

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016, and ending 09-30-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
THE NEW WORLD FOUNDATION
% THE NEW WORLD FOUNDATION
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
680 WEST END AVENUE
City or town, state or province, country, and ZIP or foreign postal code
New York, NY 10025

D Employer identification number
13-1919791
E Telephone number
(212) 249-1023
G Gross receipts \$ 78,529,787

F Name and address of principal officer
Jonathan Glionna
680 WEST END AVENUE
NEW YORK, NY 10025

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ NEWWF.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1954

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE NEW WORLD FOUNDATION (the "nwf") SUPPORTS COMMUNITY ACTIVISTS ACROSS AMERICA AND AROUND THE WORLD (see schedule O - 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)	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	13
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	76
6 Total number of volunteers (estimate if necessary)	13
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,912,978	68,241,780
9 Program service revenue (Part VIII, line 2g)	432,696	196,863
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	440,215	270,629
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	144,712	113,948
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,930,601	68,823,220
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,979,491	7,322,103
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)	5,091,401	6,042,763
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 138,836		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,543,477	5,041,662
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	17,614,369	18,406,528
19 Revenue less expenses Subtract line 18 from line 12	-10,683,768	50,416,692

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	43,423,632	94,723,608
21 Total liabilities (Part X, line 26)	10,107,239	9,430,783
22 Net assets or fund balances Subtract line 21 from line 20	33,316,393	85,292,825

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2018-08-14
JAMES J REILLY accountant
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: JAMES J REILLY
Preparer's signature: JAMES J REILLY
Date: _____
Check if self-employed
PTIN: P00183769
Firm's name: CONDON O'MEARA MCGINTY & DONNELLY L
Firm's address: ONE BATTERY PARK PLAZA
NEW YORK, NY 100041405
Firm's EIN: _____
Phone no: (212) 661-7777

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 or note to any line in this Part III

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 5,630,990 including grants of \$ 358,722) (Revenue \$ 196,863)
See Additional Data

4b (Code) (Expenses \$ 6,026,295 including grants of \$ 2,806,803) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 5,401,333 including grants of \$ 4,156,578) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 97,651 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 17,156,269

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OK, OR, RI, SC, TN, UT, VA
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE NEW WORLD FOUNDATION 302 WEST 91ST STREET NEW YORK, NY 10024 (212) 249-1023

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENT WONG CHAIR	1 0 0 0	X		X				0	0	0
(2) PEGGY SAIKA SECRETARY	1 0 0 0	X		X				0	0	0
(3) JULIE GOODRIDGE VICE CHAIR	1 0 0 0	X		X				0	0	0
(4) JONATHAN GLIONNA TREASURER	1 0 0 0	X		X				0	0	0
(5) lisa abbott director	1 0 0 0	X						0	0	0
(6) BILL DEMPSEY DIRECTOR	1 0 0 0	X						0	0	0
(7) SOFIA CAMPOS DIRECTOR	1 0 0 0	X						0	0	0
(8) DON GALANTE DIRECTOR	1 0 0 0	X						0	0	0
(9) DAVID B HARRISON director	1 0 0 0	X						0	0	0
(10) DON HAZEN DIRECTOR	1 0 0 0	X						0	0	0
(11) ANTHONY THIGPENN DIRECTOR	1 0 0 0	X						0	0	0
(12) FRED AZCARATE DIRECTOR	1 0 0 0	X						0	0	0
(13) LINDA COLON DIRECTOR	1 0 0 0	X						0	0	0
(14) COLIN GREER PRESIDENT	40 0 0 0			X				267,287	0	95,009
(15) BEATA PUDELKO ASSISTANT TREASURER	40 0 0 0			X				118,874	0	56,417
(16) ROBERT DANDREW DIRECTOR LOCAL ECONOMIES PROJ	40 0 0 0				X			205,174	0	82,508
(17) SARAH BRANNEN ASSOCIATE DIRECTOR OF PROGRAMS	40 0 0 0					X		130,652	0	40,872

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HEETEN KALAN PROGRAM OFFICER	40 0 0 0					X		113,240	0	64,826
(19) JEAN PAUL COURTENS program director	40 0 0 0					X		109,519	0	31,426
(20) GINA BELAFONTE program director	40 0 0 0					X		111,392	0	14,320
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,056,138	0	385,378

