

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Section A: Check box if address changed. Section B: Exempt under section 501(c)(3). Name of organization: THE MAYOR'S FUND TO ADVANCE NEW YORK CITY. Address: 253 BROADWAY, 6TH FLOOR NEW YORK, NY 10007. Employer identification number: 13-3783906.

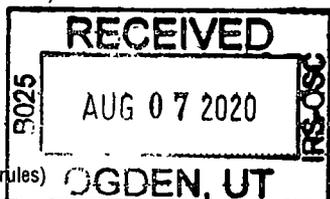
Section C: Book value of all assets at end of year: 18,970,962. Section F: Group exemption number. Section G: Check organization type: 501(c) corporation.

Section H: Enter the number of the organization's unrelated trades or businesses. Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No.

Section J: The books are in care of CHRIS A. KELSAW. Telephone number: 212-442-6357.

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total income 0.

Table with 2 columns: Part II Deductions Not Taken Elsewhere, (A) Income, (B) Expenses, (C) Net. Rows 14-32. Total deductions 0.



EXEMPTED 08/08/2021

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THE MAYOR'S FUND TO ADVANCE

NEW YORK CITY

11-37913 JB

33 Total of any federal income tax or other taxes withheld from the employee's pay for the year ending on the date of this report

34 Amount paid for additional taxes

35 Deduct for net operating loss arising in the year beginning before January 1, 2018 (do not deduct more than the amount of the net operating loss)

36 Total of corrected amounts (amounts reported before specific deducts on 1 through 35 less the total of lines 33 and 34)

37 Total amount of tax liability for the year (do not deduct for any other taxes)

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Part IV: Tax Computations

45 Corporation credits and deductions. Multiply line 37 by 21% (21%)

46 Rollover benefits from 401(k) plans, 403(b) plans, 457(b) plans, and 459(a) plans. Enter the amount of the rollover on line 45 and the amount of the 459(a) plan on line 46. Do not include the amount of the 459(a) plan on line 45.

47 Rollover benefits from 401(k) plans, 403(b) plans, 457(b) plans, and 459(a) plans. Enter the amount of the rollover on line 45 and the amount of the 459(a) plan on line 46. Do not include the amount of the 459(a) plan on line 45.

48 Rollover benefits from 401(k) plans, 403(b) plans, 457(b) plans, and 459(a) plans. Enter the amount of the rollover on line 45 and the amount of the 459(a) plan on line 46. Do not include the amount of the 459(a) plan on line 45.

49 Rollover benefits from 401(k) plans, 403(b) plans, 457(b) plans, and 459(a) plans. Enter the amount of the rollover on line 45 and the amount of the 459(a) plan on line 46. Do not include the amount of the 459(a) plan on line 45.

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54 Rollover benefits from 401(k) plans, 403(b) plans, 457(b) plans, and 459(a) plans. Enter the amount of the rollover on line 45 and the amount of the 459(a) plan on line 46. Do not include the amount of the 459(a) plan on line 45.

Part V: Tax and Payments

55 Foreign tax credit. Attach Form 1118. Enter the amount of the credit on line 55. Do not include the amount of the credit on line 55.

56 Other credits. Attach Form 2000.

57 Credit for 2017 or year of excess tax (attach Form 2001 or 2002).

58 Total credits. Add lines 55 through 57.

59 Other taxes. Check if from:  Form 4255  Form 2021  Form 2027  Form 2028  Other (please describe)

60 Total tax. Add lines 44 and 59 (precomputed tax).

61 2017 and 2018 tax liability. Attach Form 945-A or Form 945-B, Part 4, (other than 41, line 2).

62 Payments. A 2017 overpayment credited to 2018:

63 2018 and 2019 tax payments:

64 Tax deposited with Form EDCS

65 Payments reported on Form 945-A or 945-B (do not include 63)

66 Backup withholding (see instructions)

67 Credit for paid employer health insurance premiums (attach Form 947)

68 Other credits, adjustments, and payments. Attach Form 945-B, Part 4, (other than 41, line 2)

69 Total payments. Add lines 62 through 68.

70 Excess tax liability from 2017 and 2018. Attach Form 7220 if attached.

71 Tax due. If line 70 is less than the total of lines 60, 61, and 62, enter the amount.

72 Overpayment. If line 69 is larger than the total of lines 60, 61, and 62, enter amount overpaid.

73 Enter the amount of tax due for year. Credit to 2018 is attached to line 62.

Part VI: Foreign Income and Other Information

74 At any time during the 2018 calendar year, did the employee have an interest in, or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "yes," the employee or taxpayer must file Form 114, Report of Foreign Bank and Financial Accounts, if "yes" on or after the date of the filing of this return.

75 During the year, did the employee receive a dividend or interest on any stock or bond (including a foreign bond) in a foreign country? If "yes," the employee or taxpayer must file Form 1041, U.S. Income Tax Return for Beneficiaries of Foreign Trusts, if "yes" on or after the date of the filing of this return.

76 Was the employee a resident of a foreign country at any time during the year? If "yes," the employee or taxpayer must file Form 1041, U.S. Income Tax Return for Beneficiaries of Foreign Trusts, if "yes" on or after the date of the filing of this return.

Signature: *Taman Plotzker* 7/13/2020 EXECUTIVE DIRECTOR

Prepared by: TAMAN PLOTZKER Date: 7/13/2020

Employer: RSN OR LLP

Form ID: P02047230