIAL AWARD IN SCREENWRITING.

2. CONCORDIA FOUNDATION CAREER ADVANCEMENT AWARD FUND

THIS FUND SUPPORTS ANNUAL AWARDS TO ADVANCE ARTISTS' CAREERS.

3. THE BUDDY FELLOWSHIP FUND

THIS FUND SUPPORTS ANNUAL AWARDS TO A FEMALE ARTIST.

4. THE ARTISTS' FELLOWSHIP PROGRAM

Part XIV Supplemental Information (continued)

THIS FUND SUPPORTS CASH AWARDS TO INDIVIDUAL ARTISTS LIVING AND WORKING IN THE STATE OF NEW YORK FOR UNRESTRICTED USE.

5. CASH RESERVE

THE CASH RESERVE FUND WAS ESTABLISHED THROUGH A PROGRAM INITIATED BY THE MERTZ GILMORE FOUNDATION. THE CASH RESERVE CAN BE BORROWED FOR OPERATIONAL CASH FLOW NEEDS, WITH REPAYMENT TO BE MADE WITHIN TWO YEARS FROM THE DATE OF BORROWING.

Schedule F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.**

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

Employer identification number

NEW YORK FOUNDATION FOR THE ARTS

23-7129564

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EAST ASIA	0	0	GRANTS TO 2 RECIPIENTS IN REGION	ARTIST FUND	81,000.
EUROPE	0	0	GRANT TO 1 RECIPIENT IN REGION	ARTIST FUND	88,000.
SOUTH AMERICA	0	0	GRANT TO 1 RECIPIENT IN REGION	ARTIST FUND	16,000.
Totals					185,000.

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

Schedule F (Form 990) 2008

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
ARTIST FUND	EAST ASIA	2	81,000	WIRE TRANSFER	0		
ARTIST FUND	SOUTH AMERICA	1	88,000	WIRE TRANSFER	0		
ARTIST FUND	EUROPE	1	16,000	WIRE TRANSFER	0		

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information

SCHEDULE F, PART I, LINE 2: PROSPECTIVE GRANTEES ARE REQUIRED TO SUBMIT AN APPLICATION DESCRIBING THEIR PROJECT AND THE USE OF GRANT FUNDS TOWARDS THE PROJECT. GRANTEES ARE REQUIRED TO PROVIDE A FINAL REPORT DESCRIBING THE PROJECT OUTCOME AND USE OF THE GRANT FUNDS TOWARDS THE PROJECT. IF A FINAL REPORT IS NOT SUBMITTED ADDITIONAL GRANT FUNDS WILL NOT BE PROVIDED, UNTIL NYFA RECEIVES A FINAL REPORT.

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1543-0047

2008

Open To Public Inspection

Name of the organization

NEW YORK FOUNDATION FOR THE ARTS

Employer identification number
23-7129564

Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.	
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- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

Total

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 ANNUAL GALA (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
Revenue				
1 Gross receipts	66,800.			66,800.
2 Less: Charitable contributions	53,300.			53,300.
3 Gross revenue (line 1 minus line 2)	13,500.			13,500.
Direct Expenses				
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs				
7 Other direct expenses	13,500.			13,500.
8 Direct expense summary Add lines 4 through 7 in column (d)				13,500.
9 Net income summary Combine lines 3 and 8 in column (d)				0.

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

13 Indicate the percentage of gaming activity operated in:

- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c** If "Yes," enter name and address.

