PUBLIC DISCLOSURE COPY

** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990. It ax year beginning JUL 1, 2016 and ending JUN 30.

6 Open to Public Inspection

OMB No. 1545-0047

A	For the	2016 calendar year, or tax year beginning $$	JUN 30,	2017	
В	Check if applicable:	C Name of organization	D Employe	er identifi	cation number
	Address change	MAYOR'S FUND FOR LOS ANGELES			
	Name change	Doing business as			084641
Ļ	return	Number and street (or P.O. box if mail is not delivered to street address) Room/s			
	Final return/ termin-	200 N. SPRING STREET 305B	_		545-2058
	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross recei	ots\$	3,544,629.
Ļ	Amende	HOS ANGELLES, CA 90012	H(a) Is this	a group re	
	Application pending			ordinates	
		SAME AS C ABOVE	H(b) Are all su	bordinates in	ncluded? Yes No
					list. (see instructions)
		E: ► WWW.MAYORSFUNDLA.ORG			n number 🕨
			ear of formation: 4	2014 N	1 State of legal domicile: CA
P		Summary	CEMHED DI	- COLLD	OTIC TO
Activities & Governance	1 5	Briefly describe the organization's mission or most significant activities: BRING TO BOLVE THE CITY'S MOST PRESSING CHALLENGES.	GETHER RI	ESOUR	CES TO
rna	2 0	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of n	nore than 25% of	fits net as	ssets.
ove.		Number of voting members of the governing body (Part VI, line 1a)			7
Ğ		lumber of independent voting members of the governing body (Part VI, line 1b)			7
S S	1	otal number of individuals employed in calendar year 2016 (Part V, line 2a)			20
įį		otal number of volunteers (estimate if necessary)			110
Ċţ		otal unrelated business revenue from Part VIII, column (C), line 12			0.
٩		let unrelated business taxable income from Form 990-T, line 34			0.
			Prior Yea		Current Year
Φ	8 0	Contributions and grants (Part VIII, line 1h)	12,280	,616.	3,437,142.
Revenue	9 F	Program service revenue (Part VIII, line 2g)		0.	0.
ě	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	2	,176.	7,677.
ш	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,282		3,444,819.
	13 0	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,999	,656.	4,717,088.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,068		1,390,953.
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
χb	b T	otal fundraising expenses (Part IX, column (D), line 25) 101,503.			
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,004		
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,072		8,068,130.
	19 F	Revenue less expenses. Subtract line 18 from line 12	6,210		-4,623,311.
Net Assets or Fund Balances			Beginning of Cur		End of Year
set	20 T	otal assets (Part X, line 16)	17,626		13,934,984.
at Age	21 T	otal liabilities (Part X, line 26)	1,599		2,539,891.
	22 N	Net assets or fund balances. Subtract line 21 from line 20	16,027	,506.	11,395,093.
	art II	Signature Block			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta , and complete. Declaration of preparer (other than officer) is based on all information of which prep			y knowledge and belief, it is
true	, correct,	, and complete. Declaration of preparer (other than officer) is based on an information of which prep	arer has any knowi	euge.	
C:~	_	Signature of officer	I Date	<u> </u>	
Sig He		DEIDRE LIND, PRESIDENT			
пеі	e	Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Pai		LIZBETH G. NEVAREZ		if	
	-	Firm's name GREEN HASSON & JANKS LLP	Firm	self-employer's EIN	95-1777440
	-	Firm's address 10990 WILSHIRE BLVD., 16TH FLOOR		O LIIV	
	· · · · · ·	LOS ANGELES, CA 90024-3929	Pho	ne no. (3	10) 873-1600
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)	11 110		X Yes No

Pa	t 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:
	THE MAYOR'S FUND FOR LOS ANGELES IS AN INDEPENDENT, NON-PROFIT
	ORGANIZATION DEDICATED TO IMPROVING THE LIVES OF LOS ANGELES RESIDENTS
	BY FACILITATING PUBLIC-PRIVATE PARTNERSHIPS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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.
7	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
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 4,719,004 • including grants of \$ 3,924,658 •) (Revenue \$)
4a	(Code:) (Expenses \$ 4,719,004. including grants of \$ 3,924,658.) (Revenue \$) QUALITY OF LIFE:
	QUADITI OF DIFE.
	THE FUND SUPPORTS CIVIC PROGRAMS THAT CREATE STRONGER NEIGHBORHOODS,
	REDUCE CONGESTION, IMPROVE PUBLIC SPACES, AND FULFILL THE POTENTIAL OF
	LOS ANGELES.
	TOS ANGELES.
	(Code:) (Expenses \$ 1,536,282 • including grants of \$ 663,680 •) (Revenue \$)
4b	(Code:) (Expenses \$ 1,536,282. including grants of \$ 663,680.) (Revenue \$) ECONOMIC PROSPERITY:
	ECONOMIC PROSPERITY:
	THE FUND SEEKS TO PROMOTE ECONOMIC GROWTH ACROSS ALL POPULATIONS WITH A
	FOCUS ON JOB CREATION, JOB ACCESS AND A THRIVING TOURISM SECTOR.
	FOCUS ON UOB CREATION, UOB ACCESS AND A THRIVING TOURISM SECTOR.
4-	(Code:) (Expenses \$ 806,475 • including grants of \$ 65,000 •) (Revenue \$)
4c	(Code:) (Expenses \$ 806, 475 including grants of \$ 65,000) (Revenue \$) GOVERNMENT EFFICIENCY:
	- COVERNMENT DITTCIDATE.
	THE FUND SERVES AS A BRIDGE ACROSS MULTIPLE SECTORS TO IDENTIFY BEST
	PRACTICES AND PROMOTE INNOVATIVE SOLUTIONS THAT WILL CREATE THE MOST
	EFFICIENT, RESPONSIVE CITY GOVERNMENT POSSIBLE.
	THE CONTRACT CONTRACT TOUR DESCRIPTION OF THE CONTRACT TOUR DESCRI
74	Other program services (Describe in Schedule O.)
4d	ACC 202 C2 750
4e	7 500 144
	Form 990 (2016)

