N Y C MISSION SOCIETY
FORM 990
TAX YEAR 2017

## Two Year Comparison Schedule 2017 to 2016

| Description | 2017 | 2016 | Difference |
|---|---|---|---|
| **Revenue** | | | |
| Contributions and grants | 7,917,995. | 8,145,199. | |
| Program service revenue | | | |
| Investment income | 1,029,765. | 614,985. | |
| Other revenue | -33,322. | -72,611. | |
| Total revenue | | | |
| **Expenses** | | | |
| Grants and similar amounts paid | | | |
| Benefits paid to or for members | | | |
| Salaries, other compensation, employee benefits | 9,379,411. | 7,982,148. | |
| Professional fundraising fees | | | |
| Other expenses | 2,472,628. | 2,002,899. | |
| Total expenses | | | |
| **Net Assets or Fund Balances** | | | |
| Total assets | 46,095,290. | 45,759,019. | |
| Total liabilities | 1,002,017. | 1,695,437. | |
| Net assets | 45,093,273. | 44,063,582. | |

BKD
CPAs & Advisors

Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

655 Third Avenue, Suite 1200 | New York, NY 10017-9115 | 212.867.4000

N Y C MISSION SOCIETY
646 MALCOLM X BOULEVARD
NEW YORK, NY 10037

Enclosed are the following income tax returns prepared on behalf of N Y C MISSION SOCIETY for the year ended June 30, 2018.

2017 990-T - Exempt Organization Business Income Tax Return
2017 990 - Return of Organization Exempt from Income Tax
2017 8868 Application for Extension of Time to File for Form 990-T
2017 8879-EO - IRS E-file Signature Authorization Form
2017 8868 Application for Extension of Time to File
2018 990-W - Estimated Tax Worksheet for Form 990-T
2017 New York State Annual Filing for Charitable Organizations
2017 New York State Unrelated Business Income Tax Return
2017 New York State E-file Signature Authorization for Form CT-13

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

An additional copy of the Form 990 has been included, to be made available for public inspection upon request. Please note that all statements of donors' contributions are not subject to public inspection and have been removed, as appropriate.

Form 990 must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules as filed with the IRS, except that the names and addresses of the contributors may be excluded. Any organization that fails to comply with this provision is subject to a penalty of $20 for each day that inspection is not permitted, up to a maximum of $10,000. Any organization that willfully fails to comply shall be subject to an additional penalty of $5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them. We recommend that you retain all pertinent records that support the information reported on your return.

Before preparing your tax return, we provided you with access to a summary of transactions identified by the U.S. Treasury as reportable transactions. The law provides for a penalty as high as $200,000 per transaction for failure to adequately disclose any of them on your tax return if applicable. Unless you notified us otherwise, your tax return was prepared with the assumption you have not engaged in any reportable transaction. Otherwise, we have prepared your tax return in accordance with the information you provided to us and have attached the appropriate disclosure statement to your tax return. We are not liable for any penalties resulting from your failure to provide us with accurate and timely information about such transactions or to timely file the required disclosure statements. If you have any questions about reportable transactions, please contact us before filing your return.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

BKD, LLP

Enclosures

BKD
CPAs & Advisors

Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

655 Third Avenue, Suite 1200 | New York, NY 10017-9115 | 212.867.4000

N Y C MISSION SOCIETY
Instructions for Filing
Form 990-T
990-T - Exempt Organization Business Income Tax Return
For the year ended June 30, 2018

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the organization.

File the signed return by May 15, 2019 with:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

There is no tax due with the filing of this return.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

No estimated tax payments for 2018 will be required, nor will you be subject to underpayment penalties because you have no 2017 tax liability.

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655 Third Avenue, Suite 1200 | New York, NY 10017-9115 | 212.867.4000

N Y C MISSION SOCIETY
Instructions for Filing
Form 990-T
8868 Application for Extension of Time to File for Form 990-T
for the year ended June 30, 2018

We have electronically filed your extension.

There is no tax due with the application.

Do NOT separately file Form 8868 with the Internal Revenue Service. Doing so will delay the processing of your extension.

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CPAs & Advisors

Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

655 Third Avenue, Suite 1200 | New York, NY 10017-9115 | 212.867.4000

N Y C MISSION SOCIETY
Instructions for Filing
Form 8879-EO
IRS e-file Signature Authorization for Form 990
For the year ended June 30, 2018

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

BKD, LLP
655 Third Avenue #1200
New York, NY 10017

Fax 212.867.9810 Attn: eFile Administration

efileNewYorkCity@bkd.com

There is no tax due with the filing of this return.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2019. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

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Praxity MEMBER
GLOBAL ALLIANCE OF INDEPENDENT FIRMS

655 Third Avenue, Suite 1200 | New York, NY 10017-9115 | 212.867.4000

N Y C MISSION SOCIETY
Instructions for Filing
Form 990
8868 Application for Extension of Time to File
for the year ended June 30, 2018

We have electronically filed your extension.

There is no tax due with the application.

Do NOT separately file Form 8868 with the Internal Revenue Service. Doing so will delay the processing of your extension.

BKD
CPAs & Advisors

Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

655 Third Avenue, Suite 1200 | New York, NY 10017-9115 | 212.867.4000

N Y C MISSION SOCIETY

Instructions for Filing
Form 990-W
990-W - Estimated Tax Worksheet for Form 990-T For 2018

| Deposit | On or Before | Amount |
|---|---|---|
| 1 | October 15, 2018 | $928 |
| 2 | December 15, 2018 | $928 |
| 3 | March 15, 2019 | $928 |
| 4 | June 15, 2019 | $928 |
| Total estimated tax | | **$3,712** |
| Overpayment of 2017 income tax credited against 2018 tax | | $0 |
| Total estimate of 2018 income tax | | **$3,712** |

Each deposit should be made using the Electronic Federal Tax Payment System. For deposits made by EFTPS to be on time, you must initiate the transaction at least 1 business day before the date the deposit is due. If you have any questions regarding the new electronic funds transfer requirement, we suggest that you contact our office or the Internal Revenue Service before transmitting payment.

The enclosed estimated tax vouchers have been prepared based on the assumption that your 2018 withholding will at least equal your 2017 withholding. If it appears that this assumption is incorrect, please contact us immediately to determine if revised estimates are required to avoid any underpayment penalties.

Form **8868** (Rev. January 2017) Department of the Treasury Internal Revenue Service

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

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868*.**

OMB No. 1545-1709

**Electronic filing *(e-file)*.** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits.*

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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, see instructions**

| | | |
|---|---|---|
| **Type or print** | Name of exempt organization or other filer, see instructions.<br>N Y C MISSION SOCIETY | Employer identification number (EIN) or<br>13-5562301 |
| 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.<br>646 MALCOLM X BOULEVARD | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>NEW YORK, NY 10037 | |

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 |

- The books are in the care of ▶ SHARADA SINGH 646 MALCOLM X BOULEVARD NEW YORK NY 10037

Telephone No. ▶ 212 674-3500 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 6-month extension of time until 05/15 , 20 19 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20 ____ or
▶ ☒ tax year beginning 07/01 , 20 17 , and ending 06/30 , 20 18 .

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

| | | | |
|---|---|---|---|
| 3a | 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. | 3a | $ 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. | 3b | $ 0. |
| c | **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. | 3c | $ 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.

Form **8868**
(Rev. January 2017)
Department of the Treasury
Internal Revenue Service

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

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868*.**

OMB No. 1545-1709

**Electronic filing *(e-file)*.** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits.*

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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, see instructions**

| | | |
|---|---|---|
| **Type or print** | Name of exempt organization or other filer, see instructions.<br>N Y C MISSION SOCIETY | Employer identification number (EIN) or<br>13-5562301 |
| 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.<br>646 MALCOLM X BOULEVARD | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>NEW YORK, NY 10037 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . . . . . . . . 0 7

| 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 |

- The books are in the care of ▶ SHARADA SINGH
646 MALCOLM X BOULEVARD NEW YORK NY 10037

Telephone No. ▶ 212 674-3500 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 6-month extension of time until 05/15, 20 19, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20 ____ or
▶ ☒ tax year beginning 07/01, 20 17, and ending 06/30, 20 18.

**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

| | | | |
|---|---|---|---|
| **3a** | 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. | **3a** | $ 3,711. |
| **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. | **3b** | $ 3,711. |
| **c** | **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. | **3c** | $ 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.

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

# IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning 07/01 , 2017, and ending 06/30 , 20 18

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to *www.irs.gov/Form8879EO* for the latest information.**

OMB No. 1545-1878

**2017**

Name of exempt organization: N Y C MISSION SOCIETY

**Employer identification number**: 13-5562301

Name and title of officer: ELSIE MCCABE THOMPSON, PRESIDENT

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

**1a** Form 990 check here ▶ [X] **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) . . . **1b** 8,914,438.

**2a** Form 990-EZ check here ▶ [ ] **b Total revenue,** if any (Form 990-EZ, line 9) . . . . . . . . . . . . **2b**

**3a** Form 1120-POL check here ▶ [ ] **b Total tax** (Form 1120-POL, line 22) . . . . . . . . . . . . . . **3b**

**4a** Form 990-PF check here ▶ [ ] **b Tax based on investment income** (Form 990-PF, Part VI, line 5). **4b**

**5a** Form 8868 check here ▶ [ ] **b Balance Due** (Form 8868, line 3c) . . . . . . . . . . . . . . . . . . **5b**

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

[X] I authorize ______________________ to enter my PIN 6 2 3 0 1 as my signature
**ERO firm name** — **Enter five numbers, but do not enter all zeros**

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 2 6 5 1 1 9 3 3 8 1 6
**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ Date ▶

**ERO Must Retain This Form - See Instructions**
**Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047 **2017**

Department of the Treasury
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning** 07/01 **, 2017, and ending** 06/30 **, 20** 18

**B** Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

**C** Name of organization: N Y C MISSION SOCIETY
Doing Business As
Number and street (or P.O. box if mail is not delivered to street address): 646 MALCOLM X BOULEVARD | Room/suite
City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10037

**D Employer identification number** 13-5562301
**E** Telephone number (212) 674-3500
**G** Gross receipts $ 16,647,365.

**F** Name and address of principal officer: ELSIE MCCABE THOMPSON
646 MALCOLM X BLVD NEW YORK, NY 10037

**H(a)** Is this a group return for subordinates? [ ] Yes [X] No
**H(b)** Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

**I** Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527
**J** Website: ▶ WWW.NYCMISSIONSOCIETY.ORG
**H(c)** Group exemption number ▶
**K** Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶ | **L** Year of formation: 1812 | **M** State of legal domicile: NY

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: NYC MISSION SOCIETY IMPROVES THE LIVES OF FAMILIES IN THE CITY'S MOST UNDERSERVED COMMUNITIES.

