

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2020Open to Public
Inspection**A For the 2020 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

CITY PARKS FOUNDATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

830 FIFTH AVENUE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10065

F Name and address of principal officer: HEATHER LUBOV

SAME AS C ABOVE

D Employer identification number

13-3561657

E Telephone number

212-360-1399

G Gross receipts \$ 26,855,354.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.CITYPARKSFOUNDATION.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1989 **M** State of legal domicile: NY**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROMOTE AND ASSIST IN THE PROGRAMMING AND REVITALIZATION OF NEW YORK CITY'S PARKS AND SUCH
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 35
	4	Number of independent voting members of the governing body (Part VI, line 1b) 34
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) 160
	6	Total number of volunteers (estimate if necessary) 7920
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 17,688,551.
	9	Program service revenue (Part VIII, line 2g) 5,117,531.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,741,050.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -281,135.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 24,265,997.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 8,757,958.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 932,876.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 15,543,852.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 24,486,424.
19		Revenue less expenses. Subtract line 18 from line 12 -220,427.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 38,968,048.
	21	Total liabilities (Part X, line 26) 1,639,203.
	22	Net assets or fund balances. Subtract line 21 from line 20 37,328,845.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	HEATHER LUBOV, EXECUTIVE DIRECTOR Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS
	Date 07/19/21	Check if self-employed <input type="checkbox"/> PTIN P00543209
Firm's name	PKF O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945
	Firm's address 500 MAMARONECK AVENUE HARRISON, NY 10528-1633	Phone no. 914-381-8900

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20__

2020

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

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

Name of exempt organization or person subject to tax

Taxpayer identification number

CITY PARKS FOUNDATION, INC.**13-3561657**

Name and title of officer or person subject to tax

HEATHER LUBOV**EXECUTIVE DIRECTOR****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 12,847,845.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **PKF O'CONNOR DAVIES, LLP** to enter my PIN **12428**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

*Heather Lubov*Date ▶ **7/19/21****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

26242312428

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **PKF O'CONNOR DAVIES, LLP** Date ▶ **06/23/21**

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

CITY PARKS FOUNDATION IS DEDICATED TO INVIGORATING AND TRANSFORMING PARKS INTO DYNAMIC, VIBRANT CENTERS OF URBAN LIFE THROUGH SPORTS, ARTS, COMMUNITY BUILDING AND EDUCATION PROGRAMS FOR ALL NEW YORKERS. CPF'S PROGRAMS LOCATED IN MORE THAN 400 PARKS, RECREATION CENTERS AND

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

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

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

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

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

4a (Code:) (Expenses \$ 2,861,167. including grants of \$ 2,769,468.) (Revenue \$)
 GRANTS: IN RESPONSE TO THE COVID-19 PANDEMIC AND IN COLLABORATION WITH A CONSORTIUM OF LEADING PHILANTHROPIC ORGANIZATIONS, CPF BECAME THE ADMINISTRATOR OF THE NYC GREEN RELIEF AND RECOVERY FUND. THIS FUNDING WAS DESIGNATED TO RESPOND TO THE MOST URGENT NEEDS FACING THE GRASSROOTS AND NON-PROFIT STEWARDSHIP ORGANIZATIONS THAT MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES. IN 2020, CPF DISTRIBUTED 194 GRANTS TOTALING \$2,769,468.

4b (Code:) (Expenses \$ 2,383,154. including grants of \$) (Revenue \$ 242,235.)
 FISCAL SPONSORSHIPS: AS FISCAL SPONSOR FOR A NUMBER OF NEW YORK CITY PARKS GROUPS AND DPR PROGRAMS, CPF HELPS IMPROVE THE APPEARANCE AND USE OF PARKS THROUGH DIRECT PHYSICAL ENHANCEMENTS, ENCOURAGEMENT OF NEIGHBORHOOD VOLUNTEERS, AND INNOVATIONS IN DPR OPERATIONS.

4c (Code:) (Expenses \$ 1,903,987. including grants of \$) (Revenue \$ 71,237.)
 ARTS AND CULTURE: CITYPARKS SHOWS PLAYS A CENTRAL ROLE IN ACTIVATING CPF'S MISSION TO CREATE VIBRANT AND HEALTHY URBAN COMMUNITIES THROUGH DYNAMIC PROGRAMMING IN PARKS FOR ALL NEW YORKERS. CITYPARKS SHOWS BRINGS HUNDREDS OF LIVE MUSIC, DANCE AND THEATER PERFORMANCES TO COMMUNITIES THROUGHOUT NEW YORK CITY'S FIVE BOROUGHES. THE SUMMERSTAGE FESTIVAL TYPICALLY PRESENTS OVER 200 ARTISTS PERFORMING FREE PERFORMANCES AND BENEFIT CONCERTS EACH YEAR IN 15-18 PARKS THROUGHOUT THE CITY, RANGING FROM INDIE, REGGAE, AFROBEAT, SOUL, MODERN DANCE, LATIN AND MUCH MORE. IN 2020, CPF ADDED SUMMERSTAGE ANYWHERE, WHICH PROVIDED FREE DIGITAL PERFORMANCES TO THE PUBLIC ACROSS THE GLOBE. THE SWEDISH COTTAGE MARIONETTE THEATRE, HOME TO ONE OF THE LAST PUBLIC MARIONETTE COMPANIES IN THE U.S., PRESENTS MODERN TAKES ON CLASSIC