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer

 ☐ Employee

 ☐ Independent contractor
17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

17a

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

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

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

NEW YORK FOUNDATION FOR THE ARTS

Employer identification number
23-7129564

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
3-LEGGED DOG, INC. 80 GREENWICH STREET NEW YORK, NY 10006	13-4002491	501(C)(3)	77,000.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
ARTS & CULTURAL COUNCIL FOR GREATER ROCHESTER - 277 N. GOODMAN STREET - NEW YORK, NY 14607	22-2309669	501(C)(3)	39,490.	0.			ARTISTS GRANTS & FEES - SOS
ARTS COUNCIL FOR THE NORTHERN ADIRONDACKS - 23 N. MAIN STREET, P.O. BOX 187 - NEW YORK, NY 12993	14-1663889	501(C)(3)	8,547.	0.			ARTISTS GRANTS & FEES - SOS
ARTS COUNCIL IN BUFFALO AND ERIE COUNTY - 700 MAIN STREET - NEW YORK, NY 14202-1962	16-1020491	501(C)(3)	16,490.	0.			ARTISTS GRANTS & FEES - SOS
ATLANTIC THEATER COMPANY 76 NINTH AVENUE., SUITE 537 NEW YORK, NY 10011	13-3218253	501(C)(3)	125,000.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
BROOKLYN ARTS EXCHANGE, INC. 421 FIFTH AVENUE NEW YORK, NY 11215	11-3071458	501(C)(3)	46,462.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

71.
0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2008**

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FELLOWSHIP	134	919,100.	0.		
ARTIST GRANTS	74	296,571.	0.		
OPPORTUNITY GRANTS	10	5,000.	0.		
ARTISTS' SPONSORED PROJECTS	131	3,580,536.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: ARTISTS' FELLOWSHIPS ARE CHOSEN BASED ON THE SINGLE CRITERION OF WORK THAT DEMONSTRATES A COMPELLING VISION AS DEFINED BY THE ASSEMBLED PANEL'S COLLECTIVE OPINION. MATERIALS ARE REVIEWED AND VOTED ON BY THE PANELISTS IN ELIMINATION ROUNDS WHICH PRODUCE A SMALLER POOL FOR EACH ROUND. AN ARTIST'S ADVANCEMENT IS A PRODUCT OF THE COLLECTIVE VOTE OF THE PANEL. A SINGLE PANELIST CANNOT ENSURE AN APPLICANT'S SUCCESS OR FAILURE. PANEL PROCEEDINGS ARE REVIEWED BY THE ARTISTS' ADVISORY COMMITTEE AND BY NYFA'S BOARD OF TRUSTEES. NEITHER THE COMMITTEE NOR THE BOARD REVIEWS THE WORK OF APPLICANTS OR MAKES ANY AESTHETIC JUDGMENTS.

Name of the organization

NEW YORK FOUNDATION FOR THE ARTS

Employer identification number
23-7129564

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIVILLIANS INC. THE CIVILLIANS NEW YORK, NY 10001	11-3621605	501(C)(3)	22,000.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
CSC REPERTORY LTD CLASSIC STAGE COMPANY NEW YORK, NY 10003	23-7025308	501(C)(3)	107,352.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
DANCE THEATER WORKSHOP 219 WEST 19TH STREET NEW YORK, NY 10011-4079	13-6206608	501(C)(3)	10,000.	0.			GRANTS TO ORGANIZATIONS - BUILD
DANSOLOGY, INC. 140 SECOND AVENUE., #501 NEW YORK, NY 10003	13-4080133	501(C)(3)	20,000.	0.			GRANTS TO ORGANIZATIONS - BUILD
EAST END ARTS COUNCIL 133 EAST MAIN STREET NEW YORK, NY 11901	11-2285495	501(C)(3)	17,455.	0.			ARTISTS GRANTS & FEES - SOS
EPIC THEATRE CENTER, INC PO BOX 720 PLANETARIUM STATION NEW YORK, NY 10024	52-2303451	501(C)(3)	62,050.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
FIJI THEATER COMPANY, INC 47 GREAT JONES STREET, 6FL NEW YORK, NY 10012	13-2874863	501(C)(3)	45,147.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
GARRISON ART CENTER 23 GARRISON LANDING NEW YORK, NY 10524	13-6201469	501(C)(3)	16,225.	0.			ARTISTS GRANTS & FEES - SOS