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

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 14. |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 14. |
| 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 682. |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 200. |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 20,641. |

COPY FOR PUBLIC INSPECTION

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 8,145,199. | 7,917,995. |
| | 9 | Program service revenue (Part VIII, line 2g) | 0. | 0. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 614,985. | 1,029,765. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -72,611. | -33,322. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 8,687,573. | 8,914,438. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 7,982,148. | 9,379,411. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 621,941. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,002,899. | 2,472,628. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 9,985,047. | 11,852,039. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -1,297,474. | -2,937,601. |
| | | | **Beginning of Current Year** | **End of Year** |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 45,759,019. | 46,095,290. |
| | 21 | Total liabilities (Part X, line 26) | 1,695,437. | 1,002,017. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 44,063,582. | 45,093,273. |

## Part II Signature Block

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

**Sign Here**
▶ Signature of officer | Date 1/15/19
▶ Elsie McCabe Thompson, President
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check [ ] if self-employed | PTIN |
|---|---|---|---|---|
| | | | | |

Firm's name ▶ | Firm's EIN ▶
Firm's address ▶ | Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . . . . . . . . . . . . . . . . . . . ☐

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

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

4a (Code: ) (Expenses $ 4,487,554. including grants of $ ) (Revenue $ )

THE MISSION OF POWER ACADEMY AFTERSCHOOL AND FULL-DAY SUMMER CAMP PROGRAM IS TO NARROW THE EDUCATIONAL ACHIEVEMENT GAP THROUGH ENGAGING HANDS ON ACTIVITIES THAT PROVIDE EXPOSURE TO AND APPLICATION OF STEM CONCEPTS AND INCREASE LITERACY SKILLS THROUGH GUIDED READING EXERCISES AND PERFORMING ARTS WHILE SUPPORTING SOCIAL EMOTIONAL LEARNING.

4b (Code: ) (Expenses $ 4,934,635. including grants of $ ) (Revenue $ )

LEARNING TO WORK INCREASES HIGH SCHOOL GRADUATION RATES BY PROVIDING STUDENTS WITH ACADEMIC SUPPORT, COLLEGE PREPARATION AND GUIDANCE, CAREER TRAINING, AND PAID INTERNSHIPS.

4c (Code: ) (Expenses $ 63,425. including grants of $ ) (Revenue $ )

ATTACHMENT 2

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

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

4e Total program service expenses ▶ 9,485,614.

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | 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? *If "Yes," complete Schedule C, Part III* | 5 | | 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? *If "Yes," complete Schedule D, Part I* | 6 | | 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? *If "Yes," complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | 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? *If "Yes," complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | 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? *If "Yes," complete Schedule D, Part VI* | 11a | 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? *If "Yes," complete Schedule D, Part VII* | 11b | 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? *If "Yes," complete Schedule D, Part VIII* | 11c | | 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? *If "Yes," complete Schedule D, Part IX* | 11d | X | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 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? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | 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? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | 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? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | 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? *If "Yes," complete Schedule G, Part I* (see instructions) | 17 | | 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? *If "Yes," complete Schedule G, Part II* | 18 | X | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | X |

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

| | | | Yes | No |
|---|---|---|---|---|
| **20a** | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | **20a** | | X |
| **b** | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | **20b** | | |
| **21** | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | **21** | | X |
| **22** | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | **22** | | 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* | **23** | 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* | **24a** | | X |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | |
| **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? | **24c** | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | |
| **25a** | **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | **25a** | | 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* | **25b** | | 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 "Yes," complete Schedule L, Part II* | **26** | | 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* | **27** | | 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* | **28a** | | X |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | | 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* | **28c** | | X |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | | X |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | X |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | 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* | **32** | | 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* | **33** | | 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* | **34** | | X |
| **35a** | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | **35a** | | 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* | **35b** | | |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | | 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* | **37** | | X |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O. | **38** | X | |

**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 . . . . . ☐

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 35 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0. | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 682 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | X | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ▶ | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | 8 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 | **Section 501(c)(7) organizations.** Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| | **Note.** See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | | 14b | | |

**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 . . . . . [X]

## 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 . . . . . 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. | 1a: 14 | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . . . | 1b: 14 | | | |
| 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.

[X] Own website [X] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
SHARADA SINGH 646 MALCOLM X BOULEVARD NEW YORK, NY 10037 212-674-3500

**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 dotted line) | (C) Position: Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) DEREK E. STEINHISER<br>CHAIR | 3.00<br>0. | X | | X | | | | 0. | 0. | 0. |
| (2) MATTHEW W. MAMAK<br>VICE CHAIR | 3.00<br>0. | X | | X | | | | 0. | 0. | 0. |
| (3) JAY MOORHEAD<br>TREASURER | 3.00<br>0. | X | | X | | | | 0. | 0. | 0. |
| (4) STANLEY H. RUMBOUGH<br>SECRETARY | 3.00<br>0. | X | | X | | | | 0. | 0. | 0. |
| (5) COLBERT NARCISSE (LEFT 1/23/18<br>DIRECTOR | 2.00<br>0. | X | | | | | | 0. | 0. | 0. |
| (6) JAMES B. PETERSON, JR.<br>DIRECTOR | 3.00<br>0. | X | | | | | | 0. | 0. | 0. |
| (7) JOHN BADER<br>DIRECTOR | 2.00<br>0. | X | | | | | | 0. | 0. | 0. |
| (8) PEGGY JACOB BADER<br>DIRECTOR | 2.00<br>0. | X | | | | | | 0. | 0. | 0. |
| (9) KIM BINGHAM<br>DIRECTOR | 2.00<br>0. | X | | | | | | 0. | 0. | 0. |
| (10) LAURA FLAVIN<br>DIRECTOR | 2.00<br>0. | X | | | | | | 0. | 0. | 0. |
| (11) NORMAN LEVY<br>DIRECTOR | 2.00<br>0. | X | | | | | | 0. | 0. | 0. |
| (12) KATRINA PEBBLES<br>DIRECTOR | 2.00<br>0. | X | | | | | | 0. | 0. | 0. |
| (13) JEAN SHAFIROFF<br>DIRECTOR | 2.00<br>0. | X | | | | | | 0. | 0. | 0. |
| (14) PATRICK VATEL<br>DIRECTOR | 2.00<br>0. | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position: Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (15) PAMELA J. NEWMAN<br>DIRECTOR | 2.00<br>0. | X | | | | | | 0. | 0. | 0. |
| (16) TOMMIE PEGUES (LEFT 11/6/17)<br>DIRECTOR | 2.00<br>0. | X | | | | | | 0. | 0. | 0. |
| (17) CHARLES O'BYRNE (LEFT 7/11/17)<br>DIRECTOR | 2.00<br>0. | X | | | | | | 0. | 0. | 0. |
| (18) ELSIE MCCABE THOMPSON<br>PRESIDENT | 40.00<br>0. | | | | X | | | 231,757. | 0. | 15,008. |
| (19) SHARADA SINGH<br>SVP OF FINANACE AND ADMINISTRA | 40.00<br>0. | | | | X | | | 152,482. | 0. | 21,418. |
| (20) KENITA LLOYD<br>SVP OF DEVELOPMENT & EXTERNAL | 40.00<br>0. | | | | X | | | 141,800. | 0. | 21,406. |
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| | | | | | | | | | | |
| **1b Sub-total** ▶ | | | | | | | | 0. | 0. | 0. |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | 526,039. | 0. | 57,832. |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | 526,039. | 0. | 57,832. |

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 ▶ 6

| | | 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* | 3 | | 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* | 4 | 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* | 5 | | X |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. 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 |
|---|---|---|
| ATTACHMENT 3 | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 17

## Part VIII Statement of Revenue

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

| Section | Line | Description | Sub-amount / Business Code | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c 627,554. | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e 5,971,273. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 1,319,168. | | | | |
| | g | Noncash contributions included in lines 1a-1f: $ | | | | | |
| | h | **Total.** Add lines 1a-1f ▶ | | 7,917,995. | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a-2f ▶ | | 0. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ | | 609,834. | | | 609,834. |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | | 0. | | | |
| | 5 | Royalties ▶ | | 0. | | | |
| | | | (i) Real / (ii) Personal | | | | |
| | 6a | Gross rents | (i) 116,318. / (ii) | | | | |
| | b | Less: rental expenses | (i) 12,961. / (ii) | | | | |
| | c | Rental income or (loss) | (i) 103,357. / (ii) | | | | |
| | d | Net rental income or (loss) ▶ | | 103,357. | | | 103,357. |
| | | | (i) Securities / (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) 7,937,184. / (ii) | | | | |
| | b | Less: cost or other basis and sales expenses | (i) 7,517,253. / (ii) | | | | |
| | c | Gain or (loss) | (i) 419,931. / (ii) | | | | |
| | d | Net gain or (loss) ▶ | | 419,931. | | | 419,931. |
| | 8a | Gross income from fundraising events (not including $ 627,554. of contributions reported on line 1c). See Part IV, line 18 | a 61,410. | | | | |
| | b | Less: direct expenses | b 202,713. | | | | |
| | c | Net income or (loss) from fundraising events ▶ | | -141,303. | | | -141,303. |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | a | | | | |
| | b | Less: direct expenses | b | | | | |
| | c | Net income or (loss) from gaming activities ▶ | | 0. | | | |
| | 10a | Gross sales of inventory, less returns and allowances | a | | | | |
| | b | Less: cost of goods sold | b | | | | |
| | c | Net income or (loss) from sales of inventory ▶ | | 0. | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | MISCELLANEOUS | 525100 | 4,624. | | | 4,624. |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | **Total.** Add lines 11a-11d ▶ | | 4,624. | | | |
| | 12 | **Total revenue.** See instructions ▶ | | 8,914,438. | | | 996,443. |

