

Form **990**

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

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

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

**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

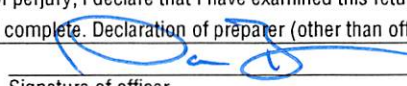
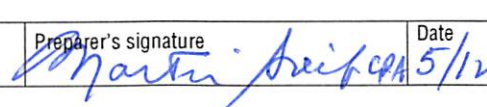
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THE MAYOR'S FUND TO ADVANCE NEW YORK CITY		<b>D</b> Employer identification number 13-3783906
	Doing Business As		<b>E</b> Telephone number 212-788-7794
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 253 BROADWAY, 8TH FLOOR		<b>G</b> Gross receipts \$ 50,341,006.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10007		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number
<b>F</b> Name and address of principal officer: DARREN S. BLOCH SAME AS C ABOVE			
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: WWW.NYC.GOV/FUND			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: 1994 <b>M</b> State of legal domicile: NY

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>62</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>51</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	105,644,806.	26,646,238.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	97,126.	21,339.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	105,741,932.	26,667,577.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	45,353,831.	20,048,990.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>Expenses</b>	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,206,487.	998,303.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	47,807.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	42,203,925.	31,422,031.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	88,764,243.	52,469,324.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	16,977,689.	-25,801,747.
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	83,971,058.	50,115,664.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	20,016,601.	11,962,954.
		63,954,457.	38,152,710.

**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.

<b>Sign Here</b>	Signature of officer 	Date 5/14/15			
	DARREN S. BLOCH, PRESIDENT Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MARTIN GREIF	Preparer's signature 	Date 5/12/15	Check if self-employed <input type="checkbox"/>	PTIN P00029738
	Firm's name MCGLADREY LLP	Firm's EIN 42-0714325	Firm's address 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036-2602	Phone no. 212-372-1000	

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 [X]

1 Briefly describe the organization's mission: THE MAYOR'S FUND IS COMMITTED TO SUPPORTING CONTINUOUS DEVELOPMENT AND EMERGING NEEDS, WHILE SIMULTANEOUSLY EVALUATING THEIR EFFICACY AND FUNDING SUSTAINABILITY.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 13,689,045. including grants of \$ 9,498,586. ) (Revenue \$ ) HURRICANE SANDY RELIEF EFFORTS WERE IMMEDIATELY INITIATED FOLLOWING SANDY'S LANDFALL IN NEW YORK CITY. AS PART OF THE CITY'S EMERGENCY RELIEF AND RECOVERY OPERATIONS, THE MAYOR'S FUND RECEIVED AND ADDRESSED SPECIFIC NEEDS IN REAL-TIME WITH THE HELP OF THOSE WORKING IN IMPACTED AREAS. EFFORTS INCLUDE EMERGENCY RESPONSE THROUGH PURCHASES OF MEALS, SUPPLIES, BABY ESSENTIALS AND PERSONAL CARE NEEDS, AS WELL AS ONGOING RECOVERY AND REBUILDING PROJECTS.

4b (Code: ) (Expenses \$ 15,792,371. including grants of \$ 10,550,404. ) (Revenue \$ ) THE CENTER FOR ECONOMIC OPPORTUNITY (CEO) IS THE CITY OFFICE LEADING THE IMPLEMENTATION OF ANTI-POVERTY INITIATIVES IN NEW YORK CITY. SOCIAL INNOVATION FUND (SIF), PARTIALLY FUNDED BY FEDERAL GRANT FROM CORP. FOR NATIONAL & COMMUNITY SERVICE SOCIAL INNOVATION FUND (CNCS), REPLICATES FIVE OF CEO'S MOST PROMISING ANTI-POVERTY PROGRAMS IN NYC AND SEVEN CITIES ACROSS THE NATION.