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

NEW YORK FOUNDATION FOR THE ARTS

Employer identification number
23-7129564

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOME FOR CONTEMPORARY THEATRE & ART - 145 SIXTH AVE. - NEW YORK, NY 10013	13-3449416	501(C)(3)	60,000.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
INTERNATIONAL ARTS RELATIONS, INC. PO BOX 756 NEW YORK, NY 10108	23-7212492	501(C)(3)	20,000.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
LA DONNA DANCE INC 140 SECOND AVENUE, #501 NEW YORK, NY 10003	13-4145003	501(C)(3)	20,000.	0.			GRANTS TO ORGANIZATIONS - BUILD
LARK THEATRE COMPANY, INC. 939 EIGHTH AVENUE, SUITE 301 NEW YORK, NY 10019	13-3779197	501(C)(3)	37,000.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
MABOU MINES DEVELOPMENT FOUNDATION, INC. - 150 FIRST AVENUE - NEW YORK, NY 10009	23-7396613	501(C)(3)	68,500.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
MANHATTAN CLASS COMPANY MCC THEATER NEW YORK, NY 10036	13-3391844	501(C)(3)	41,100.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
MAPP INTERNATIONAL PRODUCTIONS 140 SECOND AVENUE NEW YORK, NY 10003	13-3757070	501(C)(3)	10,000.	0.			GRANTS TO ORGANIZATIONS - BUILD
MA-YI FILIPINO THEATRE ENSEMBLE, INC. - MI-YI THEATER COMPANY - NEW YORK, NY 10018	13-3607832	501(C)(3)	51,000.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

932241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008.
Open to Public
Inspection

Name of the organization

NEW YORK FOUNDATION FOR THE ARTS

Employer identification number
23-7129564

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINT THEATER COMPANY 311 WEST 43RD, #307 NEW YORK, NY 10036	13-3687725	501(C)(3)	51,000.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
NEW GROUP, INC. THE NEW GROUP NEW YORK, NY 10036	13-3613115	501(C)(3)	50,000.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
ONTOLOGICAL-HYSTERIC THEATER, INC. 260 WEST BROADWAY, SUITE 1 NEW YORK, NY 10013	23-7250654	501(C)(3)	29,250.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
OPEN CHANNELS NY, INC DIXON PLACE NEW YORK, NY 10012	13-3486263	501(C)(3)	19,062.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
OVERFOOT, INC. 234 EAST 4TH STREET., #16 NEW YORK, NY 10009	13-3396289	501(C)(3)	10,000.	0.			GRANTS TO ORGANIZATIONS - BUILD
PLAY PRODUCTION COMPANY, INC. 321 WEST 44TH STREET, SUITE 802 NEW YORK, NY 10036	31-1630552	501(C)(3)	30,000.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
PREGONES TOURING PUERTO RICAN THEATRE COLLECTION, INC. - PREGONES THEATER - NEW YORK, NY 10451	13-3266893	501(C)(3)	60,000.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
PRIMARY STAGES COMPANY INC. 307 WEST 38TH STREET, SUITE 1510 NEW YORK, NY 10018	13-3258765	501(C)(3)	50,000.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