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		Х
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		21
11	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	Х	
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		Х
С	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		Х
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		Х
е	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	Х	
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		Х
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			37
	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			v
	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,			v
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		Х
	complete Schedule G, Part III	19		Λ

Form **990** (2016)

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		Х
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	Х	
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	Х	
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	Х	
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		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		
20	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		х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
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		Х
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			٠,,
	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			\ ₃₂
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05:		
200	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?	00		x
27	If "Yes," complete Schedule R, Part V, line 2	36		_^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	3/		<u> </u>
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	Х	
	1000. And 1 of the 200 files are required to complete our reduce O	J00		

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				Ш
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 75			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ID			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			v	
_	(gambling) winnings to prize winners?	I	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 20			
	filed for the calendar year ending with or within the year covered by this return			X	
р	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Λ	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		0-		Х
3a			3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial account, securities account, or other financial account.		4a		Х
h	If "Yes," enter the name of the foreign country:	account)?	48		- 22
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	occupte (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		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		30		
ou	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
-	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	_		
_			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a 9b		
40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a 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:	100			
''	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		12a		
	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.				
	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			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b		
			Form	990	(2016)

632005 11-11-16

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.

Section A. Governing Body and Management Tenter the number of voting members of the governing body at the end of the tax year 1a						Λ
the remained differences in uniting rights among members of the provering body, or the governing body of the governing body? In the organization have members, stockholders, or other persons of the organization than the governing body? In the organization that the governing	Sec	tion A. Governing Body and Management				
the three are material differences in voting rights among members of the governing body, of it the governing body deligated nor authority for an excustive committee, explain in Stendard 0. b Enter the number of voting members included in line 1a, above, who are independent 7 2 Did any officer, director, functee, or key employees 3 Did the organization delegate control over management duties outstomarily performed by or under the direct supervision of officers, director, surctive, or key employees 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members or stockholders? 5 Did the organization have members a stockholders? 6 Did the organization have members of stockholders? 7a Did the organization have members, stockholders, or other person's who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Base to committee with authority to act on behalf of the governing body? 8a X 8 Did the organization reserved to seem the self-provided by the organization of the self-provided authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee isted in Part VII, Section A, who cannot be reached at the organization have written policies and procedures governing the activities of such chapters, affiliates, and by reserve the organization have written policies and procedures governing body before filing the form? 10a Did the organization have a written organization that the organizat				,	Yes	No
body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. 10 First the number of voting members included in line 1a, above, who are independent	1a	Enter the number of voting members of the governing body at the end of the tax year	1a ' <i>i</i>	4		
b Enter the number of voting members included in line 1a, above, who are independent		If there are material differences in voting rights among members of the governing body, or if the governing				
2 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 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		body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
2 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 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	b	Enter the number of voting members included in line 1a, above, who are independent	1b 7	'		
officer, director, fustese, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or fusteses, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 980 was filed? Did the organization have management of the organization than sasets? Did the organization have members or stockholders? End the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? By Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? By Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? By Are any governance decisions of the organization reserved to (or whiten actions undertaken during the year by the following: By Are any governance decisions of the organization behalf of the governing body? By B	2		p with any other			
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officiers, directors, or frustees, or key employees to a management company or other person? 3				2		Х
of officers, directors, or fustees, or key employees to a management company or other person? 4	2			_		
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4	Ū			9		x
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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 16b X	b			15b		X
taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶CA 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 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: ▶ JONES & ASSOCIATES - 323-782-9391		If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶CA 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 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: ▶ JONES & ASSOCIATES - 323-782-9391	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ CA 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 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: ▶ JONES & ASSOCIATES - 323-782-9391		taxable entity during the year?		16a		X
exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶CA 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 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: ▶ JONES & ASSOCIATES - 323-782-9391	b					
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶CA 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 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: ▶ JONES & ASSOCIATES - 323-782-9391		in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's			
 List the states with which a copy of this Form 990 is required to be filed ►CA 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 Another's website X Upon request Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records: ► JONES & ASSOCIATES - 323-782-9391 		exempt status with respect to such arrangements?		16b		
 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.	Sec	tion C. Disclosure				
 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.	17	List the states with which a copy of this Form 990 is required to be filed ▶CA				
X Own website Another's website X Upon request Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records: ► JONES & ASSOCIATES − 323−782−9391	18		(Section 501(c)(3)s only)	availab	le	
 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. State the name, address, and telephone number of the person who possesses the organization's books and records: ► JONES & ASSOCIATES - 323-782-9391 		for public inspection. Indicate how you made these available. Check all that apply.				
 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. State the name, address, and telephone number of the person who possesses the organization's books and records: ► JONES & ASSOCIATES - 323-782-9391 			in Schedule O)			
statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: JONES & ASSOCIATES - 323-782-9391	19	• • • • • • • • • • • • • • • • • • • •		d finan	cial	
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►			, ,,			
JONES & ASSOCIATES - 323-782-9391	20		ooks and records:			
6300 WILSHIRE BLVD., SUITE 860, LOS ANGELES, CA 90048						
		6300 WILSHIRE BLVD., SUITE 860, LOS ANGELES, CA 9	0048			