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 **7**

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

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
THE RABEN GROUP, 1341 G STREET NW FLR 5 WASHINGTON, DC 200053105	CONTRACTOR	140,000
SYNDICATE BUILD LLC, 36 W 44TH STREET SUITE 1010 NEW YORK, NY 10036	CONTRACTOR	109,097
LA TORRE CONSTRUCTION CO, 7 DE WITT STREET KINGSTON, NY 12401	CONTRACTOR	232,751

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 **3**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	68,241,780				
	g Noncash contributions included in lines 1a-1f \$ _____		2,178,478				
	h Total. Add lines 1a-1f		68,241,780				
Program Service Revenue			Business Code				
	2a FARM SALES		110000	196,863	196,863		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		196,863					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			477,236		477,236	
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
			14,310				
		b Less rental expenses					
		c Rental income or (loss)	14,310	0			
	d Net rental income or (loss)			14,310		14,310	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			9,499,960				
		b Less cost or other basis and sales expenses	8,941,281	765,286			
		c Gain or (loss)	558,679	-765,286			
	d Net gain or (loss)			-206,607		-206,607	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b	0			
		c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b	0				
c Net income or (loss) from gaming activities				0			
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue	Business Code						
11a OTHER	900099	99,638			99,638		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		99,638					
12 Total revenue. See Instructions		68,823,220	196,863		384,577		

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	7,322,103	7,322,103		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	566,349	504,096	49,766	12,487
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	3,387,352	3,015,015	297,653	74,684
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	353,098	314,286	31,027	7,785
9 Other employee benefits.	1,441,627	1,283,164	126,678	31,785
10 Payroll taxes.	294,337	261,983	25,864	6,490
11 Fees for services (non-employees)				
a Management.	0			
b Legal.	261,850	232,743	29,107	
c Accounting.	35,810	35,452	358	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	100,601	23,193	77,408	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,037,274	1,011,567	25,707	
12 Advertising and promotion.	0			
13 Office expenses.	270,123	249,454	15,364	5,305
14 Information technology.	641,039	639,950	789	300
15 Royalties.	0			
16 Occupancy.	646,544	382,881	263,663	
17 Travel.	362,597	314,413	48,184	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	137,797	119,486	18,311	
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	595,719	512,916	82,803	
23 Insurance.	137,495	120,837	16,658	
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 FARM COSTS AND EXPENSES	782,520	782,520		
b COMMUNITY SUPPORT	26,987	25,695	1,292	
c OTHER	5,306	4,515	791	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	18,406,528	17,156,269	1,111,423	138,836
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	124,605	1	264,065
	2 Savings and temporary cash investments	4,929,109	2	45,354,088
	3 Pledges and grants receivable, net	8,235,742	3	2,987,929
	4 Accounts receivable, net	139,671	4	147,849
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	724,399	9	210,086
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 13,896,117		
	b Less accumulated depreciation	10b 1,402,638	10,396,239	10c 12,493,479
	11 Investments—publicly traded securities	18,778,471	11	33,253,040
	12 Investments—other securities See Part IV, line 11	59,289	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	36,107	15	13,072
16 Total assets. Add lines 1 through 15 (must equal line 34)	43,423,632	16	94,723,608	
Liabilities	17 Accounts payable and accrued expenses	905,514	17	1,024,574
	18 Grants payable	2,800	18	10,000
	19 Deferred revenue	553,500	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	6,630,000	23	6,634,129
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,015,425	25	1,762,080
	26 Total liabilities. Add lines 17 through 25	10,107,239	26	9,430,783
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	18,424,544	27	73,158,947
	28 Temporarily restricted net assets	14,891,849	28	12,133,878
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	33,316,393	33	85,292,825	
34 Total liabilities and net assets/fund balances	43,423,632	34	94,723,608	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	68,823,220
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,406,528
3	Revenue less expenses Subtract line 2 from line 1	3	50,416,692
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,316,393
5	Net unrealized gains (losses) on investments	5	1,030,811
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	528,929
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	85,292,825

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
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	2c	Yes	
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?	3a		No
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	3b		

Additional Data

Software ID:

Software Version:

EIN: 13-1919791

Name: THE NEW WORLD FOUNDATION

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

SEE SCHEDULE O

Form 990, Part III, Line 4c:

SEE SCHEDULE o

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEW WORLD FOUNDATION

Employer identification number

13-1919791

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

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

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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	8,366,093	35,321,245	6,547,288	5,912,978	68,241,780	124,389,384
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	8,366,093	35,321,245	6,547,288	5,912,978	68,241,780	124,389,384
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)						76,044,669
6 Public support. Subtract line 5 from line 4						48,344,715

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	8,366,093	35,321,245	6,547,288	5,912,978	68,241,780	124,389,384
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	490,029	483,143	456,079	437,066	491,546	2,357,863
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))	12,119	24,901	20,451	129,752	99,638	286,861
11 Total support. Add lines 7 through 10						127,034,108

12 Gross receipts from related activities, etc (see instructions) **12** 936,278

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 2016 (line 6, column (f) divided by line 11, column (f))	14	38.056 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	62.086 %

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

Part VI Supplemental Information.