NEW YORK FOUNDATION FOR THE ARTS

Employer identification number
23-7129564

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RATTLESTICK PRODUCTIONS, INC. 224 WAVERLY PLACE NEW YORK, NY 10014	11-3105457	501(C)(3)	27,725.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
SARATOGA INTERNATIONAL THEATER INSTITUTE, INC. - 520 8TH AVENUE, 3RD FLOOR, SUITE 310 - NEW YORK, NY 10018	13-3730731	501(C)(3)	60,000.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
SOHO REPERTORY THEATER, INC. 86 FRANKLIN STREET., 4TH FLOOR NEW YORK, NY 10013	13-2885288	501(C)(3)	25,000.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
SPANISH THEATRE REPERTORY CO. LTD 138 EAST 27TH STREET NEW YORK, NY 10016	13-2672755	501(C)(3)	100,000.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
TARGET MARGIN THEATER, INC. 138 SOUTH OXFORD STREET, ROOM 5A NEW YORK, NY 11217	13-3697027	501(C)(3)	20,198.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
THE 52ND STREET PROJECT, INC. 500 WEST 52ND STREET., #2E NEW YORK, NY 10019	13-3467948	501(C)(3)	52,000.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
THE ARTS CENTER OF THE CAPITAL REGION - 265 RIVER STREET - NEW YORK, NY 12180	14-1484756	501(C)(3)	16,772.	0.			ARTISTS GRANTS & FEES - SOS
THE ARTS COUNCIL OF THE SOUTHERN FINGER LAKES - 32 WEST MARKET STREET - NEW YORK, NY 14830	16-0999315	501(C)(3)	26,269.	0.			ARTISTS GRANTS & FEES - SOS

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

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Name of the organization

NEW YORK FOUNDATION FOR THE ARTS

Employer identification number

23-7129564

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BUILDERS ASSOCIATION 453 BROOME STREET, #4C NEW YORK, NY 10013	13-3852592	501(C)(3)	11,400.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
THE FIELD 161 SIXTH AVENUE, 14TH FL NEW YORK, NY 10013	13-3357408	501(C)(3)	20,000.	0.			GRANTS TO ORGANIZATIONS - BUILD
THE FLEA THEATER 41 WHITE STREET NEW YORK, NY 10013	13-3904262	501(C)(3)	58,750.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
THE FOUNDRY THEATRE, INC. 140-142 SECOND AVENUE, SUITE 405 NEW YORK, NY 10003	13-3761711	501(C)(3)	24,500.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
THE VINEYARD THEATER AND WORKSHOP CENTER, INC. - 108 EAST 15TH STREET - NEW YORK, NY 10003	13-2981292	501(C)(3)	50,000.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
THE WOOSTER GROUP 33 WOOSTER STREET NEW YORK, NY 10013	23-7022729	501(C)(3)	60,000.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
THEATRE FOR A NEW AUDIENCE 154 CHRISTOPHER STREET, SUITE 3D NEW YORK, NY 10014	13-3059081	501(C)(3)	95,625.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
UPPER CATSKILLS COMMUNITY COUNCIL OF THE ARTS - 11 FORD AVENUE - NEW YORK, NY 13820	23-7088760	501(C)(3)	16,725.	0.			ARTISTS GRANTS & FEES - SOS

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008.

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008.

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Name of the organization

Employer identification number

NEW YORK FOUNDATION FOR THE ARTS

23-7129564

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMENS PROJECT & PRODUCTIONS, INC. 55 WEST END AVENUE NEW YORK, NY 10023	13-3369451	501(C)(3)	62,730.	0.			GRANTS TO ORGANIZATIONS - NY THEATER PROGRAM
YIN MEI 155 AVENUE OF THE AMERICAS, 6TH FLO NEW YORK, NY 10013	12-3700733	501(C)(3)	10,000.	0.			ORGANIZATIONAL SUPPORT / DANCE COMPANY
HELICON COLLABORATIVE, LLC 187 BAL TIC STREET BROOKLYN, NY 11201	26-1179317	501(C)(3)	49,500.	0.			CULTURAL BLUEPRINTS
HUNTINGTON ARTS COUNCIL 213 MAIN STREET HUNTINGTON, NY 11743	11-2205617	501(C)(3)	10,922.	0.			ARTS GRANT
WESTCHESTER ART COUNCIL 31 MAMARONECK AVENUE WHITE PLAINS, NY 10601	13-2604827	501(C)(3)	23,000.	0.			ARTS GRANT
CULTURAL RESOURCES COUNCIL 411 MONTGOMERY STREET SYRACUSE, NY 13202	15-0625350	501(C)(3)	14,948.	0.			ARTS GRANT
GREEN COUNTY COUNCIL 398 MAIN STREET, P.O. BOX 463 CATSKILL, NY 12414	22-2142380	501(C)(3)	13,386.	0.			ARTS GRANT
STANLEY CENTER FOR THE ARTS 261 GENESEE STREET UTICA, NY 13501	16-6068418	501(C)(3)	12,014.	0.			ARTS GRANT

2 Enter total number of Section 501(c)(3) and government organizations

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SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008.