**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 domestic organizations and domestic governments. See Part IV, line 21 | 0. | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 0. | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0. | | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 615,590. | | 436,923. | 178,667. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 4,681,950. | 4,451,509. | 113,201. | 117,240. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0. | | | |
| 9 Other employee benefits | 3,566,575. | 3,252,548. | 240,551. | 73,476. |
| 10 Payroll taxes | 515,296. | 469,517. | 23,783. | 21,996. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0. | | | |
| b Legal | 0. | | | |
| c Accounting | 54,000. | | 54,000. | |
| d Lobbying | 0. | | | |
| e Professional fundraising services. See Part IV, line 17 | 0. | | | |
| f Investment management fees | 330,402. | | 330,402. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 401,956. | 114,661. | 164,480. | 122,815. |
| 12 Advertising and promotion | 4,963. | 85. | 3,073. | 1,805. |
| 13 Office expenses | 430,911. | 234,847. | 127,669. | 68,395. |
| 14 Information technology | 135,880. | 129,086. | 5,435. | 1,359. |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 244,681. | 176,622. | 48,741. | 19,318. |
| 17 Travel | 74,472. | 66,073. | 7,492. | 907. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 0. | | | |
| 20 Interest | 0. | | | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 148,071. | | 148,071. | |
| 23 Insurance | 176,962. | 146,824. | 24,703. | 5,435. |
| 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 CLIENT NEEDS/INCENTIVES | 213,712. | 203,202. | 1,319. | 9,191. |
| b FOOD | 93,860. | 85,559. | 7,005. | 1,296. |
| c STAFF DEVELOPMENT | 31,014. | 29,164. | 1,850. | |
| d NONE | | | | |
| e All other expenses | 131,744. | 125,917. | 5,786. | 41. |
| 25 **Total functional expenses.** Add lines 1 through 24e | 11,852,039. | 9,485,614. | 1,744,484. | 621,941. |
| 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) | 0. | | | |

## 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 | 619,529. | 1 | 22,783. |
| | 2 | Savings and temporary cash investments | 3,742,690. | 2 | 2,892,575. |
| | 3 | Pledges and grants receivable, net | 1,310,062. | 3 | 1,908,026. |
| | 4 | Accounts receivable, net | 0. | 4 | 0. |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0. | 5 | 0. |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0. | 6 | 0. |
| | 7 | Notes and loans receivable, net | 0. | 7 | 0. |
| | 8 | Inventories for sale or use | 0. | 8 | 0. |
| | 9 | Prepaid expenses and deferred charges | 32,369. | 9 | 26,831. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 4,194,823. | | | |
| | b | Less: accumulated depreciation — 10b 2,910,130. | 972,320. | 10c | 1,284,693. |
| | 11 | Investments - publicly traded securities | 21,729,016. | 11 | 21,681,607. |
| | 12 | Investments - other securities. See Part IV, line 11 | 12,058,219. | 12 | 12,547,021. |
| | 13 | Investments - program-related. See Part IV, line 11 | 0. | 13 | 0. |
| | 14 | Intangible assets | 0. | 14 | 0. |
| | 15 | Other assets. See Part IV, line 11 | 5,294,814. | 15 | 5,731,754. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 45,759,019. | 16 | 46,095,290. |
| Liabilities | 17 | Accounts payable and accrued expenses | 673,123. | 17 | 1,002,017. |
| | 18 | Grants payable | 0. | 18 | 0. |
| | 19 | Deferred revenue | 0. | 19 | 0. |
| | 20 | Tax-exempt bond liabilities | 0. | 20 | 0. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | 0. |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0. | 22 | 0. |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 0. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 1,022,314. | 25 | 0. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 1,695,437. | 26 | 1,002,017. |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 31,943,022. | 27 | 32,759,728. |
| | 28 | Temporarily restricted net assets | 1,716,057. | 28 | 1,492,102. |
| | 29 | Permanently restricted net assets | 10,404,503. | 29 | 10,841,443. |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 44,063,582. | 33 | 45,093,273. |
| | 34 | Total liabilities and net assets/fund balances | 45,759,019. | 34 | 46,095,290. |

## Part XI Reconciliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 8,914,438. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 11,852,039. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -2,937,601. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 44,063,582. |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,209,763. |
| 6 | Donated services and use of facilities | 6 | 0. |
| 7 | Investment expenses | 7 | 0. |
| 8 | Prior period adjustments | 8 | 0. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 2,757,529. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 45,093,273. |

## Part XII Financial Statements and Reporting

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| | 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: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| | 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: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | | |

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

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
**2017**
Open to Public Inspection

| Name of the organization | Employer identification number |
|---|---|
| N Y C MISSION SOCIETY | 13-5562301 |

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

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

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

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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

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

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

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

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

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

9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ______

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

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

12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . . . . . . [ ]

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

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

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 7,626,250. | 9,569,901. | 8,070,540. | 8,145,199. | 7,917,995. | 41,329,885. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 **Total.** Add lines 1 through 3 | 7,626,250. | 9,569,901. | 8,070,540. | 8,145,199. | 7,917,995. | 41,329,885. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 0. |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 41,329,885. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 7,626,250. | 9,569,901. | 8,070,540. | 8,145,199. | 7,917,995. | 41,329,885. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 516,146. | 542,084. | 608,356. | 721,135. | 726,152. | 3,113,873. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 144,125. | | | | | 144,125. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1 | 19,962. | 12,253. | 758. | 5,467. | 4,624. | 43,064. |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 44,630,947. |

12 Gross receipts from related activities, etc. (see instructions) | 12 |

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

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

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 92.60 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | 92.79 %

16a **33 1/3 % support test - 2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support test - 2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

**Part III** **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support.** (Subtract line 7c from line 6.) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 | Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | % |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 | Investment income percentage from **2016** Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3 % support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

**Part IV** **Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

**1** *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

**a** ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

**b** ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

**c** ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

| | | | Yes | No |
|---|---|---|---|---|
| **2** | Activities Test. ***Answer (a) and (b) below.*** | | | |
| **a** | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.* | **2a** | | |
| **b** | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.* | **2b** | | |
| **3** | Parent of Supported Organizations. ***Answer (a) and (b) below.*** | | | |
| **a** | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.*** | **3a** | | |
| **b** | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.* | **3b** | | |

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

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

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

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

| **Section C - Distributable Amount** | | | Current Year |
|---|---|---|---|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

| Section D - Distributions | | Current Year |
|---|---|---|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 | Amounts paid to acquire exempt-use assets | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | |
| 6 | Other distributions (describe in **Part VI**). See instructions. | |
| 7 | **Total annual distributions.** Add lines 1 through 6. | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions. | |
| 9 | Distributable amount for 2017 from Section C, line 6 | |
| 10 | Line 8 amount divided by Line 9 amount | |

| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
|---|---|---|---|---|
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in **Part VI**). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| a | | | | |
| b | From 2013 . . . . . . . | | | |
| c | From 2014 . . . . . . . | | | |
| d | From 2015 . . . . . . . | | | |
| e | From 2016 . . . . . . . | | | |
| f | **Total** of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, line 7: $ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2017 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI**. See instructions. | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions. | | | |
| 7 | **Excess distributions carryover to 2018**. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2013. . . . | | | |
| b | Excess from 2014. . . . | | | |
| c | Excess from 2015. . . . | | | |
| d | Excess from 2016. . . . | | | |
| e | Excess from 2017. . . . | | | |

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2013 | 2014 | 2015 | 2016 | 2017 | TOTAL |
|---|---|---|---|---|---|---|
| MISCELLANEOUS | 19,962. | 12,253. | 758. | 5,467. | 4,624. | 43,064. |
| TOTALS | 19,962. | 12,253. | 758. | 5,467. | 4,624. | 43,064. |

**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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

**2017**

**Name of the organization**
N Y C MISSION SOCIETY

**Employer identification number**
13-5562301

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | [X] 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**

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

[ ] For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ $ ____________

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization N Y C MISSION SOCIETY

Employer identification number 13-5562301

**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 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 2 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 3 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 4 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 5 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 6 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |

Name of organization N Y C MISSION SOCIETY

Employer identification number 13-5562301

**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 |
|---|---|---|---|
| 7 | | $ 30,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 8 | | $ 1,000,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 9 | | $ 7,500. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 10 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 11 | | $ 6,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 12 | | $ 40,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |

Name of organization N Y C MISSION SOCIETY

Employer identification number 13-5562301

**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 |
|---|---|---|---|
| 13 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 14 | | $ 61,810. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 15 | | $ 60,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 16 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 17 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 18 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |

Name of organization N Y C MISSION SOCIETY

Employer identification number 13-5562301

**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 |
|---|---|---|---|
| 19 | | $ 100,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 20 | | $ 50,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 21 | | $ 50,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 22 | | $ 6,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 23 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 24 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |

Name of organization N Y C MISSION SOCIETY

Employer identification number 13-5562301

**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 |
|---|---|---|---|
| 25 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 26 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 27 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 28 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 29 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 30 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |

Name of organization N Y C MISSION SOCIETY

Employer identification number 13-5562301

**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 |
|---|---|---|---|
| 31 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 32 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 33 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 34 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 35 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 36 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |

Name of organization N Y C MISSION SOCIETY

Employer identification number 13-5562301

**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 |
|---|---|---|---|
| 37 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 38 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 39 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 40 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 41 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 42 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |

Name of organization N Y C MISSION SOCIETY

Employer identification number 13-5562301

**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 |
|---|---|---|---|
| 43 | | $ 25,400. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 44 | | $ 5,300. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 45 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 46 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 47 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 48 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |

Name of organization N Y C MISSION SOCIETY

Employer identification number 13-5562301

**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 |
|---|---|---|---|
| 49 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 50 | | $ 18,857. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 51 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 52 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |

Name of organization N Y C MISSION SOCIETY

Employer identification number 13-5562301

**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 N Y C MISSION SOCIETY

Employer identification number 13-5562301

**Part III** ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** 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. See instructions.) ▶ $