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEW WORLD FOUNDATION

Employer identification number
13-1919791

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	11	
2 Aggregate value of contributions to (during year)	52,315,468	
3 Aggregate value of grants from (during year)	898,100	
4 Aggregate value at end of year	53,086,180	

- 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" on 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 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, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, 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" on 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 XIII, 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) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____ 1,753
- 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** Revenue included on 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 XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,891,849	24,836,930	35,115,048	13,216,135	15,731,173
b Contributions	13,419,576	4,218,522	4,124,312	34,859,434	6,439,702
c Net investment earnings, gains, and losses					-288,407
d Grants or scholarships					
e Other expenditures for facilities and programs	16,177,547	14,163,603	14,402,430	12,960,521	8,666,333
f Administrative expenses					
g End of year balance	12,133,878	14,891,849	24,836,930	35,115,048	13,216,135

- 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 ▶ 100.000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,150,540		6,150,540
b Buildings				
c Leasehold improvements		2,212,343	286,583	1,925,760
d Equipment		3,980,607	746,617	3,233,990
e Other		1,552,627	369,438	1,183,189
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				12,493,479

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
HEALTH BENEFITS	1,762,080
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,762,080

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	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 XIII)	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 XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	
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 XIII)	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 XIII)	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 XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-1919791

Name: THE NEW WORLD FOUNDATION

Supplemental Information

Return Reference	Explanation
PART III - LINE 4	Reproductions of the litographs by Nelson Mandela used as the office decor PART V - LINE 4 Temporarily restricted - net assets of THE NEW WORLD FOUNDATION which have been limited by donor-imposed stipulations that either expire with the passage of time or can be fulfilled and removed by the actions of NWF pursuant to those stipulations Temporarily restricted contributions that originate in a given year and are released from restrictions in the same year are reflected within unrestricted net assets

**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," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
THE NEW WORLD FOUNDATION

Employer identification number
13-1919791

Part I General Information on Grants and Assistance

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

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

(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
--	---------	-------------------------------	--------------------------	-----------------------------------	---	--	------------------------------------

See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 112

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I - LINE 2	EACH GRANTEE IS MONITORED BY NWF PROGRAM OFFICERS THROUGH MAIL, TELEPHONE CALL, and SITE VISITS AT THE END OF GRANT PERIOD EACH GRANTEE PROVIDES NWF WITH FINANCIAL AND NARRATIVE REPORTS FOR REVIEW