**Open to Public
Inspection**

Name of the organization

NEW YORK FOUNDATION FOR THE ARTS

Employer identification number

23-7129564

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. LAWRENCE ART COUNCIL 51 MARKET STREET NEW YORK, NY 13676	16-1330880	501(C)(3)	13,150.	0.			ARTS GRANT
COUNCIL ON THE ARTS & HUMANITIES FOR STATEN ISLAND - STATEN ISLAND, NY 10301	13-3713211	501(C)(3)	9,000.	0.			ARTS GRANT
AN DIE MUSIK 1060 EIGHT AVENUE NEW YORK, NY 10128	13-3345336	501(C)(3)	59,800.	0.			FISCAL SPONSORED ORGANIZATION
AMERICAN CENTER FOR MUSICAL ART 201 W. 72ND STREET, 3K NEW YORK, NY 10023	13-3961427	501(C)(3)	93,157.	0.			FISCAL SPONSORED ORGANIZATION
AFRICAN FILM FESTIVAL 154 W. 18TH STREET, 2A NEW YORK, NY 10011	13-3718505	501(C)(3)	14,727.	0.			FISCAL SPONSORED ORGANIZATION
BLACK AMERICAN HERITAGE P.O. BOX 772 MIDDLE ISLAND, NY 11953	22-2715288	501(C)(3)	6,575.	0.			FISCAL SPONSORED ORGANIZATION
BLACK AND WHITE PROJECT SPACE 483 DRIGGS AVENUE, 2ND FLOOR BROOKLYN, NY 11211	26-1718104	501(C)(3)	22,312.	0.			FISCAL SPONSORED ORGANIZATION
BLACKOUT ARTS COLLECTIVE 266 W. 37TH STREET, 22ND FLOOR NEW YORK, NY 10018	51-0540114	501(C)(3)	12,037.	0.			FISCAL SPONSORED ORGANIZATION

2 Enter total number of Section 501(c)(3) and government organizations

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932241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008.

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for
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OMB No. 1545-0047

2008.

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Name of the organization

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Employer identification number
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)		(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR IMPROVISATIONAL MUSIC 31 PARK PLACE, #1 BROOKLYN, NY 11217			06-1607805	501(C)(3)	6,710.	0.			FISCAL SPONSORED ORGANIZATION
CARTOONISTS RIGHTS NETWORK 10600 ALISON DRIVE BURKE, VA 22012			54-1982242	501(C)(3)	24,231.	0.			FISCAL SPONSORED ORGANIZATION
DRUMSONGS PRODUCTIONS P.O. BOX 340716 ROCHDALE VILLAGE, NY 11434			06-1550859	501(C)(3)	15,400.	0.			FISCAL SPONSORED ORGANIZATION
GREAT MARSH PRESS P.O. BOX 2144 LENNOX HILL STATION, NY 10036			20-4471456	501(C)(3)	8,825.	0.			FISCAL SPONSORED ORGANIZATION
HEIDI LATSKY DANCE 400 W. 43RD STREET, #21S NEW YORK, NY 10036			20-4193098	501(C)(3)	6,525.	0.			FISCAL SPONSORED ORGANIZATION
THE LAUNDROMAT PROJECT 275 MAC DONOUGH STREET BROOKLYN, NY 11233			87-0753479	501(C)(3)	43,912.	0.			FISCAL SPONSORED ORGANIZATION
O.P. ART 258 W. 15TH STREET, #4RE NEW YORK, NY 10011			02-0774808	501(C)(3)	7,042.	0.			FISCAL SPONSORED ORGANIZATION
PARTHENIA 67-25 47TH AVENUE WOODSIDE, NY 11377			77-0698322	501(C)(3)	13,570.	0.			FISCAL SPONSORED ORGANIZATION

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

OMB No 1545-0047
2008.

