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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

2011Open to Public
Inspection**A** For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

THE JEWISH WOMEN'S FOUNDATION OF N.Y. IN
 C/O UJA-FEDERATION OF NEW YORK, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

130 EAST 59TH STREET

Room/suite

City or town, state or country, and ZIP + 4

NEW YORK, NY 10022-1302

F Name and address of principal officer: MADELEINE GRANT

130 EAST 59TH STREET, NEW YORK, NY 10022

D Employer identification number

13-3897852

E Telephone number

212-836-1327

G Gross receipts \$ 3,607,289**H(a)** Is this a group returnfor affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 8055**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.JEWISHWOMENNY.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1995 **M** State of legal domicile: NY**Part I** Summary

1 Briefly describe the organization's mission or most significant activities: REFER TO FORM 990, PART III.

LINE 1

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

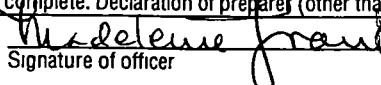
3 Number of voting members of the governing body (Part VI, line 1a)	3	26
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	364
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	188,749.	619,006.
9 Program service revenue (Part VIII, line 2g)	0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	182,151.	51,512.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	83.	<17,987.>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	370,983.	652,531.
13 Grants and similar amounts paid (Part IX, column (A), lines 13)	351,909.	514,978.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	306,237.	310,695.
16a Professional fundraising fees (Part IX, column (A), line 11)	0.	41,017.
b Total fundraising expenses (Part IX, column (D), line 25)		122,331.
17 Other expenses (Part IX, column (A), lines 11a-11d, 14f-24e)	42,090.	67,462.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	700,236.	934,152.
19 Revenue less expenses. Subtract line 18 from line 12	<329,253.>	<281,621.>

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	4,834,998.	4,605,563.
21 Total liabilities (Part X, line 26)	487,041.	620,634.
22 Net assets or fund balances. Subtract line 21 from line 20	4,347,957.	3,984,929.

Part II Signature Block

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

Sign Here  **MADELEINE GRANT, PRESIDENT**
 Signature of officer Date 5-13-13
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
Firm's name	Firm's EIN		Phone no.	
Firm's address				

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

☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X**1** Briefly describe the organization's mission:

THE JEWISH WOMEN'S FOUNDATION OF NEW YORK INC. (JWFNY) IMAGINES A WORLD
IN WHICH ALL WOMEN AND GIRLS IN THE JEWISH COMMUNITY ARE ENSURED A
HEALTHY AND SUPPORTIVE ENVIRONMENT... A WORLD IN WHICH WE ALL HAVE
EQUAL OPPORTUNITY FOR ECONOMIC, RELIGIOUS, SOCIAL AND POLITICAL

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 687,365. including grants of \$ 514,978.) (Revenue \$)

JWFNY AWARDS GRANTS TO NON-PROFIT ORGANIZATIONS THAT WORK TO ADDRESS
THE NEEDS AND IMPROVE THE LIVES OF WOMEN AND GIRLS IN THE JEWISH
COMMUNITY IN NEW YORK AND ISRAEL. SINCE INCEPTION IN 1995, JWFNY HAS
AWARDED CLOSE TO \$2.5 MILLION TO 100 PROJECTS IN THE AREAS OF ECONOMIC
SECURITY, WOMEN'S HEALTH AND WELL-BEING, LEADERSHIP DEVELOPMENT,
WORK-LIFE BALANCE ISSUES, FINANCIAL LITERACY AND ISSUES AFFECTING
ADOLESCENT GIRLS SUCH AS BULLYING AND BODY IMAGE, THROUGH
FORWARD-THINKING GRANTMAKING. JWFNY CREATES LONG LASTING AND SYSTEMIC
CHANGE. FOR INSTANCE, JWFNY HAS FUNDED A FINANCIAL LITERACY PROGRAM
FOR TEEN GIRLS TO HELP EMPOWER THEM TO MANAGE THEIR OWN MONEY AND MAKE
SMART FINANCIAL DECISIONS. THE COURSE TAUGHT GIRLS HOW TO CREATE A
BUDGET AND ADHERE TO IT. SAVE FOR A BIG PURCHASE, UNDERSTAND THE STOCK

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

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

4e Total program service expenses 687,365.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	☒	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	☒	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		☒
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		☒
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		☒
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		☒
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		☒
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		☒
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? If "Yes," complete Schedule D, Part IV		☒
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		☒
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		☒
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	☒	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		☒
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		☒
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	☒	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		☒
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		☒
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	☒	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		☒
14a Did the organization maintain an office, employees, or agents outside of the United States?		☒
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		☒
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? If "Yes," complete Schedule F, Parts II and IV	☒	
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? If "Yes," complete Schedule F, Parts III and IV		☒
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	☒	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	☒	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		☒
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		☒
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 3		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c 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 0		
b 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 (see instructions)	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b 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
b If "Yes," enter the name of the foreign country: See instructions for 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
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b 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).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 26 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b Enter the number of voting members included in line 1a, above, who are independent 26		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	☒	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		☒
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		☒
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		☒
6 Did the organization have members or stockholders?	☒	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	☒	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		☒
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	☒	
b Each committee with authority to act on behalf of the governing body?	☒	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		☒