4c (Code: ) (Expenses \$ 7,365,470. including grants of \$ ) (Revenue \$ ) YOUNG MENS INITIATIVE IS A CROSS-AGENCY ENTERPRISE DESIGNED TO HELP YOUNG BLACK AND LATINO MEN ACHIEVE THEIR PROFESSIONAL EDUCATION AND PERSONAL GOALS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 15,302,944. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 52,149,830.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	x	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		x
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		x
9	Did the organization report an amount in Part X, line 21, 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> .....		x
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> .....		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		x
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	x	
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> .....	x	
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> .....		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		x
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		x
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> .....		x
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

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

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	x	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		x
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? If "Yes," complete Schedule J	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		x
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? If "Yes," complete Schedule L, Part I		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		x
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? If "Yes," complete Schedule L, Part III		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		x
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? If "Yes," complete Schedule L, Part IV		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		x
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)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	x	

**Note.** All Form 990 filers are required to complete Schedule O

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), sub-questions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8899, Form 1098-C, Form 4966, Form 4971, Form 720, and Form 1041.

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     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, physical address, and telephone number of the person who possesses the books and records of the organization: **KRYSTELLE CARROLL - 212-788-7794**  
**253 BROADWAY, 8TH FLOOR, NEW YORK, NY 10007**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) CHIRLANE MCCRAY CHAIR - FROM 1/2014	1.00	X		X				0.	0.	0.
(2) LEORA HANSER SECRETARY - FROM 1/2014	5.00	X		X				0.	0.	0.
(3) DAVID SHEEHAN TREASURER - FROM 1/2014	1.00	X						0.	0.	0.
(4) HENRY BERGER DIRECTOR - FROM 1/2014	1.00	X						0.	0.	0.
(5) RICHARD BUERY DIRECTOR - FROM 1/2014	1.00	X						0.	0.	0.
(6) GABRILLE FALKOFF VICE CHAIR - FROM 1/2014	5.00	X		X				0.	0.	0.
(7) LAURA SANTUCCI DIRECTOR - FROM 1/2014	1.00	X						0.	0.	0.
(8) PATRICIA HARRIS CHAIR - THRU 12/2013	1.00	X		X				0.	0.	0.
(9) NANETTE SMITH SECRETARY - THRU 12/2013	1.00	X		X				0.	0.	0.
(10) ANTHONY CROWELL DIRECTOR - THRU 12/2013	1.00	X						0.	0.	0.
(11) JOHN FEINBLATT DIRECTOR - THRU 12/2013	1.00	X						0.	0.	0.
(12) DENNIS WALCOTT DIRECTOR - THRU 12/2013	1.00	X						0.	0.	0.
(13) DARREN S. BLOCH PRESIDENT - FROM 3/2014	40.00			X				45,356.	0.	336.
(14) MAYA WILEY DIRECTOR - FROM 1/2014	1.00			X				0.	0.	0.
(15) VICTORIA METZGER TREASURER - THRU 12/2013	1.00			X				0.	0.	0.
(16) MEGAN SHEEKY FORMER PRESIDENT - THRU 1/2014	40.00						X	117,178.	0.	26,364.

**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 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			
<b>1b Sub-total</b>							162,534.	0.	26,700.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							162,534.	0.	26,700.	

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

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

**Section B. Independent Contractors**

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

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

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



Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	20,048,990.	20,048,990.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	186,321.	150,467.	27,323.	8,531.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	630,523.	508,301.	93,139.	29,083.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,512.	8,579.	1,473.	460.
9 Other employee benefits	102,187.	82,858.	14,729.	4,600.
10 Payroll taxes	68,760.	51,796.	12,927.	4,037.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	96,980.		96,980.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	18,218.		18,218.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	8,387.	5,452.	2,935.	
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 PROGRAM EXP SEE STMT 1	29,991,596.	29,991,596.		
b AMERICORP STIPEND & BEN	1,292,722.	1,292,722.		
c OTHER EXPENSES	14,128.	9,069.	3,963.	1,096.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	52,469,324.	52,149,830.	271,687.	47,807.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing .....	537,941.	1	107,321.
	2 Savings and temporary cash investments .....	72,591,484.	2	44,861,368.
	3 Pledges and grants receivable, net .....	10,771,288.	3	5,136,424.
	4 Accounts receivable, net .....		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under 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 instr). Complete Part II of Sch L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	70,345.	9	10,551.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a		
	b Less: accumulated depreciation .....	10b	10c	
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	83,971,058.	16	50,115,664.	
Liabilities	17 Accounts payable and accrued expenses .....	14,903,815.	17	11,962,954.
	18 Grants payable .....		18	
	19 Deferred revenue .....	5,112,786.	19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	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 .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	20,016,601.	26	11,962,954.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....		27	
	28 Temporarily restricted net assets .....		28	
	29 Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund .....	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds .....	63,954,457.	32	38,152,710.
33 <b>Total net assets or fund balances</b> .....	63,954,457.	33	38,152,710.	
34 <b>Total liabilities and net assets/fund balances</b> .....	83,971,058.	34	50,115,664.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	26,667,577.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	52,469,324.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-25,801,747.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	63,954,457.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	38,152,710.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		X
<b>b</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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
<b>b</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	X	