Additional Data

Software ID:
Software Version:
EIN: 13-1919791
Name: THE NEW WORLD FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
American Farmland Trust 1150 CONNECTICUT AVE Washington, DC 20036	52-1190211	501(c)(3)	65,000				General Support
American Institute for Mental Imagery 351 E 84th St APT 10D NY, NY 10028	13-3138828	501(c)(3)	7,500				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Coalition for Social Justice Education Fund Inc 56 NORTH MAIN ST 403 FALL RIVER, MA 20720	04-3351827	501(c)(3)	50,000				General Support
Community Foundations of the Hudson Valley 80 Washington St SUITE 201 Pughkeepsie, NY 12601	23-7026859	501(c)(3)	425,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Cooperative Ext Assoc of the ST of NY ulster city 232 PLAZA ROAD KINGSTON, NY 12401	14-6046893	501(c)(3)	27,099				General Support
Cornell University 373 Pine Tree ROAD Ithaca, NY 14850	15-0532082	501(c)(3)	333,670				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Council on the Environment Inc 51 Chambers St New York, NY 10007	13-2765465	501(c)(3)	100,000				General Support
Farm On Foundation INC 556 EMPIRE ROAD COPAQUE, NY 12516	46-1999952	501(c)(3)	10,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Food and Water Watch 1616 P St NW STE 300 WASHINGTON, DC 20036	32-0160439	501(c)(3)	25,000				General Support
Glynwood Center INC PO Box 157 Cold Spring, NY 10516	13-3852957	501(c)(3)	25,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALLIANCE FOR GLOBAL JUSTICE 225 E 26TH STREET TUCSON, AZ 85713	52-2094677	501 (C)(3)	115,000				General Support
EQUAL JUSTICE USA INC 20 JAY STREET 808 BROOKLYN, NY 11201	26-1316408	501 (C)(3)	8,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DOCTORS WITHOUT BORDERS USA 333 SEVENTH AVE 2ND FL NY, NY 10001	13-3433452	501 (C)(3)	8,000				General Support
BRIGHAM & WOMEN'S HOSPITAL DBA SJPHC 640 CENTRE STREET JAMAICA PLAIN, MA 20130	04-2312909	501 (C) (3)	10,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CRIMINAL JUSTICE POLICY COALITION INC 549 COLUMBUS AVE BOSTON, MA 02118	04-3573526	501 (C) (3)	20,000				General Support
Grassroots International Inc 179 Boylston St 4th Fl Boston, MA 02130	04-2791159	501 (C) (3)	8,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Hudson Valley Research Laboratory Inc 3357 US Highway 9W Highland, NY 12528	14-6034334	501 (C) (3)	100,000				General Support
Human Rights Defense Center PO Box 1151 Lake Worth, FL 33460	94-3143411	501 (C) (3)	10,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
In Spirit PO Box 383 Woodcare, CA 94973	94-3032391	501 (C) (3)	5,250				General Support
Independent Media Institute 1881 Harmon Street Berkeley, CA 94703	52-1309876	501 (C) (3)	75,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Kids Fashion Delivers Inc 266 W 37th St 22nd Fl NY, NY 10018	13-3300271	501 (C) (3)	10,000				General Support
Kent County Arts Council Inc PO Box 330 Chestertown, MD 21620	52-1236800	501 (C) (3)	15,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Neighbor to Neighbor MA Action Fund 15 Court Square STE 345 Boston, MA 02108	04-3507716	501 (C) (4)	25,000				General Support
Rethink Local Inc 291 Main Street Beacon, NY 12508	46-0766570	501 (C) (3)	60,000				General Support

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St Mary of The Angels 97 South Street Jamaica Plain, MA 02130	04-3275701	501 (C) (3)	10,000				General Support
The Community Service Care Inc PO Box 300040 SUITE 1100 Jamaica Plain, MA 02130	04-2754281	501 (C) (3)	10,000				General Support

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Third Sector New England 89 South Street Boston, MA 02111	04-2261109	501 (C) (3)	10,000				General Support
Tides Center 1014 Torney Ave San Francisco, CA 94129	94-3213100	501 (C) (3)	50,000				General Support

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AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUS 1255 LA QUINTA DR 212 ORLANDO, FL 32856	59-2201402	501 (C) (5)	50,000				General Support
BOSTON MOBILIZATION 30 BOW STREET SUITE 2 CAMBRIDGE, MA 02138	04-3550663	501 (C) (3)	15,000				General Support

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CENTER FOR CONSTITUTIONAL RIGHTS 666 BROADWAY NEW YORK, NY 10012	22-6082880	501 (C) (3)	16,000				General Support
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501 (C) (3)	15,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GEORGIA LATINO ALLIANCE FOR HUMAN RIGHTS INC 7 DUNWOODY PARK ST 100 ATLANTA, GA 30338	76-0809155	501 (C) (3)	50,000				General Support
Hawthorne Valley Association 327 Route 21C Ghent, NY 12075	13-2722428	501 (C) (3)	183,000				General Support

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Hudson Mohawk Resource Conservation 479 Route 66 Hudson, NY 12534	14-1756539	501 (C) (3)	175,000				General Support
Lark Theatre Company Inc 311 W 43rd St STE 406 NY, NY 10036	13-3779197	501 (C) (3)	25,500				General Support

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Mass Alliance 8 Beacon St 4th Floor Boston, MA 02108	20-4272351	501 (C) (4)	10,000				General Support
National Black Justice Coalition Inc PO Box 71395 Washington, DC 20024	20-0667808	501 (C) (3)	50,000				General Support

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National Young Farmers Coalition PO Box 1074 Hudson, NY 12534	47-2072946	501 (C) (3)	100,000				General Support
Neighbor to Neighbor MA EDUCATION FUND INC 15 Court Square Suite 345 Boston, MA 02108	04-3507716	501 (C) (3)	25,000				General Support