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶
 LAWRENCE SWILLING, CONTROLLER, UJA-FEDERATION OF NEW YORK, INC., - 212-836-1327
 130 EAST 59TH STREET, NEW YORK, NY 10022

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MADELEINE GRANT PRESIDENT	0.00	X		X				0.	0.	0.
(2) MIRIAM CASLOW VICE-PRESIDENT	0.00	X		X				0.	0.	0.
(3) PEGGY GARFUNKEL TREASURER	0.00	X		X				0.	0.	0.
(4) LAUREN WACHTLER SECRETARY/ADVOCACY COMMITTEE CHAIR	0.00	X		X				0.	0.	0.
(5) MADY CASLOW IMM PAST PRES/CHAIR OF NOMINATING COMMITTEE	0.00	X		X				0.	0.	0.
(6) MARILYN GOTTLIEB GRANTS CHAIR/DIRECTOR	0.00	X		X				0.	0.	0.
(7) DEBBIE RUSSELL RESEARCH COMMITTEE CHAIR/DIRECTOR	0.00	X		X				0.	0.	0.
(8) SHELBY TAUBER SYMPOSIUM CHAIR/DIRECTOR	0.00	X		X				0.	0.	0.
(9) LYNN TOBIAS DEVELOPMENT COMMITTEE CHAIR/DIRECTOR	0.00	X		X				0.	0.	0.
(10) CARYL ACKERMAN DIRECTOR	0.00	X						0.	0.	0.
(11) MADDIE ADAMSON DIRECTOR	0.00	X						0.	0.	0.
(12) NAOMI ALTSCHUL DIRECTOR	0.00	X						0.	0.	0.
(13) RUTH BRAUSE DIRECTOR	0.00	X						0.	0.	0.
(14) SUSAN DUBIN DIRECTOR	0.00	X						0.	0.	0.
(15) LOIS CONWAY DIRECTOR	0.00	X						0.	0.	0.
(16) ROSALIND DEVON DIRECTOR	0.00	X						0.	0.	0.
(17) LEE FURMAN DIRECTOR	0.00	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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SANDY GREENBERG DIRECTOR	0.00	X						0.	0.	0.
(19) MINDY KANTOR DIRECTOR	0.00	X						0.	0.	0.
(20) NAOMI LAZARUS DIRECTOR	0.00	X						0.	0.	0.
(21) FRAN LEVINE DIRECTOR	0.00	X						0.	0.	0.
(22) SHELLY MITCHELL DIRECTOR	0.00	X						0.	0.	0.
(23) MARGO SCHWARTZ DIRECTOR	0.00	X						0.	0.	0.
(24) DEBBIE SILVERMAN DIRECTOR	0.00	X						0.	0.	0.
(25) MARILYN THYPIN DIRECTOR	0.00	X						0.	0.	0.
(26) SUSAN WINTER DIRECTOR	0.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								125,915.	0.	2,612.
d Total (add lines 1b and 1c)								125,915.	0.	2,612.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2011)

Part VIII 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 334,575.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 284,431.				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		619,006.			
	Program Service Revenue	2 a Business Code				
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		71,318.	71,318.		
	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	2,880,170.			
	b Less: cost or other basis and sales expenses		2,899,976.			
	c Gain or (loss)		<19,806.>			
	d Net gain or (loss)		<19,806.>	<19,806.>		
	8 a Gross income from fundraising events (not including \$ 334,575. of contributions reported on line 1c). See Part IV, line 18	a 36,795.				
	b Less: direct expenses	b 54,782.				
	c Net income or (loss) from fundraising events		<17,987.>		<17,987.>	
	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						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		652,531.	51,512.	0.	<17,987.>	

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).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	514,978.	514,978.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	144,830.	57,932.	43,449.	43,449.
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	99,470.	78,250.	13,830.	7,390.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	53,669.	18,212.	33,737.	1,720.
10 Payroll taxes	12,726.	7,293.	2,901.	2,532.
11 Fees for services (non-employees):				
a Management				
b Legal	4,797.		4,797.	
c Accounting	20,000.		20,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	41,017.			41,017.
f Investment management fees				
g Other	178.	178.		
12 Advertising and promotion	2,348.	1,644.	352.	352.
13 Office expenses	16,590.	1,263.	4,059.	11,268.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	2,875.	1,544.		1,331.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	450.	450.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MARKETING AND COMMUNICATIONS	8,220.	1,200.		7,020.
b CATERING	4,296.	4,296.		
c CREDIT CARD FEES	3,452.			3,452.
d MEDIA SUPPLIES/EQUIPMENT	2,800.			2,800.
e All other expenses	1,456.	125.	1,331.	
25 Total functional expenses. Add lines 1 through 24e	934,152.	687,365.	124,456.	122,331.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	205,004.	1	191,091.
	2 Savings and temporary cash investments	1,173,740.	2	839,372.
	3 Pledges and grants receivable, net	178,358.	3	122,056.
	4 Accounts receivable, net	10,118.	4	55,827.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	3,030,365.	11	3,079,323.
	12 Investments - other securities. See Part IV, line 11	237,413.	12	317,894.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,834,998.	16	4,605,563.	
Liabilities	17 Accounts payable and accrued expenses	17,186.	17	17,401.
	18 Grants payable	438,826.	18	572,827.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	31,029.	25	30,406.
	26 Total liabilities. Add lines 17 through 25	487,041.	26	620,634.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,347,957.	27	3,984,929.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ 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	4,347,957.	33	3,984,929.	
34 Total liabilities and net assets/fund balances	4,834,998.	34	4,605,563.	

Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	652,531.
2	Total expenses (must equal Part IX, column (A), line 25)	2	934,152.
3	Revenue less expenses. Subtract line 2 from line 1	3	<281,621.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,347,957.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<81,407.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,984,929.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis		
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2011)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization	THE JEWISH WOMEN'S FOUNDATION OF N.Y. IN C/O UJA-FEDERATION OF NEW YORK INC.	Employer identification number
		13-3897852

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
(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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

[illegible]

Total

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	387,515.	216,538.	293,706.	188,749.	619,006.	1,705,514.
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 through 3	387,515.	216,538.	293,706.	188,749.	619,006.	1,705,514.
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)						
6 Public support. Subtract line 5 from line 4						1,705,514.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	387,515.	216,538.	293,706.	188,749.	619,006.	1,705,514.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	188,938.	117,423.	105,911.	94,508.	71,318.	578,098.
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.)		297.	663.	83.		1,043.
11 Total support. Add lines 7 through 10						2,284,655.
12 Gross receipts from related activities, etc. (see instructions)					12	
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 ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	74.65 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	75.31 %
16a 33 1/3% support test - 2011. 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 ☒		
b 33 1/3% support test - 2010. 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 ☐		
17a 10% -facts-and-circumstances test - 2011. 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 ☐		
b 10% -facts-and-circumstances test - 2010. 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 ☐		
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 ☐		

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** 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 - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐**20** **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization THE JEWISH WOMEN'S FOUNDATION OF N.Y. IN
C/O UJA-FEDERATION OF NEW YORK, INC.

Employer identification number
13-3897852

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? ☐ Yes ☐ No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ 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).

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part 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 the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

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

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

(i) unrelated organizations ☐ Yes ☐ No **3a(i)**

(ii) related organizations ☐ Yes ☐ No **3a(ii)**

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ☐ 0.

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MULTI-STRATEGY HEDGE FUND	317,894.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	317,894.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO UJA-FEDERATION OF NEW YORK, INC.,	30,406.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	30,406.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
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 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
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	
3	Subtract line 2e from line 1	3	
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

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

1	Total expenses and losses per audited financial statements	1	
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	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

THE JEWISH WOMEN'S FOUNDATION OF N.Y. IN

C/O UJA-FEDERATION OF NEW YORK, INC.

Employer identification number

13-3897852

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 its grants and other 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 V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 for and investments in region
MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	N/A	75,000.
3 a Sub-total ...	0	0			75,000.
b Total from continuation sheets to Part I ...	0	0			0.
c Totals (add lines 3a and 3b) ...	0	0			75,000.

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

Schedule F (Form 990) 2011

C/O UJA-FEDERATION OF NEW YORK, INC.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐ **Part II** can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST	SEE SCHEDULE F, PART V, SUPPLEMENTAL INFORMATION	30,000	CHECK	0		
			MIDDLE EAST	SEE SCHEDULE F, PART V, SUPPLEMENTAL INFORMATION	30,000	CHECK	0		
			MIDDLE EAST	SEE SCHEDULE F, PART V, SUPPLEMENTAL INFORMATION	15,000	CHECK	0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3

3 Enter total number of other organizations or entities 3

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: ALL ISRAEL BASED GRANTEES SIGN A CONTRACT

THAT INDICATES THE TERMS OF THE GRANT, DURING EACH YEAR OF THE GRANT.

JWFNY SPEAKS WITH AGENCY REPRESENTATIVES TWO TIMES A YEAR TO REVIEW THE

PROGRESS OF THE PROJECT, WHEN JWFNY STAFF OR JWFNY BOARD MEMBERS TRAVEL

TO ISRAEL, ARRANGEMENTS ARE MADE TO CONDUCT AN IN-PERSON SITE VISIT, IN

ADDITION, AGENCIES SUBMIT A MID-YEAR AND END OF THE YEAR REPORT DURING

EACH YEAR OF THE GRANT, THE REPORTS INCLUDE A WRITTEN NARRATIVE AND

BUDGET TO DATE.