Form 990 (2013)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	28,813,882.	29,602,048.	53,385,971.	105,644,806.	26,646,238.	244,092,945.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	28,813,882.	29,602,048.	53,385,971.	105,644,806.	26,646,238.	244,092,945.
<b>5</b> 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) .....						52,682,613.
<b>6 Public support.</b> Subtract line 5 from line 4.						191,410,332.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	28,813,882.	29,602,048.	53,385,971.	105,644,806.	26,646,238.	244,092,945.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	115,806.	133,187.	96,512.	89,403.	21,339.	456,247.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						244,549,192.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	78.27	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	72.84	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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





**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Name of the organization

THE MAYOR'S FUND TO ADVANCE  
NEW YORK CITY

Employer identification number

13-3783906

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)**

Name of organization THE MAYOR'S FUND TO ADVANCE NEW YORK CITY	Employer identification number 13-3783906
--	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MSD CAPITAL LP  645 FIFTH AVE  NEW YORK, NY 10022	\$ 650,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ROBIN HOOD FOUNDATION  826 BROADWAY  NEW YORK, NY 10003	\$ 930,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FOUNDATION TO PROMOTE OPEN SOCIETY  224 WEST 57TH ST  NEW YORK, NY 10019	\$ 601,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ORGANIZATION FOR NATIONAL AND COMMUNITY SERVICE  1201 NEW YORK AVE  WASHINGTON, DC 20525	\$ 7,545,151.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NYS OFFICE OF CHILDREN & FAMILY SERVICES  40 N PEARL ST  ALBANY, NY 12207	\$ 1,530,796.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JP MORGAN CHASE FOUNDATION  1 CHASE MANHATTAN PLAZA  NEW YORK, NY 10005	\$ 866,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE MAYOR'S FUND TO ADVANCE</b> <b>NEW YORK CITY</b>	Employer identification number  13-3783906
--	--

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization <b>THE MAYOR'S FUND TO ADVANCE</b> <b>NEW YORK CITY</b>	Employer identification number 13-3783906
--	--

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization THE MAYOR'S FUND TO ADVANCE  
NEW YORK CITY

Employer identification number  
13-3783906

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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) Revenues included in Form 990, Part VIII, line 1 .....
- (ii) Assets included in Form 990, Part X .....
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 .....
- b Assets included in Form 990, Part X .....

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21?  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" to Form 990, Part IV, line 10.

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

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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

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

Part VIII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes. Rows numbered 1 through 9.

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 [X]

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	26,747,021.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	79,444.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	79,444.	
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	26,667,577.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b	<b>4c</b>		0.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	26,667,577.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	52,548,768.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	79,444.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	79,444.	
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	52,469,324.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b	<b>4c</b>		0.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	52,469,324.

**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.

**PART X, LINE 2:**

**EXPLANATION: THE FUND IS SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT),**

**IF APPLICABLE, FOR THE YEARS ENDED JUNE 30, 2014 AND 2013, THE FUND DID**

**NOT OWE ANY UBIT. MANAGEMENT EVALUATED THE FUND'S INCOME TAX POSITIONS AND**

**CONCLUDED THAT THE FUND HAD TAKEN NO UNCERTAIN INCOME TAX POSITIONS THAT**

**REQUIRE ADJUSTMENTS OR DISCLOSURE TO THE ACCOMPANYING FINANCIAL**

**STATEMENTS. WITH A FEW EXCEPTIONS, THE FUND IS NO LONGER SUBJECT TO INCOME**

**TAX EXAMINATIONS BY U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS**

**BEFORE 2011, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK**

**PERIOD.**





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization **THE MAYOR'S FUND TO ADVANCE  
NEW YORK CITY**