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 n (A)	(B) (C) Average Position							(D)	(E)	(F)
Name and Title	Average		do not check more ox, unless person			than		Reportable	Reportable	Estimated
	hours per week					or/trus		compensation from	compensation from related	amount of other
	(list any	· director						the	organizations	compensation
	hours for	or din	æ			ated		organization	(W-2/1099-MISC)	from the
	related organizations	Individual trustee or	Institutional trustee		ee ee	nbens		(W-2/1099-MISC)		organization and related
	below	dual tr	ıtional	_	Key employee	stcor	10			organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Forme			9
(1) MARC I. STERN	2.00									
CHAIRMAN OF THE BOARD		Х		Х				0.	0.	0
(2) JANICE BRYANT HOWROYD	1.00									
VICE - CHAIRMAN OF BOARD	0.00	Х		Х				0.	0.	0
(3) RICHARD D. JACOBS	2.00	,,		,,					0	
TREASURER	1 00	Х		Х				0.	0.	0
(4) THOMAS UNTERMAN	1.00	x		х				0.	0.	0
SECRETARY (5) KATHLEEN BROWN	1.00	^		^				0.	0.	<u> </u>
BOARD MEMBER	1.00	Х						0.	0.	0
(6) MANUEL PASTOR, PHD	1.00								<u>.</u>	
BOARD MEMBER		х						0.	0.	0
(7) FRED ALI	1.00									
BOARD MEMBER		Х						0.	0.	0
(8) DEIDRE LIND	40.00									
PRESIDENT				Х				175,936.	0.	15,472
(9) ASHLEY JACOBS	40.00							444.004		
DIRECTOR, BRAND LA	40.00					Х		144,231.	0.	660
(10) MARK THOMAS	40.00					3,7		117 460	0	7 400
DIRECTOR, OPERATIONS INNOVATION TEAM	40 00					X		117,468.	0.	7,498
(11) SHMEL GRAHAM	40.00					x		107,730.	0.	10,474
DIRECTOR, OPERATIONS INNOVATION TEAM						^		107,730.	0.	10,4/4
										- 000 (part

Form **990** (2016)

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, an	<u>a Hi</u>	gnes	st C	ompensated Employe	es (continuea)					
(A) (B)				(0	C)			(D)			(F)			
Name and title	Average	(do		Pos		than o	no	Reportable	Reportable		Est	imate	d	
	hours per	box	, unles	ss pe	rson	is both	n an	compensation	compensatio	n	am	ount o	of	
	week	offic	cer an	d a d	irecto	or/trus	ee)	from	from related		C	other		
	(list any	ector						the	organizations			ensa		
	hours for	or dir	au			ated		organization	(W-2/1099-MIS	;C)				
	related organizations	stee	ruste			bens		(W-2/1099-MISC)			•	ınizati		
	below	lal tru	onal		oloye	co m						relate		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	JIIS	
	,	드	드	Ð	જ	표등	요			\longrightarrow				
										\dashv				
										\longrightarrow				
1b Sub-total]	▶	545,365.		0.	34	1,10	04.	
c Total from continuation sheets to Part V								0.		0.			0.	
d Total (add lines 1b and 1c)							>	545,365.		0.	34	1,10	04.	
2 Total number of individuals (including but n							o r	eceived more than \$100	,000 of reportabl	e				
compensation from the organization													4	
<u> </u>												Yes	No	
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on	[
line 1a? If "Yes," complete Schedule J for s										ı	3		Х	
4 For any individual listed on line 1a, is the su										·····				
and related organizations greater than \$15	-		-					•	3-	ı	4	х		
5 Did any person listed on line 1a receive or a									dual for services	····				
rendered to the organization? If "Yes," com	•				-		اماد	ou organization or many	101 001 11000	- 1	5		Х	
Section B. Independent Contractors	prote corregar		0, 00		<i>p</i> 0. c									
1 Complete this table for your five highest co	mpensated in	dene	ende	nt c	onti	racto	rs t	that received more than	\$100,000 of com		ation fr	om		
the organization. Report compensation for										,pc1130	G. 1011 11	J.11		
(A)	tric calcindar y	car	CHUI	iig v	VICII	OI W		(B)	ycar.		(C	`		
Name and business	address							Description of s	ervices	С	رب ompen	<i>ı</i> satior	า	
TOMORROW PARTNERS LLC							_	WEBSITE DESI			Compensation			
2332 FIFTH ST., LOT C, B	VA.TAVAS	(γΔ	97	17	1 Ո	- 1	DEVELOPMENT	CIV 4		200	0,00	0.0	
2332 111111 01., 101 0, 1		<u>, </u>	<i></i>	<i>-</i>	<u> </u>		-	DD V DD O'I MDIN I			200	, , ,	• • •	
							\dashv							
							\dashv							
							\dashv							
2 Total number of independent contractors (i	naludina but n	~+ Iii	mit n	~ + ~	+60	00 lie	+	t abaval wha raaaivad m	acra than					

Form **990** (2016)

\$100,000 of compensation from the organization

Form	990	(2016) MAYOF	R'S FUND	FOR LOS	ANGELES		47-1084	641 Page 9
	rt VI	II Statement of Rever						
_		Check if Schedule O cont	tains a response	or note to any li	ne in this Part VIII	/B\	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
		Fundraising events						
Gif		Related organizations						
ns, Sim		Government grants (contribute						
utio	f	All other contributions, gifts, gran	its, and	427 142				
rib Oth		similar amounts not included abo		437,142.	_			
on	9	Noncash contributions included in lines Total. Add lines 1a-1f	s 1a-1f: \$		2 /27 1/2			
a C	h	lotal. Add lines 1a-1f						
•	•			Business Code				
Program Service Revenue	2 a							
Ser	b							
ım Ver	d							
Be	e	•						
Pro		All other program service reve	enue.					
	c	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)		>	4,357.			4,357.
	4	Income from investment of ta						
	5	Royalties		<u> </u>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss) .		<u> </u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	_			
	_	assets other than inventory	103,130.		_			
	b	Less: cost or other basis	99,810.					
		and sales expenses	3,320.		-			
		Gain or (loss) Net gain or (loss)			3,320.			3,320.
_		Gross income from fundraisin			3,320.			3,3201
Other Revenue	0 4	including \$	-					
) Ae		contributions reported on line						
r R		Part IV, line 18	,					
the	b	Less: direct expenses						
0		: Net income or (loss) from fund			1			
		Gross income from gaming a	-					
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gan						
	10 a	Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold	b					
	C	Net income or (loss) from sale						
		Miscellaneous Revenu	ie	Business Code				
	11 a				-			-
	b				1			-
	C							
	0				 			
	12	• Total. Add lines 11a-11d Total revenue. See instructions.			3 444 819	0.	0.	7,677.
	12	i otal levellue. See IIISti uctiolis.		····· 📂	<u> -,, 017.</u>	ı • I	<u> </u>	1,011.