PART II, COLUMN (D):

REGION: MIDDLE EAST

(D) PURPOSE OF GRANT: SEE SCHEDULE F, PART V, SUPPLEMENTAL INFORMATION

ADVA CENTER - FUNDS TEACH WOMEN HOW TO READ LOCAL BUDGETS TO IDENTIFY

GENDER DISPARITIES, ANALYZE SALARY FIGURES AND LOBBY LOCAL OFFICIALS TO

INITIATE CHANGE.

REGION: MIDDLE EAST

(D) PURPOSE OF GRANT: SEE SCHEDULE F, PART V, SUPPLEMENTAL INFORMATION

CENTER FOR WOMEN'S JUSTICE - FUNDS TRAIN ATTORNEYS TO FILE DAMAGE SUITS

IN CIVIL COURTS ON BEHALF OF WOMEN WHOSE HUSBANDS HAVE REFUSED TO GIVE

THEM A GET OR A JEWISH DIVORCE.

REGION: MIDDLE EAST

(D) PURPOSE OF GRANT: SEE SCHEDULE F, PART V, SUPPLEMENTAL INFORMATION

WEPOWER - FUNDS HELP PROMOTE YOUNG, MOTIVATED WOMEN TO TAKE ON LEADERSHIP

ROLES IN LOCAL POLITICS IN ORDER TO CREATE AND LEAD SOCIAL EFFORTS AND TO

ENFORCE POLICY THAT BENEFITS WOMEN AND GIRLS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No 1545-0047

2011

Open To Public
Inspection

Name of the organization THE JEWISH WOMEN'S FOUNDATION OF N.Y. IN
C/O UJA-FEDERATION OF NEW YORK, INC. Employer identification number
13-3897852

Part I

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

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

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

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUTH C. SCHWARTZ & CO. - 6 WEST 18TH STREET, NEW YORK,	FUNDRAISING		X	361,370.	21,017.	340,353.
LORELEI ENTERPRISES AND EVENTS, INC. - 355 LEXINGTON	FUNDRAISING		X	10,000.	20,000.	<10,000.>
Total				371,370.	41,017.	330,353.

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

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

	(a) Event #1 ANNUAL BENEFIT LUNCHEON (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	371,370.			371,370.
2 Less: Charitable contributions	334,575.			334,575.
3 Gross income (line 1 minus line 2)	36,795.			36,795.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes	501.			501.
6 Rent/facility costs	12,006.			12,006.
7 Food and beverages	42,275.			42,275.
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)				(54,782)
11 Net income summary. Combine line 3, column (d), and line 10				<17,987.>

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 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine line 1, column d, and line 7				

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? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ...
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RUTH C. SCHWARTZ & CO.

(I) ADDRESS OF FUNDRAISER: 6 WEST 18TH STREET, NEW YORK, NY 10011

(I) NAME OF FUNDRAISER: LORELEI ENTERPRISES AND EVENTS, INC.

(I) ADDRESS OF FUNDRAISER:

355 LEXINGTON AVENUE, SUITE 1001, NEW YORK, NY 10017

Part IV Supplemental Information (continued)

FORM 990, SCHEDULE G, PART I, LINE 2

LORELEI ENTERPRISES AND EVENTS, INC. WAS CONTRACTED FOR \$40,000 TO WORK

OVER THE COURSE OF A YEAR ON THE JWFNY ANNUAL BENEFIT LUNCHEON.

HALFWAY THROUGH OUR CONTRACT, EVEN THOUGH JWFNY WAS ONLY AT THE VERY

BEGINNING OF PLANNING, THE CONTRACT WITH LORELEI WAS TERMINATED. AFTER

A THOROUGH SEARCH, RUTH C. SCHWARTZ & CO. WAS HIRED TO COMPLETE THE JOB

AND A NEW CONTRACT WAS NEGOTIATED FOR \$21,017.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization THE JEWISH WOMEN'S FOUNDATION OF N.Y. IN
C/O UJA-FEDERATION OF NEW YORK, INC.

Employer identification number
13-3897852

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" to 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. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVANCING WOMEN PROFESSIONALS AND THE JEWISH COMMUNITY - 1114 AVENUE OF THE AMERICAS, SUITE 3400 - NEW YORK, NY 10035	13-4190787	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
AVODAH: JEWISH SERVICE CORPS 45 WEST 36TH STREET, 8TH FLOOR NEW YORK, NY 10018	13-3914342	501(C)(3)	25,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
BE'CHOL LASHON 27 WEST 24TH STREET, SUITE 10D NEW YORK, NY 10010	94-3307253	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
GLOBAL GOODS PARTNERS 115 WEST 30TH STREET, SUITE 400 NEW YORK, NY 10001	20-5355641	501(C)(3)	15,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
GOODS FOR GOOD INC. 180 VARICK STREET, SUITE 1207 NEW YORK, NY 10014	20-4626448	501(C)(3)	18,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
JEWISH CHILD CARE ASSOCIATION OF NEW YORK - 120 WALL STREET - NEW YORK, NY 10005	13-1624060	501(C)(3)	58,478.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table			19				
3 Enter total number of other organizations listed in the line 1 table			19				