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 |
|---|---|
| | |



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**SCHEDULE D (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
**2017**
**Open to Public Inspection**

Name of the organization: N Y C MISSION SOCIETY
Employer identification number: 13-5562301

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

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

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 7/25/06, and not on a historic structure listed in the National Register | 2d | |

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

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

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

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

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

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

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

**Part III** **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ____________

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | | Amount |
|---|---|---|
| c Beginning balance | 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, for escrow or custodial account liability? ☐ Yes ☐ No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | 6,264,580. | 6,085,956. | 6,180,299. | 6,251,121. | 5,920,847. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 348,629. | 450,563. | -84,724. | -70,822. | 556,194. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 176,142. | 226,020. | | | |
| f Administrative expenses | 56,844. | 45,919. | 9,619. | | |
| g End of year balance | 6,380,223. | 6,264,580. | 6,085,956. | 6,180,299. | 6,477,041. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment ▶ 82.0000 %
b Permanent endowment ▶ 14.0000 %
c Temporarily restricted endowment ▶ 4.0000 %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | X |
| (ii) related organizations | 3a(ii) | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

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

**Part VI Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 210,000. | | 210,000. |
| b Buildings | | 3,148,983. | 2,247,422. | 901,561. |
| c Leasehold improvements | | | | |
| d Equipment | | 835,840. | 62,708. | 173,132. |
| e Other | | | | |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶ | | | | 1,284,693. |

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) LIMITED PARTNERSHIP | | FMV |
| (B) HEDGE FUNDS | 10,957,947. | FMV |
| (C) PRIVATE COMINGLED FUNDS | 1,589,074. | FMV |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶ | 12,547,021. | |

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

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

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

| (a) Description | (b) Book value |
|---|---|
| (1) BENEFICIAL INTEREST IN | |
| (2) PERPETUAL TRUST | 5,731,754. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶ | 5,731,754. |

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

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶ | |

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 12,852,537. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | 1,209,763. | | |
| b | Donated services and use of facilities | 2b | 85,535. | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 2,757,529. | | |
| e | Add lines **2a** through **2d** | | | 2e | 4,052,827. |
| 3 | Subtract line **2e** from line **1** | | | 3 | 8,799,710. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 330,402. | | |
| b | Other (Describe in Part XIII.) | 4b | -215,674. | | |
| c | Add lines **4a** and **4b** | | | 4c | 114,728. |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | 8,914,438. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 11,822,846. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | 85,535. | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 215,674. | | |
| e | Add lines **2a** through **2d** | | | 2e | 301,209. |
| 3 | Subtract line **2e** from line **1** | | | 3 | 11,521,637. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 330,402. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 330,402. |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | 11,852,039. |

**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.

SEE PAGE 5

**Part XIII Supplemental Information** *(continued)*

SCHEDULE D, PART V, LINE 4

APPROXIMATELY 5 - 7% OF THE ENDOWMENT FUND IS USE FOR ANNUAL

OPERATIONS. APPROXIMATELY $7.3M IS DESIGNATED FOR CAPITAL

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT COSTS OF SPECIAL EVENTS $202,713

RENTAL EXPENSE $12,961

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT COSTS OF SPECIAL EVENTS 202,713

RENTAL EXPENSE $12,961

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PENSION FUNDED STATUS LIABILITY ADJUSTMENT $2,320,589

GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST $436,940

TOTAL TO SCHEDULE D, PART XI, LINE 2D $$2,757,529

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to *www.irs.gov/Form990* for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: N Y C MISSION SOCIETY

Employer identification number: 13-5562301

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? Yes | No | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| Total . . . . . ▶ | | | | | | | |

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

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

| | | (a) Event #1<br>GALA EVENT<br>(event type) | (b) Event #2<br>HAMPTONS EVENT<br>(event type) | (c) Other events<br>2.<br>(total number) | (d) Total events (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 663,384. | 10,330. | 15,250. | 688,964. |
| | 2 Less: Contributions | 627,554. | | | 627,554. |
| | 3 Gross income (line 1 minus line 2) | 35,830. | 10,330. | 15,250. | 61,410. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | 131,360. | | | 131,360. |
| | 8 Entertainment | 8,350. | | | 8,350. |
| | 9 Other direct expenses | 54,143. | 4,975. | 3,885. | 63,003. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 202,713. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -141,303. |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes _____ %<br>☐ No | ☐ Yes _____ %<br>☐ No | ☐ Yes _____ %<br>☐ No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: ______

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: ______

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

b If "Yes," explain: ______

11 Does the organization conduct gaming activities with nonmembers? . . . . . . . . . . . . . . . . . . . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . . . . . . . . . . . . . . . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ ______________________________

Address ▶ ______________________________

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _______________ and the amount of gaming revenue retained by the third party ▶ $ _______________.

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

Name ▶ ______________________________

Address ▶ ______________________________

16 Gaming manager information:

Name ▶ ______________________________

Gaming manager compensation ▶ $ _______________

Description of services provided ▶ ______________________________

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

**Part IV** **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE J (Form 990)**

Department of the Treasury
Internal Revenue Service

# Compensation Information

**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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization: N Y C MISSION SOCIETY

Employer identification number: 13-5562301

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ Personal services (such as, 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 | 1b | | |
| 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 on line 1a? | 2 | | |
| 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.<br>☒ Compensation committee ☐ Written employment contract<br>☐ Independent compensation consultant ☒ Compensation survey or study<br>☐ Form 990 of other organizations ☒ Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| a | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| a | The organization? | 5a | | X |
| b | Any related organization? | 5b | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| a | The organization? | 6a | | X |
| b | Any related organization? | 6b | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. | 7 | | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | |

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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: (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| 1 ELSIE MCCABE THOMPSON | (i) | 230,328. | 0. | 1,429. | 2,365. | 12,643. | 246,765. | |
| PRESIDENT | (ii) | 0. | 0. | 0. | | | | |
| 2 SHARADA SINGH | (i) | 152,033. | 0. | 449. | 1,718. | 19,700. | 173,900. | |
| SVP OF FINANACE AND ADMINISTRA | (ii) | 0. | 0. | 0. | | | | |
| 3 KENITA LLOYD | (i) | 141,514. | 0. | 286. | 1,687. | 19,719. | 163,206. | |
| SVP OF DEVELOPMENT & EXTERNAL | (ii) | 0. | 0. | 0. | | | | |
| 4 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

## Part III Supplemental Information

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

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**
**▶Attach to Form 990 or 990-EZ.**
**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No. 1545-0047
**2017**
**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| N Y C MISSION SOCIETY | 13-5562301 |

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

THE AUDIT COMMITTEE REVIEWS THE FORM 990 IN DETAIL AND THEN RECOMMENDS IT TO THE BOARD. THE FULL BOARD REVIEWS AND APPROVES THE RETURN.

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

THE CONFLICT OF INTEREST FORMS ARE DISTRIBUTED ON AN ANNUAL BASIS TO THE BOARD OF DIRECTORS, OFFICERS, AND KEY EMPLOYEES AS REFERENCED WITHIN FORM 990 AND ARE REQUIRED TO BE COMPLETED AND RETURNED TO THE EXECUTIVE OFFICE FOR REVIEW, WHERE AFTER THE EXECUTIVE DIRECTOR REVIEWS THEM TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. IF THERE IS A POSSIBLE CONFLICT, THE BOARD MEMBER EXCUSES HIMSELF/HERSELF FROM THE VOTING PROCESS RELATING TO THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15

THE EXECUTIVE COMPENSATION AND PERFORMANCE IS REVIEWED BY THE BOARD CHAIR AND THE CHAIR OF THE HUMAN RESOURCES COMMITTEE. THE BOARD DETERMINES IF THE SALARY IS WITHIN THE RANGE OF SIMILAR NOT-FOR-PROFIT HUMAN SERVICE CEO'S BASED ON THE RESULTS OF A SALARY ANALYSIS. THE EXECUTIVE COMMITTEE PERIODICALLY OBTAINS A SALARY SURVEY BY AN INDEPENDENT THIRD PARTY.  A SALARY SURVEY WAS PERFORMED IN FISCAL 2018. THE BOARD CHAIR REPORTS TO THE ENTIRE BOARD THE DETERMINATION OF THE EXECUTIVE DIRECTOR'S SALARY AND PERFORMANCE. THE BOARD VOTES TO MAKE ADJUSTMENTS TO THE SALARY BASED ON THE RECOMMENDATION OF THE BOARD CHAIR AND HR COMMITTEE CHAIR. THIS PROCESS IS EXECUTED DURING THE EXECUTIVE SESSION OF THE BOARD MEETING. AS

Name of the organization: N Y C MISSION SOCIETY

Employer identification number: 13-5562301

FOR OTHER OFFICERS AND KEY EMPLOYEES THIS PROCESS IS PERFORMED BY THE PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 19

THE FINANCIAL STATEMENT IS ON THE WEBSITE AS WELL AS THE ATTORNEY GENERAL'S WEBSITE.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TODAY, OUR PROGRESSIVE PORTFOLIO OF EDUCATIONAL, WORKFORCE DEVELOPMENT AND CULTURAL ENRICHMENT PROGRAMS PROVIDE THOSE WE SERVE WITH THE TOOLS TO BREAK THE CYCLE OF POVERTY AND ACHIEVE SUCCESS. FROM OUR FLAGSHIP COMMUNITY CENTER IN CENTRAL HARLEM AND 11 SITES THROUGHOUT THE BRONX, BROOKLYN, AND THE LOWER EAST SIDE, WE SERVE THOUSANDS OF CHILDREN AND YOUNG ADULTS ANNUALLY WITH OUR PROGRAMS, SERVICES, AND EVENTS.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

PREVENTIVE SERVICES PROGRAM

WE ARE COMMITTED TO EQUIPPING STUDENTS WITH THE SOCIAL AND EMOTIONAL RESOURCES THAT WILL EMPOWER THEM TO THRIVE IN COLLEGE, THE WORLD OF WORK, AND ADULTHOOD. FOR EXAMPLE, 93% OF POWER ACADEMY PARENTS AGREE THAT THEIR CHILD WAS ABLE TO CONTROL THEIR

Name of the organization: N Y C MISSION SOCIETY

Employer identification number: 13-5562301

ATTACHMENT 2 (CONT'D)

EMOTIONS BETTER SINCE JOINING MISSION SOCIETY.