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New England Grassroots Envir Fund Inc 55 Main Street Ste 124 Newmarket, NH 30857	03-0364677	501 (C) (3)	35,000				General Support
Northeast Organic Farming Ass Of NY Inc 1423 Hathaway Drive Farmington, NY 14425	03-0259137	501 (C) (3)	25,000				General Support

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Open Space Institute Inc 1350 Broadway Suite 201 New York, NY 10018	52-1053406	501 (C) (3)	40,000				General Support
People for the American Way Foundation 1101 15th St NW Washington, DC 20005	13-3065716	501 (C) (3)	100,000				General Support

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Proteus Fund 15 Research Dr Ste B Amherst, MA 01002	04-3243004	501 (C) (3)	10,000				General Support
Rogue Climate PO Box 1980 Phoenix, OR 97535	46-4714467	501 (C) (3)	40,000				General Support

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Rural and Migrant Ministries PO BOX 4757 Poughkeepsie, NY 12602	22-2527596	501 (C) (3)	100,000				General Support
South Florida AFL-CIO Comm Ed & Chart 4349 NW 36th Street Miami Springs, FL 33166	65-0770244	501 (C) (3)	25,000				General Support

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Southern Center for Human Rights 83 Poplar Street NW Atlanta, GA 30303	62-1025326	501 (C) (3)	15,000				General Support
Southern Poverty Law Center 400 Washington Ave Montgomery, AL 36104	63-0598743	501 (C) (3)	10,000				General Support

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Spontaneous Celebrations Inc 45 Danforth Street Jamaica Plain, MA 02130	01-3253364	501 (C) (3)	12,000				General Support
Stella Adler SCHOOL of Acting 31 West 27th Street New York, NY 10001	13-4112234	501 (C) (3)	10,000				General Support

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Survivors Net of Those Abused by Priests 3 SOUTH NEWSTEAD SAINT LOUIS, MO 63108	36-4154398	501 (C) (3)	10,000				General Support
Texas New Era Center Jobs with Justice 1408 N Washington Ave Dallas, TX 75204	46-5342315	501 (C) (3)	50,000				General Support

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The Advocacy Fund PO Box 29229 San Francisco, CA 94129	94-3153687	501 (C) (4)	45,000				General Support
The City and Country School Inc 146 West 13th Street New York, NY 10011	13-5562983	501 (C) (3)	6,000				General Support

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The City School Inc 614 Columbia Road Dorchester, MA 02125	02-0532474	501 (C) (3)	36,500				General Support
The Hygeia Foundation PO Box 1176 New Canaan, CT 06840	13-2893033	501 (C) (3)	100,000				General Support

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The Regents of the University OF California 10889 WILSHIRE BLVD Los Angeles, CA 90095	95-6006143	501 (C) (3)	60,000				General Support
THE Research FOUNDATION OF SUNY 800 HAWK DRIVE NEW PALTZ, NY 12561	14-1368361	501 (C) (3)	174,998				General Support

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Share Foundation 2425 College Ave Berkeley, CA 94704	52-1241597	501 (C) (3)	12,500				General Support
Urban Revival Inc 284 Amory St 1st Fl Boston, MA 02130	04-2660311	501 (C) (3)	20,000				General Support

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Wild Earth Wilderness School 47 Butternut Road New Paltz, NY 12561	20-1675636	501 (C) (3)	25,000				General Support
Worker Justice Center of New York 1187 Culver Road Rochester, NY 14609	16-1155130	501 (C) (3)	35,000				General Support

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YouthBuild USA Inc 58 Day Street Somerville, MA 02144	22-3076454	501 (C) (3)	35,000				General Support
ANTIOCH COLLEGE CONTINUATION CORPORATION ONE MORGAN PLACE YELLOW SPRINGS, OH 45387	26-1672457	501 (C) (3)	5,250				GENERAL SUPPORT

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AYNI INSTITUTE INC 1120 SARATOGA STREET BOSTON, MA 02128	81-2119468	501 (C) (3)	10,000				GENERAL SUPPORT
BIO-DYNAMIC FARMING AND GARDENING 1661 N WATER ST MILWAUKEE, WI 53202	14-1377504	501 (C) (3)	10,000				GENERAL SUPPORT

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CAIR-FOUNDATION INC 453 NEW JERSEY AVENUE WASHINGTON, DC 20003	77-0646756	501 (C) (3)	10,000				GENERAL SUPPORT
CENTER FOR BIOLOGICAL DIVERSITY INC PO BOX 710 TUCSON, AZ 85702	27-3943866	501 (C) (3)	30,000				GENERAL SUPPORT