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2011)

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

(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
JEWISH HEART FOR AFRICA (INNOVATION AFRICA) - 520 8TH AVENUE, 15TH FLOOR - NEW YORK, NY 10018	33-1186746	501(C)(3)	25,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
JEWS FOR RACIAL AND ECONOMIC JUSTICE - 666 BROADWAY, SUITE 500 - NEW YORK, NY 10012	13-3694790	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
JEWISH FEDERATION OF METROPOLITAN CHICAGO - 30 S. WELLS STREET - CHICAGO, IL 60606	36-2167761	501(C)(3)	10,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
MATAN INC. 333 MAMARONECK AVENUE #342 WHITE PLAINS, NY 10605	13-4174834	501(C)(3)	7,500.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
MOVING TRADITIONS 261 OLD YORK ROAD, SUITE 734 JENKINTOWN, PA 19046	34-2015014	501(C)(3)	5,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
MYJEWISHLEARNING INC. 377 5TH AVENUE, 2ND FLOOR NEW YORK, NY 10016	75-3121525	501(C)(3)	5,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
THE NATIONAL ASSOCIATION OF JEWISH CHAPLAINS INC. - 901 ROUTE 10 - WHIPPANY, NJ 07981	06-1288389	501(C)(3)	68,500.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
PRESENTENSE GROUP INC. 131 WEST 86TH STREET NEW YORK, NY 10024	26-3301983	501(C)(3)	40,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
SHARSHERET INC. 1086 TEANECK ROAD TEANECK, NJ 07666	13-4198529	501(C)(3)	50,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION

Schedule I (Form 990)

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

(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
SLINGSHOT 575 MADISON AVENUE NEW YORK, NY 10022	13-3848582	501(C)(3)	25,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
UNDER THE BAOBAB TREE, INC. (PROJECT MUSO) - 180 MONROE STREET, NW BOX 309 - WASHINGTON, DC 20010	20-3171837	501(C)(3)	20,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
WE CARE SOLAR C/O DR. LAURA STACHEL, 3009 HILLEG BERKELEY, CA 94705	30-0627106	501(C)(3)	25,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION
YESHIVAT MAHARAT INC. 3700 HENRY HUDSON PKWY BRONX, NY 10463	01-0954142	501(C)(3)	15,000.	0.			SEE SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 13-3881852 Page

Part III can be duplicated if additional space is needed.

[illegible]

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

ALL U.S. BASED GRANTEES SIGN A CONTRACT THAT INDICATES THE TERMS OF THE

GRANT, DURING EACH YEAR OF THE GRANT, JWFNY MEETS WITH AGENCY

REPRESENTATIVES TWO TIMES A YEAR TO REVIEW THE PROGRESS OF THE PROJECT. IN

ADDITION, AGENCIES SUBMIT A MID-YEAR AND END-OF-THE-YEAR REPORT DURING EACH

YEAR OF THE GRANT. THE REPORTS INCLUDE A WRITTEN NARRATIVE AND A BUDGET TO

DATE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AVODAH: JEWISH SERVICE CORPS

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV.

SUPPLEMENTAL INFORMATION

PROGRAM SUPPORT - THIS PROGRAM WORKS TO EXPAND PARTICIPANTS'

UNDERSTANDING OF POVERTY, PREPARE PARTICIPANTS TO BE LEADERS WITHIN THE

JEWISH AND SOCIAL JUSTICE COMMUNITIES THROUGH SKILL BUILDING AND

LEADERSHIP TRAINING, EXPAND PARTICIPANTS'S ACCESS TO FEMALE ROLE MODELS.

NAME OF ORGANIZATION OR GOVERNMENT: GLOBAL GOODS PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV.

SUPPLEMENTAL INFORMATION

GLOBAL GOODS PARTNERS PROVIDES A RELIABLE, FAIR MARKET FOR WOMEN ARTISANS

AROUND THE WORLD AND SUPPORTS THEIR WOMEN-OPERATED COMMUNITY

COOPERATIVES, WHICH PROVIDE VITAL SERVICES TO THEIR COMMUNITIES, GGP

WILL INCREASE INVENTORY LEVELS AND FUND THE PRODUCTION OF LARGE CUSTOM

ORDERS THAT WILL DIRECTLY BENEFIT WOMEN IN INDIA, NEPAL, BOLIVIA, AND

GUATEMALA.

NAME OF ORGANIZATION OR GOVERNMENT: GOODS FOR GOOD INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV.