Employer identification number  
**13-3783906**

**Part I General Information on Grants and Assistance**

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AAFE COMMUNITY DEVELOPMENT FUND 133-04 39TH AVENUE FLUSHING, NY 11354	13-4103352	501(C)(3)	75,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
ASSOCIATION FOR NEIGHBORHOOD & HOUSING DEVELOPMENT - 50 BROAD STREET, SUITE 1125 - NEW YORK, NY 10004	13-2775999	501(C)(3)	175,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
BRONXWORKS 60 EAST TREMONT AVENUE BRONX, NY 10453	13-3254484	501(C)(3)	905,529.	0.			SOCIAL INNOVATION FUND
CATHOLIC CHARITIES OF KANSAS CITY - ST. JOSEPHS - 20 WEST 9TH STREET, SUITE 600 - KANSAS CITY, MO 64105	43-0887779	501(C)(3)	11,769.	0.			SOCIAL INNOVATION FUND
CCHAYA COMMUNITY DEVELOPMENT CORP. 37-43 77TH ST., 2ND FL JACKSON HEIGHTS, NY 11372	11-3580935	501(C)(3)	75,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
CENTER FOR EMPLOYMENT OPPORTUNITIES - 32 BROADWAY - NEW YORK, NY 10004	13-3843322	501(C)(3)	-71,963.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **61.**