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	mplete column (A).	
	Check if Schedule O contains a respon				<u>X</u>
	not include amounts reported on lines 6b, 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	4 600 200	4 600 200		
_	and domestic governments. See Part IV, line 21	4,609,290.	4,609,290.		
2	Grants and other assistance to domestic	107 700	107 700		
_	individuals. See Part IV, line 22	107,798.	107,798.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	216,980.	80,491.	97,430.	39,059.
^	trustees, and key employees	210,900.	00,491.	91,430.	39,039.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	992,819.	843,605.	106,840.	42,374.
7	Other salaries and wages Pension plan accruals and contributions (include	J J Z , O I J •	040,000.	100,040.	44,3/4.
8	,	25,795.	23,145.	1,855.	795.
_	section 401(k) and 403(b) employer contributions)	65,676.	57,542.	5,711.	2,423.
9	Other employee benefits	89,683.	83,372.	4,417.	1,894.
10	Payroll taxes	09,003.	05,514.	7,41/•	1,034.
11	Fees for services (non-employees):				
	Management	56,154.	21,262.	34,892.	
b	Legal	104,517.	21,202.	104,517.	
	Accounting	104,517		104,317.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	904,731.	895,651.	9,080.	
40	· • • • • • • • • • • • • • • • • • • •	119,170.	119,170.	3,000.	
12	Advertising and promotion	7,525.	6,012.	1,059.	454.
13	Office expenses	7,323	0,012.	1,000.	131.
14	Information technology				
15 16	Royalties				
17	Occupancy	45,025.	28,995.	16,030.	
18	Travel Payments of travel or entertainment expenses	13,023	2075551	10,000.	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	23,730.	18,930.	3,360.	1,440.
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 0.)				
а	COMMUNICATIONS	307,851.	261,051.	46,800.	0.
b	EVENT EXPENSE	193,754.	193,545.	209.	0.
С	OTHER PROGRAM COSTS	98,238.	98,238.		
d	DUES AND MEMBERSHIPS	30,772.	16,295.	2,248.	12,229.
е	All other expenses	68,622.	63,752.	4,035.	835.
25	Total functional expenses. Add lines 1 through 24e	8,068,130.	7,528,144.	438,483.	101,503.
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)				
					Form 990 (2016)

Form 990 (2016) Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			8,092,226.	1	8,952,356.
	2	Savings and temporary cash investments			509,452.	2	307,695.
	3	Pledges and grants receivable, net			8,907,687.	3	4,453,297.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sect		• • • • • • • • • • • • • • • • • • • •			
S		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			8		
	9			4,297.	9	14,054.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,367.			
	b	Less: accumulated depreciation		2,129.	6,009.	10c	3,238.
	11	Investments - publicly traded securities			107,142.	11	204,344.
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	17,626,813.	16	13,934,984.		
	17	Accounts payable and accrued expenses	1,599,307.	17	2,539,891.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
S	22	Loans and other payables to current and former	office	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.			
iab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			1 500 205	25	0 520 001
	26				1,599,307.	26	2,539,891.
		Organizations that follow SFAS 117 (ASC 958		ck here LX and			
Ses		complete lines 27 through 29, and lines 33 an			2 227 700		2 757 100
<u>a</u>	27	Unrestricted net assets			3,237,789.	27	2,757,190. 8,637,903.
Fund Balances	28	Temporarily restricted net assets			12,789,717.	28	0,03/,903.
<u>n</u>	29					29	
		Organizations that do not follow SFAS 117 (A					
S		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds			30		
Net Assets or	31	Paid-in or capital surplus, or land, building, or ed				31	
Net	32	Retained earnings, endowment, accumulated in			16,027,506.	32	11,395,093.
_	33	Total net assets or fund balances		17,626,813.	33	13,934,984.	
	34	Total liabilities and net assets/fund balances			11,040,013.	34	Torm 990 (2016)

Form **990** (2016)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,44	4.8	19.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,06					
3		3	-4	62	3 3	11.			
4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,623,311. 6,027,506.					
-		5				02.			
5									
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.			
10	1.					93.			
Pa	column (B))								
	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				2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe								
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
h	Were the organization's financial statements audited by an independent accountant?			2b	х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate								
	consolidated basis, or both:	.o baoio,							
	X Separate basis Consolidated basis Both consolidated and separate basis								
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit							
·	review, or compilation of its financial statements and selection of an independent accountant?			2c	х				
				20					
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?									
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			<u></u>					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	000				

Form **990** (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 47-1084641 MAYOR'S FUND FOR LOS ANGELES

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
he	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	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					ii).	
4		A medical research organiz						the hospital's name
		city, and state:	a operated	ngan onon man a moopha				and mospital o maine,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in
J		section 170(b)(1)(A)(iv). (C		nege of armiversity owner	а ог орога	iou by u g	overnmental and accord	700 III
6		A federal, state, or local gov	•	aantal unit daaarihad in	coetion 17	70/6//4//4/	(v)	
	X	, ,	· ·				• •	nublic described in
′	21							
_		section 170(b)(1)(A)(vi). (Co	· ·	(4)(A)(-1) (Ol-t- D	.			
8	Н	A community trust describe						
9		An agricultural research org				-	-	-
		or university or a non-land-g	rant college of agric	ulture (see instructions).	. Enter the	name, city	, and state of the colleg	e or
		university:						
10	ш	An organization that norma						
		activities related to its exen	•					•
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	•					
11	H	An organization organized a	-	•	-			
12	ш	An organization organized a	=	•	=		· · · · · · · · · · · · · · · · · · ·	
		more publicly supported or	-					Check the box in
		lines 12a through 12d that	• •			-		
а			· · · · · · · · · · · · · · · · · · ·		•	•		
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must c						
b			· ·					-
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С							• •	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d							• • • • •	
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation.		
f		er the number of supported o	-					
g		vide the following information			(iv) Is the orga	nization listed	(a) Among and of monopology	(vi) Amazumt of other
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See Instructions)	Support (See Instructions)
- Ota	<u> </u>							