SUPPLEMENTAL INFORMATION

GOODS FOR GOOD TURNS EXCESS INTO PROGRESS BY DISTRIBUTING DONATED SURPLUS

GOODS TO COMMUNITY CENTERS AND SCHOOLS IN MALAWI, ENABLING THE

INSTITUTIONS TO CARE FOR AND SUPPORT VULNERABLE CHILDREN AND COMMUNITY

MEMBERS. GFG WILL BUILD A COMMUNITY-OWNED AND WOMEN-OPERATED AGRICULTURE

BUSINESS WHOSE PROCEEDS WILL BE INVESTED IN THE CARE OF LOCAL ORPHANS IN

MALAWI.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH CHILD CARE ASSOCIATION OF NEW YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV.

SUPPLEMENTAL INFORMATION

PROGRAM SUPPORT: FAMILY DAY CARE IS A TWO YEAR PROGRAM AIMED TO PROVIDE

MOSTLY IMMIGRANT JEWISH WOMEN WITH AN OPPORTUNITY TO OPEN INDEPENDENT,

HOME BASED DAY CARE BUSINESSES.

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH HEART FOR AFRICA (INNOVATION AFRICA)

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV.

SUPPLEMENTAL INFORMATION

JEWISH HEART FOR AFRICA BRINGS ISRAELI TECHNOLOGIES TO RURAL AFRICAN

VILLAGES IN ORDER TO IMPROVE QUALITY OF LIFE AND PROMOTE SUSTAINABLE

DEVELOPMENT. SUPPORTING ISRAELI INNOVATION AND FOSTERING A POSITIVE IMAGE

OF ISRAEL ABROAD. THE ISHA KOACH GRANT WILL BE USED TO INSTALL AND

MONITOR A SOLAR-POWERED WATER PUMPING SYSTEM IN AN AFRICAN COMMUNITY.

FREEING THOUSANDS OF WOMEN AND GIRLS FROM THE GRUELING AND TIME-CONSUMING

TASK OF COLLECTING WATER MILES AWAY AND ALLOWING THEM TO INSTEAD ATTEND

SCHOOL.

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH FEDERATION OF METROPOLITAN CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV.

SUPPLEMENTAL INFORMATION

PROGRAM SUPPORT: FUNDS ARE DIRECTED TO SHUTAFOT, A PARTNERSHIP OF 7

FEMINIST ORGANIZATIONS IN ISRAEL WHOSE AIM IS TO PROMOTE GENDER EQUALITY

Part IV Supplemental Information

AND WOMEN'S RIGHTS. ALTHOUGH THIS MONEY IS GIVEN TO THE JEWISH WOMEN'S

FOUNDATION OF METROPOLITAN CHICAGO, THE INTENTION IS TO HAVE THE FUNDS

DIRECTED OVERSEES TO ISRAEL.

NAME OF ORGANIZATION OR GOVERNMENT: MATAN INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV.

SUPPLEMENTAL INFORMATION

PROGRAM SUPPORT: FUNDS SUPPORT THE MATAN LEADERSHIP INSTITUTE AND THE

MATAN TEACHER INSTITUTE WHICH SUPPORT THE ORGANIZATION'S EFFORTS TO

ENSURE THAT JEWISH STUDENTS HAVE ACCESS TO MEANINGFUL JEWISH EDUCATION AND

THAT ONE'S SPECIAL NEEDS NEVER BECOME A BARRIER TO FULL PARTICIPATION IN

JEWISH LIFE.

NAME OF ORGANIZATION OR GOVERNMENT: MOVING TRADITIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV.

SUPPLEMENTAL INFORMATION

PROGRAM SUPPORT: FUNDS SUPPORTS THE TRAINING AND COACHING OF ADULT

MENTORS FROM SYNAGOGUES, JCCS, OTHER JEWISH INSTITUTIONS TO LEARN ROSE

HODOSH. IT'S A GIRLS THING!

NAME OF ORGANIZATION OR GOVERNMENT: MYJEWISHLARNING INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV.

SUPPLEMENTAL INFORMATION

PROGRAM SUPPORT: FUNDS SUPPORT THE ONLINE SERIES "WORK, HOME, AND MONEY -

A MONTH OF ARTICLES, BLOG POSTS AND ONLINE CONVERSATIONS EXPLORING THE

FINANCIAL CHALLENGES FACED BY JEWISH WOMEN RAISING YOUNG CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

THE NATIONAL ASSOCIATION OF JEWISH CHAPLAINS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV.

SUPPLEMENTAL INFORMATION

PROGRAM SUPPORT: THIS PROGRAM WILL RECRUIT AND TRAIN 10 FEMALE CANDIDATES

SEEKING TO BECOME JEWISH CHAPLAINS AND PLACE THEM IN APPROPRIATE HEALTH

CARE FACILITIES.

NAME OF ORGANIZATION OR GOVERNMENT: PRESENTENSE GROUP INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV.

SUPPLEMENTAL INFORMATION

PROGRAM SUPPORT: FUNDS WILL SUPPORT THE TRAINING OF 6-10 FEMALE SOCIAL

ENTREPRENEURS TO SUCCESSFULLY LAUNCH THEIR NEW VENTURES.