Employer identification number
23-7129564

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)
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2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Part IV Supplemental Information

RECOMMENDATIONS FOR POTENTIAL PANELISTS COME FROM MANY SOURCES INCLUDING: THE ARTISTS' ADVISORY COMMITTEE, ARTS AND CULTURAL ORGANIZATIONS AROUND NEW YORK STATE AND INDIAN NATIONS LOCATED IN NEW YORK STATE, AND SUGGESTIONS FROM PRACTICING ARTISTS. ALL POTENTIAL PANELISTS MUST BE PRACTICING ARTISTS IN THE DISCIPLINE THEY REVIEW AND MUST RECEIVE THREE RECOMMENDATIONS FROM THEIR FIELD. THE ARTISTS' ADVISORY COMMITTEE THEN APPROVES FINAL CHOICES OF THE PANELIST THAT REFLECT CONSIDERATIONS OF GENRE, AGE, ETHNICITY, AND GEOGRAPHY 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 ARE UNRESTRICTED CASH GRANTS WE DO REQUIRE THAT THEY REPORT ON HOW THE FUNDS WERE USED AND TO DESCRIBE THE CREATIVE WORK ACCOMPLISHED.

THEATER GRANTS, A DIVERSE NATIONAL PANEL OF THEATER LEADERS IS CONVENED TO REVIEW ALL APPLICATIONS FOR CONSIDERATION AND DELIBERATE ON THE SUBMITTED REQUESTS. THE AMOUNT FOR EACH GRANTEE IS DECIDED BY THE MELLON FOUNDATION BASED ON THE PANEL'S RANKINGS. THE MELLON FOUNDATION SENDS A LIST OF GRANTEES WITH THE AMOUNT OF THE GRANT TO THE NYFA PROJECT MANAGER. THE PROJECT MANAGER DRAFTS AWARD LETTERS TO THE THEATERS WHICH ARE REVIEWED BY NYFA'S EXECUTIVE DIRECTOR AND BY MELLON. THE PROJECT MANAGER SENDS THESE LETTERS, AND THE THEATERS THEN SUBMIT BUDGETS FOR THEIR PLANNED EXPENDITURES. THE BUDGETS ARE REVIEWED BY THE PROJECT MANAGER AND THE FINANCE DIRECTOR AND THEN SUBMITTED TO MELLON FOR FINAL APPROVAL. AFTER THE REVIEW, THE PROJECT MANAGER REQUESTS THE INITIAL AWARD CHECKS FROM THE FINANCE DEPARTMENT AND THE CHECKS ARE THEN SENT TO THE THEATERS ALONG WITH THEIR REPORTING GUIDELINES. EACH RECIPIENT IS REQUIRED TO SEND TO NYFA AN

Part IV Supplemental Information

INTERIM REPORT ON HOW THE DOLLARS WERE USED. IN THE CASE OF THE GRANTEEES WHOSE ACTIVITIES ARE COMPLETE, THEY SUBMIT A FINAL REPORT AT THAT TIME. THE PROGRAM OFFICER VERIFIES THAT THE DOLLARS WERE ALLOCATED APPROPRIATELY ACCORDING TO THE APPROVED BUDGETS. IF THERE ARE ANY QUESTIONS, THE PROJECT MANAGER DISCUSSES THE MATTER WITH THE RECIPIENT FOR CLARIFICATION AND REQUESTS A CHANGE OF SCOPE LETTER AND A CORRESPONDING NEW BUDGET FOR REVIEW, AS NEEDED. CHANGES OF SCOPE MUST BE APPROVED BY THE EXECUTIVE DIRECTOR WHO RUNS MAJOR CHANGES BY MELLON FOR APPROVAL. ONCE THE PROJECT MANAGER, IN CONSULTATION WITH THE DIRECTOR OF DEVELOPMENT, REVIEWS THE INTERIM/FINAL REPORTS, RECIPIENTS CAN RECEIVE ANY SECOND DISBURSEMENTS. THE PROJECT MANAGER CREATES A SUMMARY REPORT OF ALL THE GRANTEEES' MID-TERM REPORTING AND SUBMITS THIS TO MELLON. AT THE END OF THE GRANT TERM, ANY GRANTEEES WHO FILED AN INTERIM REPORT WILL THEN FILE A FINAL REPORT TO CONCLUDE THEIR AWARD CYCLE, WHEREIN THE PROCESS STATED FOR THE INTERIM REPORT IS REPEATED.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