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CENTER FOR LABOR EDUCATION AND RESEARCH INC 375 CENTRE STREET BOSTON, MA 02130	22-2604923	501 (C) (3)	30,000				GENERAL SUPPOPRT
CHESAPEAKE CLIMATE ACTION NETWORK 6930 CARROLL AVE TAKOMA PARK, MD 20912	11-3644283	501 (C) (3)	25,000				GENERAL SUPPORT

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CHINATOWN PEOPLE PROGRESSIVE ASSOCIATION INC 28 ASH STREET BOSTON, MA 02111	04-2631569	501 (C) (3)	25,000				GENERAL SUPPORT
CLEAN AIR COUNCIL 135 S 19TH STREET PHILADELPHIA, PA 19103	23-1683461	501 (C) (3)	17,000				GENERAL SUPPORT

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COMMUNITY LABOR UNITED INC 6 BEACON STREET 9TH FLOOR ROOM 910 BOSTON, MA 02108	20-3404034	501 (C) (3)	10,000				GENERAL SUPPORT
COOPERATIVE EXTENSION ASSOC IN THE STATE OF NY 232 PLAZA ROAD KINGSTON, NY 12401	16-1159507	501 (C) (3)	398,720				GENERAL SUPPORT

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COOPERATIVE EXTENSION ASSOC IN THE STATE OF NY 18 SEWARD AVE MIDDLETOWN, NY 10940	14-6036889	501 (C) (3)	82,000				GENERAL SUPPORT
CULTURE PROJECT 85 DELANCEY STREET 22 NEW YORK, NY 10002	13-3898892	501 (C) (3)	20,000				GENERAL SUPPORT

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DELAWARE RIVERKEEPER NETWORK 925 CANAL STREET BRISTOL, PA 19007	74-3255972	501 (C) (3)	20,000				GENERAL SUPPORT
DOE FUND INC 232 EAST 84TH STREET NEW YORK, NY 10028	13-3412540	501 (C) (3)	75,000				GENERAL SUPPORT

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EARTHWORKS 1600K ST NW STE 904 WASHINGTON, DC 20006	52-1557765	501 (C) (3)	25,000				GENERAL SUPPORT
FAMILY OF WOODSTOCK INC 39 JOHN ST PO BOX 3516 KINGSTON, NY 12401	14-1537663	501 (C) (3)	15,150				GENERAL SUPPORT

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FAMILY VALUES AT WORK A MULTISTATE CONSORTIUM INC 207 E BUFFALO STREET MILWAUKEE, WI 53202	27-0321696	501 (C) (3)	25,000				GENERAL SUPPORT
FRIENDS OF THE AKWESASNE FREEDOM SCHOOL INC PO BOX 290 ROOSEVELTOWN, NY 13683	16-1451492	501 (C) (3)	10,000				GENERAL SUPPORT

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GREENROOTS INC 227 MARGINAL STREET CHELSEA, MA 02150	81-2718273	501 (C) (3)	45,000				GENERAL SUPPORT
HAYMARKET PEOPLE'S FUND 42 SEAVERNS AVENUE JAMAICA PLAIN, MA 02130	04-2586725	501 (C) (3)	20,000				GENERAL SUPPORT

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HUDSON RIVER HEALTHCARE INC 1037 MAIN STREET PEEKSKILL, NY 10566	13-2828349	501 (C) (3)	50,000				GENERAL SUPPORT
KLAMATH SISKIYOU WILDLANDS CENTER PO BOX 102 ASHLAND, OR 97520	93-1246139	501 (C) (3)	25,000				GENERAL SUPPORT

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LAND STEWARDSHIP PROJECT 821 E 35TH STREET MINNEAPOLIS, MN 55407	41-1466054	501 (C) (3)	23,000				GENERAL SUPPORT
MASSACHUSETTS COMMUNITIES ACTION NETWORK INC 14 CUSHING AVENUE DORCHESTER, MA 02125	04-2863903	501 (C) (3)	10,000				GENERAL SUPPORT

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MASSACHUSETTS IMMIGRANT AND REFUGEE AC INC 105 CHAUNCY STREET BOSTON, MA 02111	22-3115048	501 (C) (3)	10,000				GENERAL SUPPORT
NATIONAL IMMIGRATION LAW CENTER 3435 WILSHIRE BLVD LOS ANGELES, CA 90010	95-4539765	501 (C) (3)	10,000				GENERAL SUPPORT