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			14569681.	12280616.	3437142.	30287439.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			36,000.	36,000.	36,000.	108,000.
4	Total. Add lines 1 through 3			14605681.	12316616.	3473142.	30395439.
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)						10157493.
6	Public support. Subtract line 5 from line 4.						20237946.
Sec	tion B. Total Support			•	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4		` '	14605681.	12316616.	3473142.	30395439.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				2,176.	4,357.	6,533.
9	Net income from unrelated business					-	-
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						30401972.
12	Gross receipts from related activities,	etc. (see instructi	ons)	•	•	12	
13	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop	here			<u>-</u>		▶ X
Sec	tion C. Computation of Publ						
14	Public support percentage for 2016 (I	ine 6, column (f) d	ivided by line 11	, column (f))		14	%
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2016. If the o	organization did no	t check the box	on line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	on			▶□
b	33 1/3% support test - 2015. If the o	organization did no	ot check a box or	n line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly	supported organ	ization			▶□
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not	t check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check	this box and stop I	here. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as	a publicly supporte	d organization		▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	າe "facts-and-circບ	mstances" test,	check this box and	stop here. Explain	in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization	n qualifies as a publ	icly supported orga	anization	▶□
_18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2016

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

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

Section A. Public Support	, , ,	,				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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					1	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 🔼	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>				<u> </u>
14 First five years. If the Form 990 is for the second s	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
						> L
Section C. Computation of Public					T .= I	
15 Public support percentage for 2016 (lir					15	%
16 Public support percentage from 2015					16	%
Section D. Computation of Inves					1 1	
17 Investment income percentage for 201			ne 13, column (f))		17	%
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2016. If the o	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an	d stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2015. If the o	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	> □
20 Private foundation If the organization						

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

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- **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.*
- **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.
- 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- **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.**
- **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.**
- 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.
- 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.
 - **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.)

		Yes	No
1			
-			
2			
3a			
3b			
3с			
4a			
4b			
4c			
5a			
5b 5c	\dashv		
30			
6			
7			
8			
0-			
9a			
9b			
9c			
10a			
40.			
10b n 990 or		0-FZ	2016

Par	t IV	Supporting Organizations (continued)			
		(Commisse)		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son 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 fam	ily member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
		rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	•	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization'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			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	son of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	rted organizations played in this regard.	3		
Sec	tion 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 yea(see instructions).			
а		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.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions).	
2	Activit	ies Test. <i>Answer (a) and (b) below.</i>		Yes	No
а	Did su	obstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported 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 th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasor	ns for the organization's position that its supported organization(s) would have engaged in these			
	activit	ies but for the organization's involvement.	2b		
3	Paren	t of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did th	e 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-Fur	nctionally Integrated 509(a)(3) Supportin	g Organ	izations	
1 Check here if the orga	nization satisfied the Integral Part Test as a qualifyin	g trust on N	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
other Type III non-fund	tionally integrated supporting organizations must co	mplete Sed	ctions 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 dist	ributions	2		
3 Other gross income (see ins	tructions)	3		
4 Add lines 1 through 3		4		
5 Depreciation and depletion		5		
6 Portion of operating expense	es paid or incurred for production or			
collection of gross income o	r for management, conservation, or			
maintenance of property hel	d for production of income (see instructions)	6		
7 Other expenses (see instruc	·	7		
	ract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amo	·	•	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value	of all non-exempt-use assets (see			
instructions for short tax yea	r or assets held for part of year):			
a Average monthly value of se	curities	1a		
b Average monthly cash balan	ces	1b		
c Fair market value of other no	on-exempt-use assets	1c		
d Total (add lines 1a, 1b, and	1c)	1d		
e Discount claimed for blocks	ge or other			
factors (explain in detail in P	art VI):			
2 Acquisition indebtedness ap	plicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d		3		
4 Cash deemed held for exem	pt 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 dist	ributions	7		
8 Minimum Asset Amount (a	dd line 7 to line 6)	8		
Section C - Distributable Amoun				Current Year
1 Adjusted net income for price	r year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amount for p	orior 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		5		
6 Distributable Amount. Sub	tract line 5 from line 4, unless subject to			
emergency temporary reduc	tion (see instructions)	6		
7 Check here if the curre	ent year is the organization's first as a non-functional	ly integrate	d Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	t V T	ype III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Di	stributions			Current Year
1	Amounts				
2	Amounts				
	organizat				
3	Administ	rative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts	paid to acquire exempt-use assets			
5	Qualified	set-aside amounts (prior IRS approval required)			
6	Other dis	tributions (describe in Part VI). See instructions			
7	Total an	nual distributions. Add lines 1 through 6			
8	Distributi	ons to attentive supported organizations to which the	ne organization is responsive	9	
	(provide	details in Part VI). See instructions			
9	Distributa	able amount for 2016 from Section C, line 6			
10	Line 8 an	nount divided by Line 9 amount			
			(i)	(ii)	(iii)
.	F D:	- Authorities Allega Atlanta (and instrumentions)	Excess Distributions	Underdistributions	Distributable
secti	on E - Di	stribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributa	able amount for 2016 from Section C, line 6			
2	Underdis	tributions, if any, for years prior to 2016 (reason-			
	able caus	se required- explain in Part VI). See instructions			
3		istributions carryover, if any, to 2016:			
а					
b					
С	From 2013				
d	From 20	14			
е	From 20	15			
f	Total of I	ines 3a through e			
		o underdistributions of prior years			
h	Applied t	o 2016 distributable amount			
i	Carryove	r from 2011 not applied (see instructions)			
j	Remaind	er. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributi	ons for 2016 from Section D,			
	line 7:	\$			
а	Applied t	o underdistributions of prior years			
b	Applied t	o 2016 distributable amount			
С	Remaind	er. Subtract lines 4a and 4b from 4			
5	Remainir	ng underdistributions for years prior to 2016, if			
	any. Sub	tract lines 3g and 4a from line 2. For result greater			
	than zero	o, explain in Part VI. See instructions			
6	Remainir	ng underdistributions for 2016. Subtract lines 3h			
	and 4b fr	om line 1. For result greater than zero, explain in			
	Part VI. S	See instructions			
7	Excess	distributions carryover to 2017. Add lines 3j			
	and 4c				
8	Breakdo	wn of line 7:			
а					
b	Excess fi	rom 2013			
С	Excess fi	rom 2014			
d	Excess fi	rom 2015			
_	Eycess fi	rom 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