NEW YORK FOUNDATION FOR THE ARTS

Employer identification number

23-7129564

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision
of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2008

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

NEW YORK FOUNDATION FOR THE ARTS

Employer identification number

23-7129564

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art	X	122	175,685.	ESTIMATED MARKET VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

	Yes	No
30a		X
31		X
32a		X
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II.

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

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

NEW YORK FOUNDATION FOR THE ARTS

Employer identification number

23-7129564

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

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 YEAR NYFA AWARDS CLOSE TO \$1 MILLION TO INDIVIDUAL ARTISTS AND SMALL AND EMERGING ORGANIZATIONS THROUGH ITS FELLOWSHIP AND OTHER GRANT 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 \$5 MILLION ANNUALLY.

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

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 YEAR NYFA AWARDS CLOSE TO \$1 MILLION TO INDIVIDUAL ARTISTS AND SMALL AND EMERGING ORGANIZATIONS THROUGH ITS FELLOWSHIP AND OTHER GRANT 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 \$5

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

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Employer identification number

23-7129564

MILLION ANNUALLY.

FORM 990, PART VI, SECTION A, LINE 10: AFTER IT IS PREPARED BY THE ORGANIZATION'S INDEPENDENT ACCOUNTANTS, THE EXECUTIVE DIRECTOR, THE DIRECTOR OF FINANCE AND ADMINISTRATION, AS WELL AS THE AUDIT COMMITTEE, REVIEW A DRAFT OF THE FORM 990. THE BOARD OF TRUSTEES ARE PROVIDED A DRAFT OF THE 990 FOR REVIEW. ONCE REVIEWED, THE BOARD IS ASKED TO APPROVE THE 990 FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY FOR THE TRUSTEES: ANY DIRECTOR OR OFFICER WHO HAS ANY PERSONAL INTEREST IN ANY DECISION REGARDING A CONTRACT, SALE, PURCHASE, LEASE, EXCHANGE OR SERVICE RELATED IN ANY WAY TO NYFA MUST DECLARE THAT INTEREST TO THE BOARD AND REFRAIN FROM VOTING UPON SUCH DECISION OR, DEPENDING UPON THE DEGREE OF PERSONAL INTEREST, PARTICIPATING IN ANY WAY IN THE DECISION-MAKING PROCESS. DIRECTORS WILL ADDITIONALLY DISCLOSE THEIR DIRECT OR INDIRECT FINANCIAL INTEREST IN ANY PROSPECTIVE TRANSACTIONS INVOLVING THEMSELVES, THEIR IMMEDIATE FAMILIES, THEIR BUSINESSES, AND NYFA. DIRECTORS WILL ABSTAIN FROM VOTING ON ANY BOARD MATTER IN WHICH THEY HOLD A FINANCIAL INTEREST AND MAY NOT SEEK TO BEAR INFLUENCE ON ANY OTHER DIRECTOR OR STAFF MEMBER ON ANY NYFA ACTION IN WHICH THEIR FINANCIAL INTEREST IS INVOLVED. IN THE EVENT THAT ANY DIRECTOR HAS A CONFLICT OF INTEREST, SUCH DIRECTOR SHALL INFORM THE BOARD. IF THOSE CIRCUMSTANCES REQUIRE THE NONPARTICIPATION OF THE AFFECTED DIRECTOR, THE BOARD MAY NONETHELESS REQUEST FROM THE DIRECTOR ANY APPROPRIATE NON CONFIDENTIAL INFORMATION WHICH MIGHT INFORM ITS DECISION.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