AMONG MISSION SOCIETY LTW HIGH SCHOOL PARTICIPANTS, 85% OF STUDENTS EXPRESSED THAT THEY ENJOYED GOING TO SCHOOL MORE DUE TO MISSION SOCIETY PROGRAMMING. ADDITIONALLY, 94% OF HIGH SCHOOL STUDENTS FELT BETTER PREPARED FOR COLLEGE AND 96% FELT BETTER PREPARED FOR THE WORLD OF WORK.

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|---|---|---|
| USI CONSULTING GROUP<br>350 FIFTH AVENUE, SUITE 3700<br>NEW YORK, NY 10118 | ACTUARIAL SEVICES | 192,910. |
| PROFESSIONAL COMPUTER ASSOCIATES<br>7401 S. BROADWAY<br>RED HOOK, NY 12571 | IT SERVICES | 135,880. |

# ESTIMATED TAX WORKSHEET FOR FORM 990-W

| | | | | |
|---|---|---|---|---|
| A. 2018 Estimated Tax | | | A | |
| B. Enter 100 % of Line A | B | | | |
| C. Enter 100 % of tax on 2017 FORM 990-T | C | 3,711. | | |
| D. Required Annual Payment (Smaller of lines B or C) | | | D | 3,711. |
| E. Income tax withheld (if applicable) | | | E | |
| F. **Balance** (As rounded to the nearest multiple of ) | | | F | 3,712. |

## Record of Estimated Tax Payments

| Payment number | (a) Date | (b) Amount | (c) 2017 overpayment credit applied | (d) Total amount paid and credited (add (b) and (c)) |
|---|---|---|---|---|
| 1 | 10/15/2018 | 928. | | 928. |
| 2 | 12/15/2018 | 928. | | 928. |
| 3 | 03/15/2019 | 928. | | 928. |
| 4 | 06/15/2019 | 928. | | 928. |
| Total | | 3,712. | | 3,712. |

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.

Form **2220**

Department of the Treasury
Internal Revenue Service

# Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return.
▶ Go to *www.irs.gov/Form2220* for instructions and the latest information.

OMB No. 1545-0123

**2017**

Name: N Y C MISSION SOCIETY

Employer identification number: 13-5562301

**Note:** Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

## Part I Required Annual Payment

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total tax (see instructions) | | | 1 | 3,711. |
| 2a | Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 | 2a | | | |
| b | Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method | 2b | | | |
| c | Credit for federal tax paid on fuels (see instructions) | 2c | | | |
| d | **Total.** Add lines 2a through 2c | | | 2d | |
| 3 | Subtract line 2d from line 1. If the result is less than $500, **do not** complete or file this form. The corporation doesn't owe the penalty | | | 3 | 3,711. |
| 4 | Enter the tax shown on the corporation's 2016 income tax return. See instructions. **Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5** | | | 4 | |
| 5 | **Required annual payment.** Enter the **smaller** of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 | | | 5 | 3,711. |

## Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

| | | |
|---|---|---|
| 6 | ☐ | The corporation is using the adjusted seasonal installment method. |
| 7 | ☐ | The corporation is using the annualized income installment method. |
| 8 | ☐ | The corporation is a "large corporation" figuring its first required installment based on the prior year's tax. |

## Part III Figuring the Underpayment

| | | | (a) | (b) | (c) | (d) |
|---|---|---|---|---|---|---|
| 9 | **Installment due dates.** Enter in columns (a) through (d) the 15th day of the 4th (*Form 990-PF filers:* Use 5th month), 6th, 9th, and 12th months of the corporation's tax year | 9 | 10/15/2017 | 12/15/2017 | 03/15/2018 | 06/15/2018 |
| 10 | **Required installments.** If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column | 10 | 928. | 928. | 928. | 927. |
| 11 | Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions | 11 | | | | |
| | ***Complete lines 12 through 18 of one column before going to the next column.*** | | | | | |
| 12 | Enter amount, if any, from line 18 of the preceding column | 12 | | | | |
| 13 | Add lines 11 and 12 | 13 | | | | |
| 14 | Add amounts on lines 16 and 17 of the preceding column | 14 | | 928. | 1,856. | 2,784. |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0- | 15 | | | | |
| 16 | If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- | 16 | | 928. | 1,856. | |
| 17 | **Underpayment.** If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 | 17 | 928. | 928. | 928. | 927. |
| 18 | **Overpayment.** If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column | 18 | | | | |

***Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.***

**Part IV Figuring the Penalty**

| | | (a) | (b) | (c) | (d) |
|---|---|---|---|---|---|
| **19** Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. *(C Corporations with tax years ending June 30 and S corporations:* Use 3rd month instead of 4th month. *Form 990-PF and Form 990-T filers:* Use 5th month instead of 4th month.) See instructions | 19 | | | | |
| **20** Number of days from due date of installment on line 9 to the date shown on line 19 | 20 | | | | |
| **21** Number of days on line 20 after 4/15/2017 and before 7/1/2017 | 21 | | | | |
| **22** Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 4% (0.04) | 22 | $ | $ | $ | $ |
| **23** Number of days on line 20 after 6/30/2017 and before 10/1/2017 | 23 | ATTACHMENT 1 | | | |
| **24** Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 4% (0.04) | 24 | $ | $ | $ | $ |
| | | SEE PENALTY COMPUTATION WHITEPAPER DETAIL | | | |
| **25** Number of days on line 20 after 9/30/2017 and before 1/1/2018 | 25 | | | | |
| **26** Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 4% (0.04) | 26 | $ | $ | $ | $ |
| **27** Number of days on line 20 after 12/31/2017 and before 4/1/2018 | 27 | | | | |
| **28** Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 4% (0.04) | 28 | $ | $ | $ | $ |
| **29** Number of days on line 20 after 3/31/2018 and before 7/1/2018 | 29 | | | | |
| **30** Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x *% | 30 | $ | $ | $ | $ |
| **31** Number of days on line 20 after 6/30/2018 and before 10/1/2018 | 31 | | | | |
| **32** Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x *% | 32 | $ | $ | $ | $ |
| **33** Number of days on line 20 after 9/30/2018 and before 1/1/2019 | 33 | | | | |
| **34** Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x *% | 34 | $ | $ | $ | $ |
| **35** Number of days on line 20 after 12/31/2018 and before 3/16/2019 | 35 | | | | |
| **36** Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x *% | 36 | $ | $ | $ | $ |
| **37** Add lines 22, 24, 26, 28, 30, 32, 34, and 36 | 37 | $ | $ | $ | $ |
| **38** **Penalty.** Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns | 38 | | | | $ |

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at ***www.irs.gov***. You can also call 1-800-829-4933 to get interest rate information.



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## PENALTY COMPUTATION DETAIL - FORM 2220

| DATE PD | UNDERPAYMENT | BEG.DATE | END DATE | DAYS | % | PENALTY |
|---|---|---|---|---|---|---|
| QUARTER 1, RATE PERIOD 1 (10/15/2017 - 11/15/2018) | | | | | | |
| | 928. | 10/15/2017 | 11/15/2018 | 396 | 4 | 40. |
| TOTAL FOR QUARTER 1, RATE PERIOD 1 | | | | | | 40. |
| QUARTER 2, RATE PERIOD 1 (12/15/2017 - 11/15/2018) | | | | | | |
| | 928. | 12/15/2017 | 11/15/2018 | 335 | 4 | 34. |
| TOTAL FOR QUARTER 2, RATE PERIOD 1 | | | | | | 34. |
| QUARTER 3, RATE PERIOD 1 (03/15/2018 - 11/15/2018) | | | | | | |
| | 928. | 03/15/2018 | 11/15/2018 | 245 | 4 | 25. |
| TOTAL FOR QUARTER 3, RATE PERIOD 1 | | | | | | 25. |
| QUARTER 4, RATE PERIOD 1 (06/15/2018 - 11/15/2018) | | | | | | |
| | 927. | 06/15/2018 | 11/15/2018 | 153 | 4 | 16. |
| TOTAL FOR QUARTER 4, RATE PERIOD 1 | | | | | | 16. |

TOTAL UNDERPAYMENT PENALTY 115.

Form **990-T**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018.

▶ 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).

OMB No. 1545-0687

**2017**

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

A [ ] Check box if address changed

B Exempt under section
[X] 501( C )( 3 )
[ ] 408(e) [ ] 220(e)
[ ] 408A [ ] 530(a)
[ ] 529(a)

C Book value of all assets at end of year
46,095,290.

Print or Type

Name of organization ( [ ] Check box if name changed and see instructions.)
N Y C MISSION SOCIETY

Number, street, and room or suite no. If a P.O. box, see instructions.
646 MALCOLM X BOULEVARD

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10037

D Employer identification number (Employees' trust, see instructions.)
13-5562301

E Unrelated business activity codes (See instructions.)