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NEO PHILANTHROPY INC 45 WEST 36TH STREET NEW YORK, NY 10018	13-3191113	501 (C) (3)	10,000				GENERAL SUPPORT
NEW ENGLAND INNOCENCE PROJECT 120 TREMONT STREET BOSTON, MA 02108	20-6187760	501 (C) (3)	10,000				GENERAL SUPPORT

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NEW ERA COLORADO FOUNDATION 1722 HUMBOLDT STREET DENVER, CO 80218	26-1389272	501 (C) (3)	6,000				GENERAL SUPPORT
NORTH STAR FUND 520 8TH AVE SUITE 2203 NEW YORK, NY 10018	13-2950801	501 (C) (3)	15,000				GENERAL SUPPORT

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OHIO COMMUNITY RIGHTS NETWORK PO BOX 470123 BROADVIEW HEIGHTS, OH 44147	47-1625246	501 (C) (3)	20,000				GENERAL SUPPORT
ONE OCEAN MEDIA FOUNDATION PO BOX 730 STONE RIDGE, NY 12484	27-1068985	501 (C) (3)	25,000				GENERAL SUPPORT

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OREGON RURAL ACTION INC PO BOX 1231 1119 WASHINGTON AVE LA GRANDE, OR 97850	03-0383463	501 (C) (3)	21,000				GENERAL SUPPORT
OUR CHILDRENS TRUST PO BOX 5181 EUGENE, OR 97405	27-3094382	501 (C) (3)	20,000				GENERAL SUPPORT

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PHILMONT BEAUTIFICATION INC 113 MAIN ST PO BOX 1072 PHILMONT, NY 12565	20-5877789	501 (C) (3)	10,000				GENERAL SUPPORT
PHYSICIANS FOR SOCIAL RESPONSIBILITY INC PO BOX 13901 TAMPA, FL 33681	23-7059731	501 (C) (3)	25,000				GENERAL SUPPORT

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(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
POWDER RIVER BASIN RESOURCE COUNCIL 934 NORTH MAIN SHERIDAN, WY 82801	74-2183158	501 (C) (3)	21,500				GENERAL SUPPORT
RED TOMATO 76 EVERETT SKINNER RD PLAINVILLE, MA 02762	04-3375151	501 (C) (3)	75,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RVGA INC PO BOX 867 STONE RIDGE, NY 12484	47-2217833	501 (C) (3)	50,000				GENERAL SUPPORT
SAFE PASSAGE PROJECT CORPORATION 185 WEST BROADWAY NEW YORK, NY 10013	46-2946211	501 (C) (3)	50,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SCENIC HUDSON INC ONE CIVIC CNTR PLZ POUGHKEEPSIE, NY 12601	13-2898799	501 (C) (3)	25,000				GENERAL SUPPORT
SOUL FIRE FARM INSTITUTE INC 1972 NY HWY 2 PETERSBURG, NY 12138	47-2549969	501 (C) (3)	30,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SOUTHWEST PENNSYLVANIA ENVIRONMENTAL HEALTH PROJ 2001 WATERDAM PLAZA DR MCMURRAY, PA 15317	47-2505177	501 (C) (3)	20,000				GENERAL SUPPORT
CATHEDRAL CHURCH OF ST PAUL- MANNA 138 TREMONT STREET BOSTON, MA 02111	31-1629166	501 (C) (3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NY 615 WEST 131ST ST NEW YORK, NY 10027	13-5598093	501 (C) (3)	10,000				GENERAL SUPPORT
international rescue committee 122 east 42nd street new york, NY 10168	13-5660870	501(c)(3)	6,000				general support

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

2015
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▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
THE NEW WORLD FOUNDATION

Employer identification number
13-1919791

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</p>		
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p><input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract</p> <p><input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study</p> <p><input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee</p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	No
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>	5a	No
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>	6a	No
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 COLIN GREER PRESIDENT	(i)	256,155 -----	11,132 -----	-----	53,868 -----	41,141 -----	362,296 -----	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
2 BEATA PUDELKO ASSISTANT TREASURER	(i)	114,039 -----	4,835 -----	-----	23,819 -----	32,598 -----	175,291 -----	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
3 ROBERT DANDREW DIRECTOR LOCAL ECONOMIES PROJ	(i)	205,174 -----	0 -----	-----	41,445 -----	41,063 -----	287,682 -----	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
4 SARAH BRANNEN ASSOCIATE DIRECTOR OF PROGRAMS	(i)	130,652 -----	0 -----	-----	-----	40,872 -----	171,524 -----	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
5 HEETEN KALAN PROGRAM OFFICER	(i)	108,621 -----	4,619 -----	-----	22,648 -----	42,178 -----	178,066 -----	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