NAME OF ORGANIZATION OR GOVERNMENT: SHARSHERET INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV.

SUPPLEMENTAL INFORMATION

PROGRAM SUPPORT: FUNDS SUPPORTS SHARSHERET'S PROGRAMS THAT EMPOWER JEWISH

WOMEN TO TAKE CONTROL OF THEIR FINANCIAL WELL-BEING DURING A HEALTH

CRISIS AND NAVIGATE FINANCIAL PLANNING AND WELLNESS.

NAME OF ORGANIZATION OR GOVERNMENT: SLINGSHOT

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV.

SUPPLEMENTAL INFORMATION

PROGRAM SUPPORT: FUNDS WILL BE USED TO CREATE A SUPPLEMENT THAT HIGHLIGHTS

THE 15-20 MOST INNOVATIVE ORGANIZATIONS SERVING WOMEN AND GIRLS IN THE

JEWISH COMMUNITY IN NORTH AMERICA.

NAME OF ORGANIZATION OR GOVERNMENT:

UNDER THE BAOBAB TREE, INC. (PROJECT MUSO)

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV.

SUPPLEMENTAL INFORMATION

PROJECT MUSO EMPOWERS MALIAN WOMEN TO CARE FOR THE HEALTH AND WELL BEING

OF THEMSELVES AND THEIR FAMILIES THROUGH EDUCATION, MICROFINANCE AND

COMMUNITY BASED MALARIA EARLY-DETECTION PROGRAMS. THE ISHA KOACH GRANT

TRAINS, HIRES AND SUPPORTS 20 MALIAN WOMEN AS COMMUNITY HEALTH WORKERS

WHO WILL REDUCE MATERNAL AND INFANT MORTALITY IN THE YIRIMADJO COMMUNITY

OF BAMAKO, MALI THROUGH DOOR-TO-DOOR HEALTH VISITS.

NAME OF ORGANIZATION OR GOVERNMENT: WE CARE SOLAR

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV.

SUPPLEMENTAL INFORMATION

WE CARE SOLAR REDUCES MATERNAL MORTALITY IN DEVELOPING COUNTRIES BY

PROVIDING HEALTH WORKERS AND CENTERS WITH RELIABLE LIGHTING, MOBILE

COMMUNICATION, AND BLOOD BANK REFRIGERATION THROUGH SOLAR ELECTRICITY

USING THE REVOLUTIONARY "SOLAR SUITCASE". THE ISHA KOACH GRANT WILL

ALLOW WE CARE SOLAR TO CONTINUE THIS WORK IN NIGERIA AND BRING THE SAME

SOLAR TECHNOLOGY AND LIFE-SAVING EQUIPMENT TO SIERRA LEONE.

NAME OF ORGANIZATION OR GOVERNMENT: YESHIVAT MAHARAT INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE SCHEDULE I, PART IV.

SUPPLEMENTAL INFORMATION

PROGRAM SUPPORT: FUNDS WILL SUPPORT THE PASTORAL TORAH PROGRAM WHICH

HELPS TRAIN LEARNED ORTHODOX JEWISH WOMEN TO BECOME HALAKHIC SPIRITUAL

LEADERS FOR THE COMMUNITY.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization **THE JEWISH WOMEN'S FOUNDATION OF N.Y. IN C/O UJA-FEDERATION OF NEW YORK, INC.** Employer identification number **13-3897852**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	15,125	SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization THE JEWISH WOMEN'S FOUNDATION OF N.Y. IN
C/O UJA-FEDERATION OF NEW YORK, INC.

Employer identification number
13-3897852

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

(CONTINUED)

ACHIEVEMENT. THE JEWISH WOMEN'S FOUNDATION OF NEW YORK WORKS TO MAKE

THIS WORLD A REALITY BY PROVIDING EDUCATION ON VITAL ISSUES, FUNDING

INNOVATIVE PROGRAMS, ENGAGING IN ADVOCACY EFFORTS AND ENCOURAGING OUR

MEMBERS TO VIEW ALL PHILANTHROPIC EFFORTS THROUGH A GENDER LENS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

(CONTINUED)

MARKET AND LIVE DEBT FREE. SINCE THIS PROJECT BEGAN, HUNDREDS OF GIRLS

IN NEW YORK HAVE PARTICIPATED IN THIS COURSE.

FORM 990, PART VI, SECTION A, LINE 2: FAMILY RELATIONSHIPS AMONG

OFFICERS, DIRECTORS AND KEY EMPLOYEES:

MADELINE CASLOW, NOMINATING COMMITTEE CHAIR AND IMMEDIATE PAST PRESIDENT

AND MIRIAM CASLOW, VICE PRESIDENT - FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 6: UJA-FEDERATION OF NEW YORK, INC.

(UJA-FEDERATION) IS THE SOLE MEMBER OF JWFNY.

FORM 990, PART VI, SECTION A, LINE 7A: AS THE SOLE MEMBER OF THE

ORGANIZATION, UJA-FEDERATION APPOINTS THE DIRECTORS OF JWFNY'S GOVERNING

BODY.