MAYOR'S FUND FOR LOS ANGELES

47-1084641

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					
Note: Or	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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						
but it mu	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).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

MAYOR'S FUND FOR LOS ANGELES

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,005,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>125,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>120,000</u> .	Person X Payroll

MAYOR'S FUND FOR LOS ANGELES

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 90,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$80,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$60,340.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll

MAYOR'S FUND FOR LOS ANGELES

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ <u>29,750.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$ 26,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

MAYOR'S FUND FOR LOS ANGELES

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 22,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$13,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$10,000.	Person X Payroll

MAYOR'S FUND FOR LOS ANGELES

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$	Person X Payroll

MAYOR'S FUND FOR LOS ANGELES

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$	Person X Payroll

MAYOR'S FUND FOR LOS ANGELES

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

MAYOR'S FUND FOR LOS ANGELES

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$5,000.	Person X Payroll

MAYOR'S FUND FOR LOS ANGELES

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

MAYOR'S FUND FOR LOS ANGELES

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		
		- - - - - - - -			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		- - - - - - - - - -			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		- - - - - \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		- - - - - - - - -			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		- - - - - - - - -			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		- - - - - - - - -			
		Oakadula D /Farma (00 000 E7 ** 000 DE\ (0040)		

VOR'S	FUND FOR LOS ANGELES		47-1084641
ırt III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete co	olumns (a) through (e) and the follo	d in section 501(c)(7), (8), or (10) that total more than \$1,i Dwing line entry. For organizations
	completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additiona		or less for the year. (Enter this info. once.)
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gif	ft Relationship of transferor to transferee
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gif	ft Relationship of transferor to transferee
No. m	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
No. m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gif	ft Relationship of transferor to transferee
	Transieree's name, address, an	u ZIF + 4	netationship of transfer of to transferee

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MAYOR'S FUND FOR LOS ANGELES

Employer identification number 47-1084641

Pai	t I Organizations Maintaining Donor Advise			ds or Accou	Ints Complete if the
. u	organization answered "Yes" on Form 990, Part IV, line		ioi oiiiiidi i diic	10 01 710000	into: Complete ii the
	organization answered fes on Form 990, Fait IV, line		dvised funds	(h) Fun	ds and other accounts
	Total number at and of year	(a) Bonor a	avioca idilas	(B) i dii	
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			<u> </u>	
5	Did the organization inform all donors and donor advisors in w	-			
	are the organization's property, subject to the organization's e				Yes No
6	Did the organization inform all grantees, donors, and donor ac				
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or	for any other purpos	e conferring	
	impermissible private benefit?				
Pai	t II Conservation Easements. Complete if the org	anization answered	d "Yes" on Form 990	, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	· —	oply).		
	Preservation of land for public use (e.g., recreation or ed	ducation) 🖳	Preservation of a his	storically impor	tant land area
	Protection of natural habitat		Preservation of a ce	rtified historic	structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation co	ontribution in the form	n of a conserva	ation easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and n	ot on a historic struc	cture	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				during the tax
	year ▶				
4	Number of states where property subject to conservation eas	sement is located	>	_	
5	Does the organization have a written policy regarding the peri	iodic monitoring, in	spection, handling o	f	
	violations, and enforcement of the conservation easements it	holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I				
	>				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, a	nd enforcing conserv	ation easemer	nts during the year
	▶ \$				
8	Does each conservation easement reported on line 2(d) above	e satisfy the require	ements of section 17	'0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its	revenue and expens	se statement, a	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial state	ments that describe	s the organizat	ion's accounting for
	conservation easements.				
Pai	t III Organizations Maintaining Collections of			Other Simil	ar Assets.
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to repo	rt in its revenue state	ement and bala	ance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education,	or research in furthe	rance of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.			
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in	its revenue stateme	nt and balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or researc	h in furtherance of p	ublic service, p	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 treat	asures, or other sim	nilar assets for financ	ial gain, provid	e
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relatir	ng to these items:		
а	Revenue included on Form 990, Part VIII, line 1			> :	\$
b	Assets included in Form 990, Part X				\$