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

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Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEW WORLD FOUNDATION

Employer identification number
13-1919791

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	X		2,178,478	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29	
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

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

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

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

b If "Yes," describe in Part II

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

	Yes	No
30a		No
31		No
32a		No

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NEW WORLD FOUNDATION

Employer identification number

13-1919791

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III - LINE 1	THE NEW WORLD FOUNDATION ("nwf") SUPPORTS COMMUNITY ACTIVISTS ACROSS AMERICA AND AROUND THE WORLD, BUILDS STRONGER ALLIANCES FOR SOCIAL JUSTICE, ENVIRONMENTAL JUSTICE, THE PROTECTION AND EXPANSION OF CIVIL RIGHTS, WHILE ENCOURAGING DEMOCRATIC PARTICIPATION TO ACHIEVE REAL AND LASTING CHANGE part iii - line 2 During 2017, NWF received \$50M to establish Quality Justice Fund (QJF) to fund innovative efforts to combat community deterioration in and strengthen economically distressed communities by enhancing local economic development through small business expansion and to support quality jobs and skill development for the underemployed residents of these communities or other disadvantaged individuals

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III - LINE 4A	HUDSON VALLEY FARM HUB WE'RE USING A RANGE OF PHILANTHROPIC TOOLS TO HELP THESE EFFORTS TAKE ROOT AND GROW WE'RE ENGAGING OTHERS IN A SPIRIT OF COLLABORATION BY CONVENING, CONNECTING AND CATALYZING THE PEOPLE AND PROJECTS THAT WILL HELP REALIZE THIS VISION OUR WORK IS FOCUSED ON NEW YORK'S HUDSON VALLEY, THE NEXUS OF THE LARGEST FOOD MARKET IN THE COUNTRY

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III - LINE 4B	<p>local economies project THE LOCAL ECONOMIES PROJECT SUPPORTS VIBRANT, INTERCONNECTED COMMUNITIES THAT ARE POWERED BY THE PEOPLE WHO LIVE THERE WE SEE FOOD AND FARMING AS A CORNERSTONE OF EVERY REGION, SO OUR MAJOR INITIATIVES REVOLVE AROUND FOOD HUBS (infrastructure and marketing), FARM HUBS (farmer training and services), and EDUCATION (farm-to-school and community) part iii - line 4c NEW MAJORITY FUND New Majority Fund seeks to build a progressive new majority for America-a majority motivated and organized by values of social equity and justice, once again tipping the balance of the electorate to progressive outcomes</p> <p>The Fund supports community-based organizational infrastructure and a diverse constituency base while encouraging and sustaining state-based alliances to achieve both local and state victories In several states the New Majority Program has helped to build alliances between groups otherwise often divided by race and class identities Issues such as education, fracking and voter participation have been central to this work part iii - line 4d other program services coin project, fracking project, phoenix fund, organization united for respect, sankofa, faculty forward network project, quality job's fund, marga, tidal x 10 20, diverse asset management initiative</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B - QUESTION 11B	A COMMITTEE OF THE GOVERNING BODY WILL REVIEW FORM 990 TO SEE IF THE TAX RETURN AGREES WITH THE FINANCIAL STATEMENTS PRIOR TO FILING with the internal revenue service PART VI, SECTION B - QUESTION 12C NWF REQUESTs ANNUAL COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THE CONFLICT OF INTEREST POLICY IS REVIEWED AT eAch BOARD MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B - questionS 15A & 15B	THE EXECUTIVE & FINANCE COMMITTEES AUTHORIZE RAISES THE COMMITTEES MAKE THEIR RECOMMENDATION TO THE BOARD OF DIRECTORS WHO THEN MAKES THE FINAL DECISION ON THEM BASED UPON WAGE INFORMATION FROM THE COUNCIL ON FOUNDATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION C - QUESTION 19	NWF'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC upon REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
part xi - line 9	postretirement benefit related changes other than net periodic benefit costs \$528,929

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Name of the organization
THE NEW WORLD FOUNDATION

Employer identification number

13-1919791

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HUDSON VALLEY FARM HUB LLC 666 WEST END AVENUE APT 1B NEW YORK, NY 10025 46-4302305	FARMING	DE	8,289,430	12,323,657	NWF
(2) sankofa festival llc 666 west end avenue apt 1b new york, NY 10025	fundraising	DE	696,700	115	nwf

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)