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ **0.**

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

Schedule I (Form 990) (2013)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR NYC NEIGHBORHOODS 74 TRINITY PLACE NEW YORK, NY 10006	83-0506416	501(C)(3)	111,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
CHILDREN'S AID SOCIETY 105 EAST 22ND STREET NEW YORK, NY 10010	13-5562191	501(C)(3)	4,465,903.	0.			SOCIAL INNOVATION FUND
CITIZENS COMMITTEE 77 WALTER STREET NEW YORK, NY 10005	51-0171818	501(C)(3)	45,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
CITY OF NEW YORK		GOV'T AGENCY	-193,345.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
CITY PARKS FOUNDATION 830 FIFTH AVENUE NEW YORK, NY 10065	13-3561657	501(C)(3)	2,181,300.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
COMMUNITY ACTION PROJECT OF TULSA 4606 SOUTH GARNETT AVE, SUITE 100 TULSA, OK 74146	73-1019247	501(C)(3)	28,482.	0.			SOCIAL INNOVATION FUND
DEPARTMENT OF PARKS AND RECREATION		GOV'T AGENCY	-656,300.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
ENTERPRISE COMMUNITY PARTNERS, INC. - 1 WHITEHALL ST. 11TH FL - NEW YORK, NY 10004	52-1231931	501(C)(3)	250,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
FECS 315 HUDSON STREET NEW YORK, NY 10013	13-1624000	501(C)(3)	320,672.	0.			SOCIAL INNOVATION FUND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIFTH AVENUE COMMITTEE 621 DEGRAW STREET BROOKLYN, NY 11217	11-2475743	501(C)(3)	159,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
FOOD BANK OF NEW YORK CITY 39 BROADWAY, 10TH FLOOR NEW YORK, NY 10006	13-3179546	501(C)(3)	352,940.	0.			SOCIAL INNOVATION FUND
FULL EMPLOYMENT COUNCIL 1740 PASEAO BLVD, SUITE D KANSAS CITY, MO 64108	43-1377197	501(C)(3)	246,273.	0.			SOCIAL INNOVATION FUND
FUND FOR PUBLIC SCHOOLS 52 CHAMBERS STREET NEW YORK, NY 10007	11-2656137	501(C)(3)	-152,027.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
NYU FURMAN CENTER FOR REAL ESTATE & URBAN POLICY - 139 MACDOUGAL ST., 2ND FL - NEW YORK, NY 10012		501(C)(3)	100,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
GERRITSEN BEACH CARES, INC. 2676 GERRISTEN AVENUE BROOKLYN, NY 11229	11-3399328	501(C)(3)	25,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
GOOD SHEPHERD SERVICES 305 SEVENTH AVENUE NEW YORK, NY 10001	13-5598710	501(C)(3)	48,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
GOODWILL INDUSTRIES OF GREATER NY & NJ - 4-21 27 AVENUE - ASTORIA, NY 11102	13-1641068	501(C)(3)	-55,250.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
HEART 9/11 614 FRELINGHUYSEN AVENUE NEWARK, NJ 07114	20-8583681	501(C)(3)	50,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENRY STREET SETTLEMENT 265 HENRY STREET NEW YORK, NY 10002	13-1562242	501(C)(3)	274,732.	0.			SOCIAL INNOVATION FUND
JEWISH ASSOCIATION FOR SERVICES FOR THE AGED - 247 WEST 37TH ST., 9TH FLOOR - NEW YORK, NY 10018	13-2620896	501(C)(3)	100,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
LEGAL SERVICES NY 40 WORTH STREET, SUITE 606 NEW YORK, NY 10013	13-2600199	501(C)(3)	75,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
LOCAL INITIATIVES SUPPORT CORPORATION - 501 SEVENTH AVENUE - NEW YORK, NY 10018	13-3030229	501(C)(3)	3,560,412.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
MADISON STRATEGIES GROUP 60 MADISON AVENUE, SUITE 703 NEW YORK, NY 10010	27-2323749	501(C)(3)	669,098.	0.			SOCIAL INNOVATION FUND
MUTUAL HOUSING ASSOCIATION OF NY 2-4 NEVINS ST., 2ND FL BROOKLYN, NY 11217	11-2848938	501(C)(3)	150,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
NEIGHBORHOOD HOUSING SERVICES OF EAST FLATBUSH - 2806 CHURCH AVENUE - BROOKLYN, NY 11226	13-3098397	501(C)(3)	75,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
NEIGHBORHOOD HOUSING SERVICES OF STATEN ISLAND - 770 CASTLETON AVENUE - STATEN ISLAND, NY 10310	20-5689079	501(C)(3)	75,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
NEW YORK ACADEMY OF MEDICINE 1216 5TH AVENUE NEW YORK, NY 10029	13-1656674	501(C)(3)	25,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK FOUNDATION FOR THE ARTS 20 JAY STREET BROOKLYN, NY 11201	23-7129564	501(C)(3)	-129,176.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
NEW YORK SAYS THANK YOU FOUNDATION 2576 BROADWAY NEW YORK, NY 10025	20-1554830	501(C)(3)	77,752.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
NEWARK NOW 89 JAMES STREET NEWARK, NJ 07102	03-0498214	501(C)(3)	-47,147.	0.			SOCIAL INNOVATION FUND
NONTRADITIONAL EMPLOYMENT FOR WOMEN - 243 WEST 20 STREET - NEW YORK, NY 10011	13-3272001	501(C)(3)	-31,250.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
NYC BUSINESS ASSISTANCE CORP. 110 WILLIAM STREET NEW YORK, NY 10038	13-3423857	501(C)(3)	1,350,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
NYC DEPT. OF YOUTH AND COMMUNITY DEVELOPMENT - 156 WILLIAM STREET, 6TH FL - NEW YORK, NY 10038		GOV'T AGENCY	1,526,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
NYC ENERGY EFFICIENCY CORPORATION 156 WILLIAM STREET, 6TH FL NEW YORK, NY 10038	27-3731338	501(C)(3)	200,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
NYC ENVIRONMENTAL JUSTICE ALLIANCE 166A 22ND ST. BROOKLYN, NY 11232	13-3779250	501(C)(3)	150,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
OCEAN BAY COMMUNITY DEVELOPMENT CORP - 434 BEACH 54 STREET - ARVERNE, NY 11692	84-1622031	501(C)(3)	75,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PER SCHOLAS 804 EAST 138 STREET BRONX, NY 10454	04-3252955	501(C)(3)	239,390.	0.			SOCIAL INNOVATION FUND
PRATT AREA COMMUNITY COUNCIL PACC 201 DEKALB AVENUE BROOKLYN, NY 11205	11-2451752	501(C)(3)	75,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
PRATT CENTER FOR COMMUNITY DEVELOPMENT - 200 WILLOUGHBY AVENUE - BROOKLYN, NY 11205	11-1630822	501(C)(3)	65,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
PROJECT HOSPITALITY, INC. 100 PARK AVENUE STATEN ISLAND, NY 10302	13-3234441	501(C)(3)	100,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
QUEENS LEGAL SERVICES 80SUTPHIN BLVD., 2ND FL JAMAICA, NY 11435	13-2605604	501(C)(3)	150,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
QUEENS LIBRARY FOUNDATION 89-11 MERRICK BOULEVARD JAMAICA, NY 11432	11-3009405	501(C)(3)	50,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK - 240 WEST 41ST STREET, 7TH FLOOR - NEW YORK, NY 10036	13-1988190	501(C)(3)	265,967.	0.			SOCIAL INNOVATION FUND
RICHMOND SENIOR SERVICES 500 JEWETT AVENENUE STATEN ISLAND, NY 10302	13-6217080	501(C)(3)	75,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY - 102 RYDERS LANE - NEW BRUNSWICK, NJ 08901	22-6001086	501(C)(3)	390,529.	0.			SOCIAL INNOVATION FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN ANTONIO HOUSING AUTHORITY 818 SOUTH FLORES STREET SAN ANTONIO, TX 78204		GOV'T AGENCY	420,374.	0.			SOCIAL INNOVATION FUND
SHOREFRONT YM-YWHA OF BRIGHTON-MANHATTAN BEACH - 3300 CONEY ISLAND AVENUE - BROOKLYN, NY 11235	11-3070228	501(C)(3)	100,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
SOUTH BROOKLYN LEGAL SERVICES 105 COURT STREET BROOKLYN, NY 11201	13-2605605	501(C)(3)	150,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
ST. NICK'S ALLIANCE 2 KINGSLAND AVENUE BROOKLYN, NY 11211	51-0192170	501(C)(3)	368,965.	0.			SOCIAL INNOVATION FUND
STATEN ISLAND LEGAL SERVICES 36 RICHMOND TERRACE, SUITE 205 STATEN ISLAND, NY 10301		501(C)(3)	150,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
STRIVE 240 EAST 123 STREET NEW YORK, NY 10035	13-3255679	501(C)(3)	-28,750.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
SUPPORTIVE HOUSING NETWORK OF NEW YORK - 247 WEST 37TH STREET, 18TH FLOOR - NEW YORK, NY 10018	13-3755149	501(C)(3)	120,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY
TOWARD EMPLOYMENT 1255 EUCLID AVENUE, SUITE 300 CLEVELAND, OH 44115	34-1578831	501(C)(3)	435,522.	0.			SOCIAL INNOVATION FUND
UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY - 700 SOUTH ALAMO STREET - SAN ANTONIO, TX 78205	74-1272381	501(C)(3)	149,589.	0.			SOCIAL INNOVATION FUND