F Group exemption number (See instructions.) ▶

G Check organization type ▶ [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

H Describe the organization's primary unrelated business activity. ▶

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ [ ] Yes [X] No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ SHARADA SINGH Telephone number ▶ 212-674-3500

## Part I Unrelated Trade or Business Income

| | | | (A) Income | (B) Expenses | (C) Net |
|---|---|---|---|---|---|
| 1a | Gross receipts or sales | | | | |
| b | Less returns and allowances ____ c Balance ▶ | 1c | | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | | |
| 4a | Capital gain net income (attach Schedule D) | 4a | | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | | |
| c | Capital loss deduction for trusts | 4c | | | |
| 5 | Income (loss) from partnerships and S corporations (attach statement) | 5 | | | |
| 6 | Rent income (Schedule C) | 6 | | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | | |
| 8 | Interest, annuities, royalties, and rents from controlled organizations (Schedule F) | 8 | | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | | |
| 10 | Exploited exempt activity income (Schedule I) | 10 | | | |
| 11 | Advertising income (Schedule J) | 11 | | | |
| 12 | Other income (See instructions; attach schedule) | 12 | 21,641. | ATCH 1 | 21,641. |
| 13 | **Total.** Combine lines 3 through 12 | 13 | 21,641. | | 21,641. |

## Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | | |
|---|---|---|---|
| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | |
| 15 | Salaries and wages | 15 | |
| 16 | Repairs and maintenance | 16 | |
| 17 | Bad debts | 17 | |
| 18 | Interest (attach schedule) | 18 | |
| 19 | Taxes and licenses | 19 | |
| 20 | Charitable contributions (See instructions for limitation rules) | 20 | |
| 21 | Depreciation (attach Form 4562) — 21 | | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return — 22a | 22b | |
| 23 | Depletion | 23 | |
| 24 | Contributions to deferred compensation plans | 24 | |
| 25 | Employee benefit programs | 25 | |
| 26 | Excess exempt expenses (Schedule I) | 26 | |
| 27 | Excess readership costs (Schedule J) | 27 | |
| 28 | Other deductions (attach schedule) | 28 | |
| 29 | **Total deductions.** Add lines 14 through 28 | 29 | |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | 21,641. |
| 31 | Net operating loss deduction (limited to the amount on line 30) | 31 | |
| 32 | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 | 21,641. |
| 33 | Specific deduction (Generally $1,000, but see line 33 instructions for exceptions) | 33 | 1,000. |
| 34 | **Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 | 20,641. |

## Part III Tax Computation

| | | | |
|---|---|---|---|
| 35 | **Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and: | | |
| a | Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $ | | |
| b | Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $ | | |
| | (2) Additional 3% tax (not more than $100,000) $ | | |
| c | Income tax on the amount on line 34 ATCH 2 ▶ | 35c | 3,711. |
| 36 | **Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶ | 36 | |
| 37 | **Proxy tax.** See instructions ▶ | 37 | |
| 38 | Alternative minimum tax | 38 | |
| 39 | **Tax on Non-Compliant Facility Income.** See instructions | 39 | |
| 40 | **Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies | 40 | 3,711. |

## Part IV Tax and Payments

| | | | | | |
|---|---|---|---|---|---|
| 41 a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 41a | | | |
| b | Other credits (see instructions) | 41b | | | |
| c | General business credit. Attach Form 3800 (see instructions) | 41c | | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 41d | | | |
| e | **Total credits.** Add lines 41a through 41d | | | 41e | |
| 42 | Subtract line 41e from line 40 | | | 42 | 3,711. |
| 43 | Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) | | | 43 | |
| 44 | **Total tax.** Add lines 42 and 43 | | | 44 | 3,711. |
| 45 a | Payments: A 2016 overpayment credited to 2017 | 45a | | | |
| b | 2017 estimated tax payments | 45b | 3,711. | | |
| c | Tax deposited with Form 8868 | 45c | | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 45d | | | |
| e | Backup withholding (see instructions) | 45e | | | |
| f | Credit for small employer health insurance premiums (Attach Form 8941) | 45f | | | |
| g | Other credits and payments: ☐ Form 2439 ____ ☐ Form 4136 ____ ☐ Other ____ Total ▶ | 45g | | | |
| 46 | **Total payments.** Add lines 45a through 45g | | | 46 | 3,711. |
| 47 | Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐ | | | 47 | |
| 48 | **Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ▶ | | | 48 | |
| 49 | **Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶ | | | 49 | |
| 50 | Enter the amount of line 49 you want: **Credited to 2018 estimated tax** ▶ **Refunded** ▶ | | | 50 | |

## Part V Statements Regarding Certain Activities and Other Information (see instructions)

| | | Yes | No |
|---|---|---|---|
| 51 | At any time during the 2017 calendar year, did the organization 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 organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ | | X |
| 52 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. | | X |
| 53 | Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $ | | |

**Sign Here**

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

Signature of officer | Date 05/15/2019 | Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

**Paid Preparer Use Only**

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

## Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | Inventory at beginning of year | 1 | | 6 | Inventory at end of year | 6 |
| 2 | Purchases | 2 | | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 |
| 3 | Cost of labor | 3 | | | | |
| 4a | Additional section 263A costs (attach schedule) | 4a | | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes: / No: X |
| b | Other costs (attach schedule) | 4b | | | | |
| 5 | Total. Add lines 1 through 4b | 5 | | | | |

## Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1)
(2)
(3)
(4)

| 2. Rent received or accrued | | |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | Total | |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ | | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ |

## Schedule E - Unrelated Debt-Financed Income (see instructions)

| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
|---|---|---|---|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |

| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
|---|---|---|---|---|
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| | | | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (B). |
| Totals ▶ | | | | |
| Total dividends-received deductions included in column 8 ▶ | | | | |

## Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals . . . ▶ | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |

## Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals . . . ▶ | Enter here and on page 1, Part I, line 9, column (A). | | | Enter here and on page 1, Part I, line 9, column (B). |

## Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals . . . ▶ | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | | Enter here and on page 1, Part II, line 26. |

## Schedule J - Advertising Income (see instructions)

### Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) . . ▶ | | | | | | |

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| **Totals from Part I** . . . . . . . ▶ | | | | | | |
| **Totals,** Part II (lines 1-5) . . . . ▶ | Enter here and on page 1, Part I, line 11, col (A). | Enter here and on page 1, Part I, line 11, col (B). | | | | Enter here and on page 1, Part II, line 27. |

## Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|---|---|---|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| **Total.** Enter here and on page 1, Part II, line 14 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ | | | |

PART I - LINE 12 - OTHER INCOME

| | |
|---|---|
| TRANSIT | 21,641. |
| PART I - LINE 12 - OTHER INCOME | 21,641. |

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE

| | |
|---|---|
| 1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34). | 20,641. |
| 2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP..... | 3,096. |
| 3 TAX ON LINE 1 FIGURED USING THE 21% RATE.................... | 4,335. |
| 4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 184 IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018............. | 569,664. |
| 5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181 IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017.............. | 784,635. |
| 6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR............................... | 1,561. |
| 7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR............................... | 2,150. |
| 8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR........ | 3,711. |

BKD
CPAs & Advisors

Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

655 Third Avenue, Suite 1200 | New York, NY 10017-9115 | 212.867.4000

N Y C MISSION SOCIETY
Instructions for Filing
Form CHAR500
New York State Annual Filing for Charitable Organizations
For the year ended June 30, 2018

The original return should be signed (use full name) and dated on page 1 by two authorized officers of the organization, including the chief fiscal officer.

File the signed return by May 15, 2019 with:

NYS Office of the AG, Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

A check or money order payable to "Department of Law" in the amount of $775 should be attached to the return. Be sure to include the federal EIN and "2017 Form CHAR500" on the check.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

BKD
CPAs & Advisors

Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

655 Third Avenue, Suite 1200 | New York, NY 10017-9115 | 212.867.4000

N Y C MISSION SOCIETY
Instructions for Filing
Form TR-579-CT
New York State E-file Signature Authorization for Form CT-13
For the Year Ended June 30, 2018

The original Form TR-579-CT should be signed (use full name) and dated by an authorized officer of the organization.

Please return the signed form on or before May 15, 2019 to:

Or fax to: 212.867.9810
Attn: eFile Administration

Or email to: efileNewYorkCity@bkd.com

Your return will be filed electronically. You do not need to file any forms with the state of New York.

A check payable to New York State Corporation Tax in the amount of $1,608 should be mailed on or before May 15, 2019 to:

NYS Dept of Taxation & Finance
Corp - V
PO Box 15163
Albany NY 12212-5163

Be sure to include the federal EIN and "2017 Form CT-13" on the check.

DO NOT separately file Form CT-13 with the state of New York. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2019. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The state will notify us when your return is accepted. Your return is not considered filed until the state confirms their acceptance, which may occur after the due date of your return.

NEW YORK STATE | Department of Taxation and Finance
Office of Processing and Taxpayer Services
W A Harriman Campus, Albany NY 12227

Taxpayer ID: 13-5562301

Taxpayer name: N Y C MISSION SOCIETY

# You must file this New York State corporation tax return electronically.

**Individual taxpayers and paid preparers who use software to prepare their returns or their clients' returns, but file on paper, are subject to penalties.**

## E-filing has many advantages:

- It is fast, easy, and secure.
- There are no additional costs. Once you've paid for your New York State tax preparation software, you can e-file your New York State return for **free**.

**90% of New Yorkers enjoy the benefits of e-filing.**

**If you are a corporation:**
Because you prepared this New York State tax return using software, you **must** file it electronically.

**If you are a paid preparer:**
Because you prepared this return using software, you must e-file it. If you file a paper New York State tax return, you will be in violation of New York State law and subject to penalties.

**If you are a corporation that used a paid preparer:**
Since your preparer used software to prepare this return, it must be e-filed. If your tax return preparer gave you a paper New York State tax return with instructions to mail it, contact them and request that they file it electronically.

**There is no charge for e-filing:**
New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.

**If you cannot e-file you must include Form CT-2:**
If an individual corporation or a paid preparer does not meet the requirements to e-file, a software-generated Form CT-2, *Corporation Tax Return Summary*, **must** be included with the paper return to ensure the return is considered processible.