FORM 990, PART VI, SECTION B, LINE 11: DESCRIPTION OF PROCESS FOR

PROVIDING FORM 990 TO THE GOVERNING BODY BEFORE FILING:

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization THE JEWISH WOMEN'S FOUNDATION OF N.Y. IN
C/O UJA-FEDERATION OF NEW YORK, INC.

Employer identification number
13-3897852

THE FORM 990 WAS PROVIDED TO THE PRESIDENT AND TREASURER FOR THEIR REVIEW

AND APPROVAL PRIOR TO FILING. A COPY OF FORM 990 WAS THEN MADE AVAILABLE

TO THE FINANCE COMMITTEE AND BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: JWFNY HAS A FORMAL CONFLICT OF

INTEREST POLICY. IN ADDITION, GRANT'S COMMITTEE MEMBERS ARE REQUIRED TO

SUBMIT A CONFLICT OF INTEREST FORM IF THEY SIT ON THE BOARD OF DIRECTORS OR

MAINTAIN A SPECIAL RELATIONSHIP WITH ANY OF THE AGENCIES APPLYING FOR A

GRANT. THE ORGANIZATION ASKS AND REMINDS THE GRANTS COMMITTEE TO SUBMIT

THIS CONFLICT FORM THROUGHOUT THE GRANT CYCLE.

FORM 990, PART VI, SECTION B, LINE 15A: JWFNY UTILIZES THE SERVICES OF THE

EXECUTIVE DIRECTOR OF HUMAN RESOURCES OF UJA-FEDERATION, THE SOLE MEMBER,

TO HELP DETERMINE COMPENSATION FOR THEIR EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND WHISTLEBLOWER POLICIES

AVAILABLE TO THE PUBLIC UPON REQUEST. NO SEPARATE FINANCIAL STATEMENTS ARE

ISSUED FOR JWFNY. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN

THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SOLE MEMBER, UJA-FEDERATION.

UJA-FEDERATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE ON ITS WEBSITE AND

UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:

-81,407.

UNREALIZED GAIN ON INVESTMENTS

TOTAL TO FORM 990, PART XI, LINE 5

-81,407.

Name of the organization THE JEWISH WOMEN'S FOUNDATION OF N.Y. IN
C/O UJA-FEDERATION OF NEW YORK, INC.

Employer identification number
13-3897852

FORM 990, PART V, LINE 2A

NUMBER OF EMPLOYEES REPORTED ON FORM W-3:

ALL PAYROLL FILINGS FOR THE JWFNY ARE REPORTED UNDER THE FEDERAL

EMPLOYER IDENTIFICATION NUMBER OF ITS SOLE MEMBER, UJA-FEDERATION. THE

JWFNY IS ALSO AN ENTITY INCLUDED WITHIN THE GROUP EXEMPTION (# 8055)

FILED UNDER UJA-FEDERATION. UJA-FEDERATION'S 990 FILING INCLUDES THE

APPLICABLE PAYROLL REPORTING.

FORM 990, PART VII, COMPENSATION OF OFFICERS AND DIRECTORS - SECTION A.

COLUMN B - AVERAGE HOURS PER WEEK

LAY LEADERSHIP DEVOTES A SIGNIFICANT AMOUNT OF TIME TO THE AFFAIRS OF

JWFNY, AS THE ORGANIZATION DOES NOT MAINTAIN A SYSTEM FOR TRACKING

VARIOUS HOURS WORKED BY THESE NON-COMPENSATED INDIVIDUALS. NO AVERAGE

HOURS PER WEEK WERE INDICATED FOR THESE LISTED DIRECTORS AND/OR

OFFICERS.

Part III
Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a X
b Gift, grant, or capital contribution to related organization(s)		1b X
c Gift, grant, or capital contribution from related organization(s)		1c X
d Loans or loan guarantees to or for related organization(s)		1d X
e Loans or loan guarantees by related organization(s)		1e X
f Sale of assets to related organization(s)		1f X
g Purchase of assets from related organization(s)		1g X
h Exchange of assets with related organization(s)		1h X
i Lease of facilities, equipment, or other assets to related organization(s)		1i X
j Lease of facilities, equipment, or other assets from related organization(s)		1j X
k Performance of services or membership or fundraising solicitations for related organization(s)		1k X
l Performance of services or membership or fundraising solicitations by related organization(s)		1l X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1m X
n Sharing of paid employees with related organization(s)		1n X
o Reimbursement paid to related organization(s) for expenses		1o X
p Reimbursement paid by related organization(s) for expenses		1p X
q Other transfer of cash or property to related organization(s)		1q X
r Other transfer of cash or property from related organization(s)		1r X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK, INC.	O	343,000	ACTUAL EXPENSE AMOUNTS
UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK, INC.	R	167,000	ACTUAL CASH TRANSFERS
(3)			
(4)			
(5)			
(6)			

Page 4

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]