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY SETTLEMENT 184 ELDRIDGE STREET NEW YORK, NY 10002	13-5562374	501(C)(3)	100,000.	0.			RESTORING AND REBUILDING OF COMMUNITIES AFFECTED BY HURRICANE SANDY

Schedule I (Form 990) (2013)

NEW YORK CITY

**Part II** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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

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

PART I, LINE 2:

EXPLANATION: MAYOR'S FUND AWARDS GRANTS BASED ON PARTNERSHIP WITH CITY

AGENCIES, REVIEW AND APPROVAL OF PROPOSALS, MAYOR'S FUND MONITORS PROGRAM

OUTCOMES THROUGH SUBMISSION OF NARRATIVES AND FINANCIAL REPORTS.

FORM 990, SCHEDULE I, PART II:

GRANTS WITH NEGATIVE AMOUNTS - GRANTS DISPLAYED AS A NEGATIVE NUMBER

REPRESENT GRANT AGREEMENTS THAT WERE APPROVED AND AWARDED IN THE

**Part IV** Supplemental Information

PREVIOUS FISCAL YEARS. THESE GRANTS ARE USUALLY WRITTEN-OFF FROM THE  
ORGANIZATION'S PAYABLES LIST AFTER THE FISCAL YEAR IN WHICH THEY WERE  
ORIGINALLY GRANTED FOR UNUSED FUNDS, THUS REFLECTING A NEGATIVE NUMBER  
IN THE CURRENT FISCAL YEAR.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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. ▶ See separate instructions.