**Questions?**
Visit our website for more information about New York's e-file mandate.

# CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

**2017**
Open to Public Inspection

## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 07 / 01 / **2017** and Ending (mm/dd/yyyy) 06 / 30 / 2018

| Check if Applicable: | | |
|---|---|---|
| ☐ Address Change<br>☐ Name Change<br>☐ Initial Filing<br>☐ Final Filing<br>☐ Amended Filing<br>☐ Reg ID Pending | Name of Organization: N Y C MISSION SOCIETY | Employer Identification Number (EIN): 13-5562301 |
| | Mailing Address: 646 MALCOLM X BOULEVARD | NY Registration Number: |
| | City / State / Zip: NEW YORK,NY,10037 | Telephone: (212) 674-3500 |
| | Website: WWW.NYCMISSIONSOCIETY.ORG | Email: SSINGH@NYCMISSIONS |

Check your organization's registration category: ☐ 7A only ☐ EPTL only ☒ DUAL (7A & EPTL) ☐ EXEMPT

Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

## 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

President or Authorized Officer: ______________________
Signature Print Name and Title Date

Chief Financial Officer or Treasurer: ______________________
Signature Print Name and Title Date

## 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

☐ 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed $25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

☐ 3b. EPTL filing exemption: Gross receipts did not exceed $25,000 and the market value of assets did not exceed $25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

☐ Yes ☒ No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

☒ Yes ☐ No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

## 5. Fee

| See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here: | 7A filing fee: | EPTL filing fee: | Total fee: | Make a single check or money order payable to: |
|---|---|---|---|---|
| | $ 25. | $ 750. | $ 775. | **"Department of Law"** |



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# CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

## Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- [ ] If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- [X] If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- [X] IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- [X] All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- [ ] Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- [ ] Review Report if you received total revenue and support greater than $250,000 and up to $750,000.
- [X] Audit Report if you received total revenue and support greater than $750,000
- [ ] No Review Report or Audit Report is required because total revenue and support is less than $250,000
- [ ] We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

## Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- [ ] $0, if you checked the 7A exemption in Part 3a
- [X] $25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- [ ] $0, if you checked the EPTL exemption in Part 3b
- [ ] $25, if the NET WORTH is less than $50,000
- [ ] $50, if the NET WORTH is $50,000 or more but less than $250,000
- [ ] $100, if the NET WORTH is $250,000 or more but less than $1,000,000
- [ ] $250, if the NET WORTH is $1,000,000 or more but less than $10,000,000
- [X] $750, if the NET WORTH is $10,000,000 or more but less than $50,000,000
- [ ] $1500, if the NET WORTH is $50,000,000 or more

## Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

***Is my Registration Category 7A, EPTL, DUAL or EXEMPT?***

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activites for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

***Where do I find my organization's NET WORTH?***

NET WORTH for fee purposes is calculated on:
- IRS From 990 Part I, line 22
- IRS Form 990 EZ Part I line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

# CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers
www.CharitiesNYS.com

**2017**
Open to Public Inspection

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

## 1. Organization Information

| Name of Organization: | NY Registration Number: |
|---|---|
| N Y C MISSION SOCIETY | |

## 2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type:

- ☐ Professional Fund Raiser
- ☐ Fund Raising Counsel
- ☐ Commercial Co-Venturer

| Name of FRP: | NY Registration Number: |
|---|---|
| | |
| **Mailing Address:** | **Telephone:** |
| | |
| **City / State / Zip:** | |
| | |

## 3. Contract Information

| Contract Start Date: | Contract End Date: |
|---|---|
| | |

## 4. Description of Services

Services provided by FRP:

## 5. Description of Compensation

| Compensation arrangement with FRP: | Amount Paid to FRP: |
|---|---|
| | |

## 6. Commercial Co-Venturer (CCV) Report

☐ Yes ☐ No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

## Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).
A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).
A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

# CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

**2017**
Open to Public Inspection

If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

## 1. Organization Information

| Name of Organization: | NY Registration Number: |
|---|---|
| N Y C MISSION SOCIETY | |

## 2. Government Grants

| Name of Government Agency | Amount of Grant |
|---|---|
| 1. NYC DEPARTMENT OF YOUTH AND COMMUNITY DEVELOP | 1. 2,718,597. |
| 2. NYC DEPARTMENT OF EDUCATION | 2. 3,231,115. |
| 3. DEPARTMENT OF HEALTH & MENTAL HYGIENE | 3. 21,561. |
| 4. | 4. |
| 5. | 5. |
| 6. | 6. |
| 7. | 7. |
| 8. | 8. |
| 9. | 9. |
| 10. | 10. |
| 11. | 11. |
| 12. | 12. |
| 13. | 13. |
| 14. | 14. |
| 15. | 15. |
| Total Government Grants: | Total: 5,971,273. |

NEW YORK STATE 2017

# CT-200-V

Department of Taxation and Finance

# Payment Voucher for E-Filed Corporation Tax Returns and Extensions

| Employer identification number | Primary return type | Tax period beginning (mm-dd-yyyy) | Tax period ending (mm-dd-yyyy) |
|---|---|---|---|
| 13-5562301 | CT13 | 07/01/2017 | 06/30/2018 |

Legal name of corporation
N Y C MISSION SOCIETY

Mailing name *(if different from legal name)*
c/o

Number and street or PO box
646 MALCOLM X BOULEVARD

| City | State | ZIP code | Business telephone number |
|---|---|---|---|
| NEW YORK | NY | 10037 | 212 674-3500 |

| Type of form e-filed | |
|---|---|
| Return | X |
| Extension | |
| Mandatory first installment (MFI) | |
| **Amount(s) due** | |
| NYS amount | 1,608.00 |
| MTA amount | .00 |

Make your check or money order payable in U.S. funds to: ***New York State Corporation Tax***. Do not staple or clip your check or money order. Detach all check stubs.

**Enter payment enclosed ....** 1,608.00

**File this entire page with your payment**

# Instructions

## General information

File Form CT-200-V if you e-filed your New York State (NYS) corporation tax return or extension and wish to pay the amount due with a check or money order. Do not use this form if you authorized a direct debit from your bank account when you e-filed your return or extension, or if you have arranged an ACH credit through your bank.

Your Form CT-200-V and payment must be postmarked by the return due date to avoid late payment penalties and interest.

Enter your business information, primary return type, tax period, type of form e-filed, amount(s) due, and enclosed payment amount in the spaces provided.

## Primary return type

Enter the form number of the corporation tax return that you e-filed, or will e-file, for this filing period but leave out any slashes or dashes (for example, CT3, CT3S, CT186, etc.). This entry is required.

## Type of form e-filed

Be sure to indicate whether the payment due is for a *Return*, an *Extension*, or a *Mandatory first installment (MFI)* by marking an ***X*** in the appropriate box.

## Amount(s) due

Enter the amount of your NYS tax due *(NYS amount)*, and the amount of MTA surcharge due *(MTA amount)*, if any, from your return, extension, or MFI.

## Payment

The amount you pay should be the amount shown as due on your e-filed NYS return, extension, or MFI. This amount may not match the total of your NYS amount and MTA amount (for example, if you owe penalty and interest). Do not include any federal tax owed (that must be paid directly to the Internal Revenue Service). Enter the exact amount of your payment where instructed, *Enter payment enclosed*. We will accept a foreign check or money order only if payable through a U.S. bank or if marked ***Payable in U.S. Funds***.

## Fee for payments returned by banks

The law allows the Tax Department to charge a $50 fee when a check, money order, or electronic payment is returned by a bank for nonpayment. However, if an electronic payment is returned as a result of an error by the bank or the department, the department won't charge the fee. If your payment is returned, we will send a separate bill for $50 for each return or other tax document associated with the returned payment.

## Where to mail

Mail your payment along with this **entire page** to:

**NYS DEPT OF TAXATION & FINANCE**
**CORP - V**
**PO BOX 15163**
**ALBANY NY 12212-5163**

### Private delivery services

You may use a private delivery service to mail in your form and tax payment. If you need to establish the date you filed or paid your tax, you cannot use the date recorded by a private delivery service **unless** you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. See Publication 55, *Designated Private Delivery Services*, for the list. If you use **any** private delivery service, send Form CT-200-V to: NYS Tax Department, Corp - V, 90 Cohoes Ave, Green Island NY 12183-1515.

## Need help? and Privacy notification

See Form CT-1, *Supplement to Corporation Tax Instructions.*

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NEW YORK STATE 2017

# CT-2

Department of Taxation and Finance

# Corporation Tax Return Summary

**THIS FORM MUST BE FILED WITH YOUR RETURN**

| | |
|---|---|
| 1 Legal name of corporation | 1. N Y C MISSION SOCIETY |
| Payment enclosed | 2. 1,608.00 |
| 3 Return type | 3. CT13 |
| 4 Employer ID number (EIN) | 4. 13-5562301 |
| 5 File number (FCC) | 5. MM9 |
| 6 Period beginning date *(mm-dd-yy)* | 6. 07-01-17 |
| 7 Period ending date *(mm-dd-yy)* | 7. 06-30-18 |
| 8 Amended *(Y=1; N=0)* | 8. 0 |
| 9 Address change *(Y=1; N=0)* | 9. 0 |
| 10 Final *(Y=1; N=0)* | 10. 0 |
| 11 NAICS code | 11. |
| 12 MTA indicator *(None=0; Y=1; N=2; Both=3)* | 12. |
| 13 Federal 1120-H filed *(Y=1; N=0)* | 13. |
| 14 REIT/RIC indicator *(Y=1; N=0)* | 14. |
| 15 Tax due/MTA surcharge | 15. 1,858.00 |
| 16 Mandatory first installment (MFI) - no extension filed and tax due is over $1,000 | 16. |
| 17a Return a Gift to Wildlife | 17a. |
| 17b Breast Cancer Research and Education Fund | 17b. |
| 17c Prostate and Testicular Cancer Research and Education Fund | 17c. |
| 17d 9/11 Memorial | 17d. |
| 17e Volunteer Firefighting & EMS Recruitment Fund | 17e. |
| 17f Veterans Remembrance | 17f. |
| 17g Women's Cancers Education and Prevention Fund | 17g. |
| 17h New York State Veterans' Homes | 17h. |
| 18 Balance due | 18. 1,608.00 |
| 19 Amount of overpayment credited to next period - NYS | 19. |
| 20 Refund of overpayment | 20. |
| 21 Refund of unused tax credits | 21. |
| 22 Tax credits to be credited as an overpayment to next year's return | 22. |
| 23 Amount of overpayment credited to next period - MTA | 23. |
| 24 Amount of MTA surcharge retaliatory tax credit to be refunded | 24. |
| 25 Fixed dollar minimum | 25. |
| 26 Designated agent's (Article 9-A) or combined parent's (Article 33) EIN | 26. - |
| 27 New York receipts | 27. |
| 28 Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)? | 28. |
| 29 Paid preparer's EIN | 29. - |
| 30 Preparer's NYTPRIN | 30. |
| 31 Excl. code | 31. 03 |

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*For office use only*

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NEW YORK STATE

2017

# CT-13

Amended return [ ]