NEW YORK FOUNDATION FOR THE ARTS

Employer identification number

23-7129564

NO DIRECTOR SHALL CAST A VOTE, NOR TAKE PART IN THE FINAL DELIBERATION IN ANY MATTER IN WHICH HE OR SHE, MEMBERS OF HIS OR HER IMMEDIATE FAMILY, OR ANY ORGANIZATION TO WHICH SUCH DIRECTOR HAS ALLEGIANCE, HAS A PERSONAL INTEREST THAT MAY BE SEEN AS COMPETING WITH THE INTEREST OF NYFA. ANY DIRECTOR WHO BELIEVES HE OR SHE MAY HAVE SUCH A CONFLICT OF INTEREST SHALL SO NOTIFY THE BOARD PRIOR TO DELIBERATION ON THE MATTER IN QUESTION, AND THE BOARD SHALL MAKE THE FINAL DETERMINATION AS TO WHETHER ANY DIRECTOR HAS A CONFLICT OF INTEREST IN ANY MATTER. THE MINUTES OF THE BOARD MEETING SHALL REFLECT DISCLOSURE OF ANY CONFLICT OF INTEREST AND THE RECUSAL OF THE INTERESTED DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 15: EACH YEAR THE BOARD, LEAD 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 FOR CEO 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.

FORM 990, PART VI, SECTION C, LINE 19: THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE MADE TO THE PUBLIC AT ANYTIME UPON REQUEST.

FORM 990, PART XI, LINE 2C

RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1546-0047

2008

Open to Public
Inspection

Name of the organization

NEW YORK FOUNDATION FOR THE ARTS

Employer identification number

23-7129564

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	FURNITURE & EQUIPMENT	VARIABLES	SL	5.00	16	310,611.			310,611.	204,404.		28,188.
2	LEASEHOLD IMPROVEMENTS	040109	SL	9.50	16	598,065.			598,065.			15,739.
	* TOTAL 990 PAGE 10 DEPR					908,676.		0.	908,676.	204,404.	0.	43,927.

Depreciation and Amortization 990
 (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

2008

Attachment
 Sequence No 67

NEW YORK FOUNDATION FOR THE ARTS

FORM 990 PAGE 10

23-7129564

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	43,927.

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.	22	43,927.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use:

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%			S/L -			
		%			S/L -			
		%			S/L -			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2008 tax year:

43 Amortization of costs that began before your 2008 tax year

43

44 Total. Add amounts in column (f). See the instructions for where to report

44

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	NEW YORK FOUNDATION FOR THE ARTS, INC.	23-7129564
	Number, street, and room or suite no. If a P.O. box, see instructions 20 JAY STREET, NO. 740	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BROOKLYN, NY 11201	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

FELIX ROSENWASSER

- The books are in the care of ▶ **20 JAY STREET, SUITE 740 - BROOKLYN, NY 11201**

Telephone No. ▶ **212-366-6900**

FAX No. ▶

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

- 1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year _____ or
 ▶ ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	NEW YORK FOUNDATION FOR THE ARTS, INC.	23-7129564
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	20 JAY STREET, NO. 740	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	BROOKLYN, NY 11201	

Check type of return to be filed (File a separate application for each return)

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

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

FELIX ROSENWASSER

- The books are in the care of **20 JAY STREET, SUITE 740 - BROOKLYN, NY 11201**
 Telephone No. **212-366-6900** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **MAY 15, 2010**
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**
- 6 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO COMPLETE THE RETURN.

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

Signature and Verification

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

Signature **Gedwin Farniga** Title **CPA** Date **1/29/10**

Form 8868 (Rev. 4-2009)