632051 08-29-16

Schedule D (Form 990) 2016

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

Sche	dule D (Form 990) 2016 MAYOR 'S F	UND FOR LO	S ANGELI	ES	4	7-10	84641	Pa	age 2
	t III Organizations Maintaining Col	lections of Art,	Historical T	reasures, or O	ther Simila	r Asse	ts (continu	ed)	
3	Using the organization's acquisition, accession,	and other records,	check any of the	e following that are	a significant u	se of its	collection i	item	s
	(check all that apply):								
а	Public exhibition	d [Loan or exc	change programs					
b	b Scholarly research e Other								
С	c Preservation for future generations								
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 re		•	-					
	to be sold to raise funds rather than to be maint		•	•			Yes		No
Pai	t IV Escrow and Custodial Arrange						ine 9, or		
	reported an amount on Form 990, Part X		9-		,	, .	,		
	Is the organization an agent, trustee, custodian	or other intermediar	v for contributio	ns or other assets	not included				
	on Form 990, Part X?		•				Yes		No
h	If "Yes," explain the arrangement in Part XIII and	d complete the follow	vina tahle:						
	Troo, explain the arrangement in rate will are	a complete the follow	virig table.				Amount		
_	Beginning balance				1c		711100111		
	Additions during the year								
•	Distributions during the year								
0-	Ending balance						Yes	Т	No
	_				•] NO
Pai	If "Yes," explain the arrangement in Part XIII. Ch t V Endowment Funds. Complete if th								J
ı u			(b) Prior year	(c) Two years bac	1	are back	(e) Four y	oare	hack
4.		a) Current year	(b) Phor year	(C) Two years bac	K (G) Tillee ye	ars back	(e) i oui y	cars	Jack
la h	Beginning of year balance								
D	Contributions			1					
C	Net investment earnings, gains, and losses			+	+				
a	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
Ť	Administrative expenses								
g	End of year balance			<u> </u>					
2	Provide the estimated percentage of the current			(a)) held as:					
а	Board designated or quasi-endowment	%	6						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c should	-							
3a	Are there endowment funds not in the possession	on of the organization	on that are held a	and administered f	or the organiza	ition	_		
	by:						Y	'es	No
	(i) unrelated organizations						3a(i)	_	
	(ii) related organizations						3a(ii)		
b	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?								
4	Describe in Part XIII the intended uses of the organization		nent funds.						
Pai	t VI Land, Buildings, and Equipmer								
	Complete if the organization answered "	Yes" on Form 990, F	Part IV, line 11a.	See Form 990, Par	t X, line 10.				
	Description of property	(a) Cost or othe basis (investmer		,	Accumulated		(d) Book	value)
	Land	שמששט (ווועפטנווופו	it) DaSIS	(other)	depreciation	-			
	Land								
a	Buildings	1	1	1		1			

Schedule D (Form 990) 2016

2,129.

3,238.

3,238.

e Other

c Leasehold improvements

d Equipment

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

5,367.

Schedule D (Form 990) 2016 MAYOR 'S FUND	D FOR LOS AN	GELES	47-1084641 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 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	r end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. lin	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
(1)			<u> </u>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (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, lin	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: 15.)		. ▶
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, lin	e 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

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

Schedule D (Form 990) 2016

(8)

Pa	rt XI Reconciliation of Revenue per Audited	Financial Statements With Rev	venue per Returr).
	Complete if the organization answered "Yes" on Form	m 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financia	al statements	1	3,435,717
2	Amounts included on line 1 but not on Form 990, Part VIII, li	ine 12:		
а	y , , , , , , , , , , , , , , , , , , ,		-9,102.	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	d Other (Describe in Part XIII.)	2d		
е				-9,102
3	Subtract line 2e from line 1		3	3,444,819
4	Amounts included on Form 990, Part VIII, line 12, but not or	I I		
а	, ,			
b	Other (Describe in Part XIII.)	4b		
С				0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 99			3,444,819
Pa	art XII Reconciliation of Expenses per Audited		penses per Retu	rn.
	Complete if the organization answered "Yes" on Form			0.060.130
1	Total expenses and losses per audited financial statements		1	8,068,130
2	Amounts included on line 1 but not on Form 990, Part IX, lin			
а				
b	• • • • • • • • • • • • • • • • • • • •			
С	***************************************			
d	,	' 		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	8,068,130
4	Amounts included on Form 990, Part IX, line 25, but not on	1 1		
	Investment expenses not included on Form 990, Part VIII, lin			
b	Other (Describe in Part XIII.)	4b		•
			·····	0.000.130
	Total expenses. Add lines 3 and 4c. (This must equal Form 9	990, Part I, line 18.)	5	8,068,130
	art XIII Supplemental Information.			V. II. 0. D. 1. VI
	vide the descriptions required for Part II, lines 3, 5, and 9; Part			X, line 2; Part XI,
ines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this	part to provide any additional informatio	n.	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

OMB No. 1545-0047

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

➤ Attach to Form 990.

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

Open to Public Inspection

Name of the organization MAYOR'S FUND FOR LOS ANGELES							Employer identification number $47-1084641$
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro 	stance?						
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II cai	n be duplicated if addi	itional space is need	ded.			•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GRYD FOUNDATION 1933 S. BROADWAY STE. 1120 LOS ANGELES, CA 90007	45-4927250	501(C)(3)	2,760,000.	0.			QUALITY OF LIFE / SUMMER NIGHT LIGHTS
CITY OF LOS ANGELES BUREAU OF ENGINEERING - 200 N. SPRING ST LOS ANGELES, CA 90012		GOVT	1,000,000.	0.			QUALITY OF LIFE / LEONARD
CITY OF LOS ANGELES MAYORS OFFICE OF BUDGET & INNOVATION - 200 N. SPRING ST LOS ANGELES, CA 90012		GOVT	597,031.	0.			ECONOMIC PROSPERITY / BLOOMBERG INNOVATION TEAM
FUSE CORPS 1202 RALSTON AVE. STE. 1B SAN FRANCISCO, CA 94129	27-5469219	501(C)(3)	65,000.	0.			GOVERNMENT EFFICIENCY / OPERATIONS INNOVATION TEAM
LOS ANGELES FIRE DEPARTMENT FOUNDATION - 1875 CENTURY PARK EAST STE. 200 - LOS ANGELES, CA 90067	27-2007326	501(C)(3)	31,120.	0.			QUALITY OF LIFE / GIRLS FIRE CAMP
LOS ANGELES PARKS FOUNDATION 2650 N. COMMONWEALTH AVE. LOS ANGELES, CA 90027	26-2358338		28,050.	0.			QUALITY OF LIFE / GIRLS PLAY LA
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization							

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

Schedule I (Form 990) (2016)