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

Name of the organization

THE MAYOR'S FUND TO ADVANCE  
NEW YORK CITY

Employer identification number

13-3783906

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

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

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

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

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

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

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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MEGAN SHEEKY FORMER PRESIDENT - THRU 1/2014	(i)	117,178.	0.	0.	3,435.	22,929.	143,542.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



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

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

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization THE MAYOR'S FUND TO ADVANCE NEW YORK CITY	Employer identification number 13-3783906
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FORM 990, PART I, LINE 1

EXPLANATION: THE MAYOR'S FUND TO ADVANCE NEW YORK CITY FACILITATES

INNOVATIVE PUBLIC-PRIVATE PARTNERSHIPS IN AREAS INCLUDING THE

ENVIRONMENT, YOUTH DEVELOPMENT, FINANCIAL EMPOWERMENT, HEALTH,

VOLUNTEERISM, AND THE ARTS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

EXPLANATION: - THE SUCCESFULL ROLLOUT OF "PRE-K FOR ALL" WAS A

TRANSFORMATIONAL MOMENT FOR THE CITY, AND FOR OVER 53,000

FOUR-YEAR-OLDS WHO RECEIVE A FREE, FULL-DAY, HIGH-QUALITY EDUCATION

THIS YEAR.

- YOUNG MENS INITATIVE IS A CROSS-AGENCY ENTERPRISE DESIGNED TO HELP

YOUNG BLACK AND LATINO MEN ACHIEVE THEIR PROFESSIONAL EDUCATION AND

PERSONAL GOALS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

VARIOUS PUBLIC PROGRAMS THAT IMPROVE OR ENHANCE THE QUALITY OF LIFE IN

NEW YORK CITY.

EXPENSES \$ 15,302,944. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

EXPLANATION: PRIOR TO FILING, IT IS REVIEWED BY THE FOLLOWING: OUR

PRESIDENT, ACCOUNTANT, AND TREASURER. ALL BOARD MEMBERS ARE ALSO PROVIDED

THE FORM 990 PRIOR TO SUBMISSION FOR QUESTIONS OR COMMENTS.

Name of the organization THE MAYOR'S FUND TO ADVANCE  
NEW YORK CITY

Employer identification number  
13-3783906

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE BY-LAWS REQUIRE BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES

TO DISCLOSE ANY CONFLICT OF INTEREST ANNUALLY. THE ORGANIZATION HAS

IMPLEMENTED A POLICY OF ANNUALLY DISTRIBUTING THE CONFLICT OF INTEREST

QUESTIONNAIRE.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: PERFORMANCE REVIEWS ARE COMPLETED FOR KEY EMPLOYEES AND

PRESIDENT. COMPENSATION TO PRESIDENT AND KEY EMPLOYEES ARE BASED ON ANNUAL

PERFORMANCE REVIEW AND COMPARISON TO FORM 990 OF OTHER SIMILAR NON-PROFITS.

BOARD CHAIR AND GOVERNANCE/COMPENSATION COMMITTEE APPROVE OF ANY SALARY

ADJUSTMENTS.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF

DISCLOSURE AS SET FORTH IN SECTION 6104(D). THE ORGANIZATION'S ANNUAL

REPORT IS POSTED TO ITS WEBSITE.

FORM 990, PART VII, SECTION A:

EXPLANATION: THE ORGANIZATION, IN A FULL TRANSPARENCY POSTURE TO

REPORTING, IS REPORTING ALL BENEFITS IN FULL IN PART VII, COLUMN F AND

NOT APPLYING THE \$10,000 PER ITEM EXCEPTION FOR CERTAIN BENEFITS.

FORM 990, PART I, LINE 5 AND PART V, LINE 2A

EXPLANATION: TOTAL NUMBER OF INDIVIDUALS EMPLOYED IN CALENDAR YEAR



Name of the organization THE MAYOR'S FUND TO ADVANCE  
NEW YORK CITY

Employer identification number  
13-3783906

THE MAYOR'S FUND RECEIVED A GRANT FROM AMERICORPS OF \$1,335,317 THROUGH

THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICES TO ADMINISTER

STIPENDS TO 111 CORPS MEMBERS. AS REGULATED BY THE GRANT, THE MEMBERS

ARE TO BE CONSIDERED PARTICIPANTS; NOT EMPLOYEES. HOWEVER, THE MAYOR'S

FUND IS REQUIRED TO WITHHOLD FEDERAL INCOME AND EMPLOYMENT TAXES.