Department of Taxation and Finance

# Unrelated Business Income Tax Return

Tax Law - Article 13

All filers enter tax period: beginning 07-01-17 ending 06-30-18

| Employer identification number (EIN) | File number | Business telephone number | | If you claim an overpayment, mark an *X* in the box [ ] |
|---|---|---|---|---|
| 13-5562301 | MM9 | 212 674-3500 | | |

| | |
|---|---|
| Legal name of corporation: N Y C MISSION SOCIETY | Trade name/DBA |
| Mailing name *(if different from legal name above)* c/o | State or country of incorporation |
| Number and street or PO box: 646 MALCOLM X BOULEVARD | Date of incorporation |
| City: NEW YORK State: NY ZIP code: 10037 | Foreign corporations: date began business in NYS |
| NAICS business code number *(from federal return)* | If address/phone above is new, mark an *X* in the box [ ] |
| Principal unrelated business activity *(see instructions)* | If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See *Business information* in Form CT-1. |

*Date received (for Tax Department use only)*

*Audit (for Tax Department use only)*

Form CT-247, ***Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization*** - Have you filed this New York State application for exemption? *(see instructions)* . . . . . . . . . . . . Yes [ ] No [X]

Mark an *X* in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) . . . . . [ ]

Mark an *X* in this box if you ceased operating the unrelated business during the tax year covered by this return *(see section* Who must file Form CT-13 *in the instructions)* . . . . . • [ ]

| | | Payment enclosed |
|---|---|---|
| **A.** Pay amount shown on line 22. Make payable to: ***New York State Corporation Tax*** ← Attach your payment here. Detach all check stubs. *(See instructions for details.)* | A | 1,608. |

## Computation of income and tax

| | | | | | |
|---|---|---|---|---|---|
| 1 | Federal unrelated business taxable income before net operating loss deduction and after $1,000 specific deduction | | | 1 | 20,641. |
| 2 | New York State Article 13 and Article 23 tax deducted on federal return | | | 2 | |
| 3 | Additions required for shareholders of federal S corporations *(see instructions)* | | | 3 | |
| 4 | Grossed-up taxes for shareholders of New York S corporations *(see instructions)* | | | 4 | |
| 5 | Other additions *(see instructions)* • IRC section 199 deduction: | | | 5 | |
| 6 | Add lines 1 through 5 | | | 6 | 20,641. |
| 7 | Other income *(see instructions)* | 7 | | | |
| 8 | Federal S corporation shareholder subtractions *(see instructions)* | 8 | | | |
| 9 | Other subtractions *(see instructions)* | 9 | | | |
| 10 | Total subtractions *(add lines 7, 8, and 9)* | | | 10 | |
| 11 | Taxable income before net operating loss deduction *(subtract line 10 from line 6)* | | | 11 | 20,641. |
| 12 | New York net operating loss deduction *(attach federal and NYS computations; see instructions)* | | | 12 | |
| 13 | Taxable income *(subtract line 12 from line 11)* | | | 13 | 20,641. |
| 14 | Allocated taxable income *(multiply line 13 by ______ % from line 42; or enter amount from line 13 if allocation is not claimed)* • | | | 14 | 20,641. |
| 15 | Tax based on income *(multiply line 14 by 9% (.09))* | | | 15 | 1,858. |
| 16 | Minimum tax | | | 16 | 250.00 |
| 17 | Tax *(line 15 or line 16, whichever is larger)* | | | 17 | 1,858. |
| 18 | Total prepayments from line 46 • | | | 18 | 250. |
| 19 | Balance *(if line 18 is less than line 17, subtract line 18 from line 17)* | | | 19 | 1,608. |
| 20 | Interest on late payment *(see instructions)* • | | | 20 | |
| 21 | Late filing and late payment penalties *(see instructions)* • | | | 21 | |
| 22 | Balance due *(add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)* | | | 22 | 1,608. |
| 23 | Overpayment *(if line 17 is less than line 18, subtract line 17 from line 18)* | | | 23 | |
| 24 | Amount of overpayment on line 23 to be **credited to next year** | | | 24 | |
| 25 | Amount of overpayment on line 23 to be **refunded** *(subtract line 24 from line 23)* | | | 25 | |

See page 3 for third-party designee, certification, and signature entry areas.

Have you been audited by the Internal Revenue Service in the past 5 years? Yes [ ] No [X] If *Yes*, list years:

Federal return was filed on: 990-T [X] Other: [ ] **Attach a complete copy of your federal return.**

## Schedule A - Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

| **Average value of:** | | A New York State | B Everywhere |
|---|---|---|---|
| 26 Real estate owned *(see instructions)* | 26 | | |
| 27 Gross rents *(attach list; see instructions)* | 27 | | |
| 28 Inventories owned | 28 | | |
| 29 Other tangible personal property owned *(see instructions)* | 29 | | |
| 30 **Total** *(add lines 26 through 29)* | 30 | | |

31 Percentage in New York State *(divide line 30, column A, by line 30, column B)* . . . 31 %

| **Receipts in the regular course of business from:** | | A New York State | B Everywhere |
|---|---|---|---|
| 32 Sales of tangible personal property shipped to points within New York State | 32 | | |
| 33 All sales of tangible personal property | 33 | | |
| 34 Services performed | 34 | | |
| 35 Rentals of property | 35 | | |
| 36 Other business receipts | 36 | | |
| 37 **Total** *(add lines 32 through 36)* | 37 | | |

38 Percentage in New York State *(divide line 37, column A, by line 37, column B)* . . . 38 %

| | | | |
|---|---|---|---|
| 39 Wages, salaries, and other compensation of employees *(except general executive officers; see instructions)* | 39 | | |

40 Percentage in New York State *(divide line 39, column A, by line 39, column B)* . . . 40 %

41 **Total of New York State percentages** *(add lines 31, 38, and 40)* . . . 41 %

42 Business allocation percentage *(divide line 41 by three or by the number of percentages)* . . . 42 %

| **Composition of prepayments claimed on line 18*** | | Date paid | Amount |
|---|---|---|---|
| 43 Payment with extension request, Form CT-5, line 5 | 43 | | 250. |
| 44a Second installment from Form CT-400 | 44a | | |
| 44b Third installment from Form CT-400 | 44b | | |
| 44c Fourth installment from Form CT-400 | 44c | | |
| 45 Amount of overpayment credited from prior years | 45 | | |
| 46 Total prepayments *(add lines 43 through 45; enter here and on line 18)* | 46 | | 250. |

*Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

### Amended return information

If filing an amended return, mark an ***X*** in the box for any items that apply and attach documentation.

Final federal determination . . . . . . • [ ] If marked, enter date of determination: •

Net operating loss (NOL) carryback . • [ ] Capital loss carryback . . . • [ ]

Federal return filed . . . Form 1139 • [ ] Amended Form 990-T . . . • [ ]

| | | | |
|---|---|---|---|
| **Third - party designee** *(see instructions)* | Yes [X] No [ ] | Designee's name *(print)* AARON SHAPIRO | Designee's phone number 212-867-4000 |
| | Designee's e-mail address ASHAPIRO@BKD.COM | | PIN P0133 |

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

| | | | |
|---|---|---|---|
| **Authorized person** | Printed name of authorized person | Signature of authorized person | Official title |
| | E-mail address of authorized person | Telephone number | Date |

| | | | | |
|---|---|---|---|---|
| **Paid preparer use only** *(see instr.)* | Firm's name *(or yours if self-employed)* | Firm's EIN | Preparer's PTIN or SSN | |
| | Signature of individual preparing this return | Address | City | State ZIP code |
| | E-mail address of individual preparing this return | Preparer's NYTPRIN | or Excl. code | Date |

See instructions for where to file.

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Department of Taxation and Finance

NEW YORK STATE

# New York State E-File Signature Authorization for Tax Year 2017 For Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-300, or CT-400

Electronic return originator (ERO)/paid preparer: **Do not** mail this form to the Tax Department. Keep it for your records.

Legal name of corporation: N Y C MISSION SOCIETY

Return type *(mark an **X** for all that apply)*: CT-3 ___ CT-3-A ___ CT-3-M ___ CT-3-S ___ CT-13 X CT-33 ___
CT-33-A ___ CT-33-C ___ CT-33-M ___ CT-33-NL ___ CT-300 ___ CT-400 ___

**Purpose**

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

**General instructions**

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, *General Business Corporation Franchise Tax Return;* CT-3-A, *General Business Corporation Combined Franchise Tax Return;* CT-3-M, *General Business Corporation MTA Surcharge Return;* CT-3-S, *New York S Corporation Franchise Tax Return;* CT-13, *Unrelated Business Income Tax Return;* CT-33, *Life Insurance Corporation Franchise Tax Return;* CT-33-A, *Life Insurance Corporation Combined Franchise Tax Return;* CT-33-C, *Captive Insurance Company Franchise Tax Return;* CT-33-M, *Insurance Corporation MTA Surcharge Return;* CT-33-NL, *Non-Life Insurance Corporation Franchise Tax Return;* CT-300, *Mandatory First Installment (MFI) of Estimated Tax for Corporations;* or CT-400, *Estimated Tax for Corporations.*

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in TSB-M-05(1)C, *Alternative Methods of Signing for Tax Return Preparers.* Go to our website at *www.tax.ny.gov* to find this document.

**Do not mail this form to the Tax Department.** EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

Do **not** use this form for electronically filed Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both);* CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both);* CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return;* CT-5.6, *Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both);* CT-5.9, *Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both);* or CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return).* Instead use Form TR-579.1-CT, *New York State Authorization for Electronic Funds Withdrawal For Tax Year 2017 Corporation Tax Extensions.*

**Financial institution information** (required if electronic payment is authorized)

| | | |
|---|---|---|
| 1 | Amount of authorized debit | 1. |
| 2 | Financial institution routing number | 2. |
| 3 | Financial institution account number | 3. |

## Part A – Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-300, or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2017 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2017 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2017 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five business days prior to the payment date.

Signature of authorized officer of the corporation: ______________________ Date: __________

Print your name and title: PRESIDENT

## Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2017 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2017 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2017 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2017 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: ______________________ Date: __________

Print name: ______________________

Paid preparer's signature: ______________________ Date: __________

Print name: AARON SHAPIRO