(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
52-1278339	501(C)(3)					
		27,400.	0.			QUALITY OF LIFE / PROMISE
95-1643334	501(C)(3)	25,000.	0.			SPARK / REENTRY LEGAL CLINIC
94-2791699	501(C)(3)	23,400.	0.			QUALITY OF LIFE / SUSTAINABILITY
95-4399127	501(C)(3)	20,000.	0.			ECONOMIC PROSPERITY / VETERANS HOMESLESSNESS
95-1921340	501(C)(3)	18,000.	0.			ECONOMIC PROSPERITY / BLOOMBERG INNOVATION TEAM
51-0181191	501(C)(3)	10,000.	0.			SPARK / MAYOR'S YOUTH
	94-2791699 95-4399127 95-1921340	94-2791699 501(C)(3) 95-4399127 501(C)(3) 95-1921340 501(C)(3)	94-2791699 501(C)(3) 23,400. 95-4399127 501(C)(3) 20,000. 95-1921340 501(C)(3) 18,000.	94-2791699 501(C)(3) 23,400. 0. 95-4399127 501(C)(3) 20,000. 0. 95-1921340 501(C)(3) 18,000. 0.	94-2791699 501(C)(3) 23,400. 0. 95-4399127 501(C)(3) 20,000. 0. 95-1921340 501(C)(3) 18,000. 0.	95-1643334 501(C)(3) 25,000. 0. 94-2791699 501(C)(3) 23,400. 0. 95-4399127 501(C)(3) 20,000. 0. 95-1921340 501(C)(3) 18,000. 0.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
FELLOWSHIPS	5	107,798.	0.						
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.									
PART I, LINE 2:									
EACH GRANT IS ASSOCIATED WITH A PROGRAM AS REVIEWED AND APPROVED BY THE									
FUND'S BOARD OF DIRECTORS. ALL GRA	NTS TIE	TO PROGRAM	I PLANS AND	BUDGETS AND					
REQUIRE A SIGNED GRANT AGREEMENT B	зу вотн т	HE ORGANIZ	ATION AND	THE GRANT					
RECIPIENT. GRANT AGREEMENTS INCLUDE REPORTING REQUIREMENTS AND ALWAYS									
INCLUDE A FINAL GRANT REPORT THAT IS SUBMITTED TO THE FUND. ALL GRANT									
REPORTS ARE EXPECTED TO INCLUDE FINANCIAL REPORTING AS WELL AS A PROGRAM									
NARRATIVE. PROGRAM MANAGERS AT THE FUND REGULARLY FOLLOW UP WITH GRANTEES									
TO ENSURE COMPLIANCE.									

SCHEDULE J (Form 990)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

MAYOR'S FUND FOR LOS ANGELES

Employer identification number 47-1084641

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	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.			
	Compensation committee X Written employment contract X Compensation survey or study			
	Through the policy of study Independent compensation consultant Independent compensation compensation compensation committee Independent compensati			
	Approval by the board of 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:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		
_	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		Х	
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	Λ	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	ש		

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

Schedule J (Form 990) 2016

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		compensation incentive reportable		(iii) Other reportable compensation	compensation	berients	(B)(I)-(U)	reported as deferred on prior Form 990	
(1) DEIDRE LIND	(i)	165,936.	10,000.	0.	8,500.	6,972.	191,408.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.		0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(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.
PART I, LINE 7:
THE BOARD APPROVES THE BONUS FOR THE PRESIDENT.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number**

Name of the organization 47-1084641 MAYOR'S FUND FOR LOS ANGELES FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: THE SPARK FUNDS PROGRAM PROVIDES ONE-TIME, NEW FUNDING TO LAUNCH, CHANGE OR PUSH CIVIC PROGRAMS TO BE MORE EFFECTIVE, INNOVATIVE, EFFICIENT AND/OR IMPACTFUL. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SPARK FUNDS PROGRAM: THE FUND PROVIDES ONE-TIME, NEW FUNDING TO LAUNCH, CHANGE OR PUSH CIVIC PROGRAMS TO BE MORE EFFECTIVE, INNOVATIVE, EFFICIENT AND/OR IMPACTFUL EXPENSES \$ 466,383. INCLUDING GRANTS OF \$ 63,750. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: AFTER THE RETURN HAS BEEN PREPARED, THE ORGANIZATION INTERNALLY REVIEWS THE FORM 990. AFTER ANY CHANGES HAVE BEEN MADE, A COPY OF THE FORM 990 IS THEN FORWARDED TO EACH BOARD MEMBER BEFORE THE FORM IS FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS AND DIRECTORS ARE ASKED TO REPORT POTENTIAL CONFLICTS OF INTEREST ON A QUARTERLY BASIS, AND MATTERS LEARNED TO CONSTITUTE A CONFLICT OF INTEREST ARE RESOLVED APPROPRIATELY ON A CASE BY CASE BASIS.

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

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

A FULL AND COMPLETE COMPENSATION SURVEY WAS CONDUCTED BY AN EXTERNAL NONPROFIT SALARY EXPERT TO DETERMINE THE APPROPRIATE SALARY FOR THE PRESIDENT, WHO IS THE TOP MANAGEMENT OFFICIAL. THE BOARD REVIEWED THE SURVEY AND RECOMMENDATION FROM THE COMPENSATION EXPERT IN AN EXECUTIVE

632211 08-25-16

Name of the organization MAYOR'S FUND FOR LOS ANGELES	Employer identification number 47-1084641
SESSION OF THE BOARD WITHOUT PARTICIPATION FROM THE INTER	RESTED PERSON. AN
EMPLOYMENT CONTRACT DATED AS OF JANUARY 1, 2015 WAS ENTER	RED INTO WITH THE
PRESIDENT REFLECTING TERMS DETERMINED BY THE BOARD.	
THE ORGANIZATION DID NOT EMPLOY ANY OTHER OFFICERS OR KEY	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	FINANCIAL
FORM 990, PART VI, SECTION A, LINE 7A:	
THE MAYOR OF LOS ANGELES NOMINATES ONE BOARD MEMBER, SUBJ	ECT TO
APPROVAL OF THE FULL BOARD.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROGRAM CONSULTANTS:	
PROGRAM SERVICE EXPENSES	895,651.
MANAGEMENT AND GENERAL EXPENSES	9,080.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	904,731.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	904,731.