FORM 990, PART IX

EXPLANATION: STATEMENT OF FUNCTIONAL EXPENSES - LINE 24B:

THE FUNCTION OF THIS PROGRAM EXPENSE SUPPORTED BY THE AMERICORPS GRANT

IS TO PLACE NYC CIVIC CORPS MEMBERS AT LOCAL NON-PROFIT ORGANIZATIONS

TO ASSIST WITH PRESSING SOCIAL ISSUES ACROSS THE CITY. TOTAL PROGRAM

EXPENSES OF \$1,292,722 CONSIST OF PARTICIPANT SALARIES \$1,266,306,

PAYROLL TAXES \$23,494 AND OTHER BENEFITS \$2,922.

**Mayor's Fund to Advance NYC**  
**EIN 13-3783906**  
**For the year ended 06/30/2014**

**Form 990, Part IX, Line 24a**  
**Program Expenses**

	Expenses Incurred
Administration for Children Services	\$ 100,000
Center for Economic Opportunity	6,293,784
Center for Innovation Thru Data Intelligence	109,467
City Hall Conservancy	1,410
Civic Innovation	17,543
9/11 Commemoration Fund	4,381
Commission on Women's Issues	20,012
Department of Citywide Administrative Services	9,000
Department of Consumer Affairs	422,161
Department of Cultural Affairs	671,594
Department of Education	1,688,468
Department of Environmental Protection	157,796
Department of Homeless Services	557,305
Department of Housing Preservation and Development	114,439
Department of Information Technology	844,230
Department of Parks and Recreation	1,610,161
Department of Probation	66,019
Department of Sanitation	12,503
Department of Transportation	125,954
Department of Youth and Community Development	1,169,729
Greater NY	553,726
Latin Media and Entertainment	8,000
Law Department	90,310
NYC Housing Authority	522,368
NYC Service	472,300
Office For People With Disabilities	3,874
Office of Criminal Justice Coordinator	62,882
Office of Emergency Mangement	532,024
Office of Film Theatre & Broadcasting	236,264
Office of Immigrant Affairs	248,775
Office of International Affairs	15,000
Office of Operations	39,450
Office of Special Projects and Community Events	308,754
Office of Veterans' Affairs	223,632
Office to Combat Domestic Violence	996,438
PlaNYC	505,428
Public Design Commission	23,212
Relief Efforts - Hurricane Sandy	3,138,641
Relief Efforts - Other	472,699
Small Business Services	171,367
Voter Assistance Commission	5,026
Young Men's Initiative	7,365,470
	<u>29,991,596</u>

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

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.  
▶ Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868)

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

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

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

Part I only

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

		Enter filer's identifying number
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>THE MAYOR'S FUND TO ADVANCE NEW YORK CITY</b>	Employer identification number (EIN) or  <b>13-3783906</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>253 BROADWAY, 8TH FLOOR both Floor</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10007</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**PETER BERTUGLIA both**

• The books are in the care of ▶ **253 BROADWAY, 8TH FLOOR - NEW YORK, NY 10007**  
Telephone No. ▶ **212-788-7794** Fax No. ▶ \_\_\_\_\_

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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning, **JUL 1, 2013**, and ending **JUN 30, 2014**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

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

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

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

		Enter filer's identifying number, see instructions	
Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE MAYOR'S FUND TO ADVANCE NEW YORK CITY		Employer identification number (EIN) or  13-3783906
	Number, street, and room or suite no. If a P.O. box, see instructions. 253 BROADWAY, 6TH FLOOR		Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10007		

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

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

PETER BERTUGLIA

- The books are in the care of  253 BROADWAY, 6TH FLOOR - NEW YORK, NY 10007  
Telephone No.  212-788-7794 Fax No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until MAY 15, 2015.
- 5 For calendar year , or other tax year beginning JUL 1, 2013, and ending JUN 30, 2014.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.**

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

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

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

Signature  Title  CPA Date