4d Other program services (Describe on Schedule O.)(Expenses \$ 4,891,535. including grants of \$ 1,372,183.) (Revenue \$ 50,450.)**4e** Total program service expenses **▶** 12,039,843.Form **990** (2020)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	81
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a 160		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

Form 990 (2020)

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 on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	35			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		34		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **►NY**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on 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 **►**
SIMON CHU - 212-360-8147
830 FIFTH AVENUE, NEW YORK, NY 10065

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HEATHER LUBOV EXECUTIVE DIRECTOR	40.00	X		X				243,081.	0.	20,782.
(2) MICHAEL SILVERMAN DIRECTOR, SPORTS	40.00					X		158,960.	0.	38,902.
(3) SIMON CHU CHIEF FINANCIAL OFFICER	40.00			X				159,155.	0.	37,818.
(4) ROSEMARY RAPOSO JORDA SENIOR DIRECTOR, MARKETING & DEV.	40.00					X		155,128.	0.	29,047.
(5) ERIKA ELLIOTT EXECUTIVE ARTISTIC DIRECTOR	40.00					X		126,723.	0.	33,070.
(6) JOSY DUSSEK DIRECTOR, ARTS OPERATIONS	40.00					X		127,052.	0.	26,166.
(7) BRYANT BRADSHAW, DIRECTOR INDIVIDUAL GIVING & SPECIAL EVENTS	40.00					X		134,083.	0.	14,781.
(8) DAVID BARSE CHAIR	5.00	X		X				0.	0.	0.
(9) DAVID MOORE EXECUTIVE CHAIR	5.00	X		X				0.	0.	0.
(10) JEAN TROUBH EXECUTIVE CHAIR	5.00	X		X				0.	0.	0.
(11) JOHN TROUBH EXECUTIVE CHAIR	5.00	X		X				0.	0.	0.
(12) SUSAN K. FREEDMAN VICE CHAIR	5.00	X		X				0.	0.	0.
(13) ROLAND S. MERCHANT, JR. VICE CHAIR	5.00	X		X				0.	0.	0.
(14) DAVID B. PINTER VICE CHAIR	5.00	X		X				0.	0.	0.
(15) GAIL GORDON TREASURER	5.00	X		X				0.	0.	0.
(16) LARY S. WOLF SECRETARY	5.00	X		X				0.	0.	0.
(17) STEVEN BEER BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GARY R. BOIGON BOARD MEMBER	2.00	X						0.	0.	0.
(19) ELAINE CLARK BOARD MEMBER	2.00	X						0.	0.	0.
(20) CLAIRE G. PELLEGRINI CLOUD BOARD MEMBER	2.00	X						0.	0.	0.
(21) AVERY CORMAN BOARD MEMBER	2.00	X						0.	0.	0.
(22) ALEXANDER D. DURST BOARD MEMBER	2.00	X						0.	0.	0.
(23) DEBRA FIFE BOARD MEMBER	2.00	X						0.	0.	0.
(24) NATALIE GOMEZ-VELEZ BOARD MEMBER	2.00	X						0.	0.	0.
(25) OLA HIXON BOARD MEMBER	2.00	X						0.	0.	0.
(26) BILLIE JEAN KING BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								1,104,182.	0.	200,566.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,104,182.	0.	200,566.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TBO SITESCAPES INC. 40-18 BELL BOULEVARD, BAYSIDE, NY 11361	CONTRACTING SERVICES	397,800.
D&G ELITE CONSTRUCTION INC, 217 BROADWAY, SUITE 217, MASSAPEQUA, NY 11758	CONSTRUCTION SERVICES	251,754.
DRAGONETTI BROTHERS LANDSCAPING INC. 129 LOUISIANA AVE., BROOKLYN, NY 11207	LANDSCAPING SERVICES	178,360.
CJP GARDENING INC, 7527 164TH STREET, FRESH MEADOWS, NY 11366	LANDSCAPING SERVICES	134,699.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2020)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) POLLY N. KLANE BOARD MEMBER	2.00	X						0.	0.	0.
(28) BRENDAN O'ROURKE BOARD MEMBER	2.00	X						0.	0.	0.
(29) JULIO PETERSON BOARD MEMBER	2.00	X						0.	0.	0.
(30) ERIC PLANEY BOARD MEMBER	2.00	X						0.	0.	0.
(31) WILFREDO ROSADO BOARD MEMBER	2.00	X						0.	0.	0.
(32) ELIZABETH SARNOFF BOARD MEMBER	2.00	X						0.	0.	0.
(33) ROBERT SAVITT BOARD MEMBER	2.00	X						0.	0.	0.
(34) PETER SHAPIRO BOARD MEMBER	2.00	X						0.	0.	0.
(35) SAMANTHA SICHEL BOARD MEMBER	2.00	X						0.	0.	0.
(36) MITCHELL SILVER BOARD MEMBER	2.00	X						0.	0.	0.
(37) VIRGINIA WADE BOARD MEMBER THRU JUNE 2020	2.00	X						0.	0.	0.
(38) GERALD WALKER BOARD MEMBER	2.00	X						0.	0.	0.
(39) JASON C. WARD BOARD MEMBER	2.00	X						0.	0.	0.
(40) DEMETRIUS A. WARRICK BOARD MEMBER	2.00	X						0.	0.	0.
(41) HAROLD P. WEINBERGER BOARD MEMBER	2.00	X						0.	0.	0.
(42) JEFFREY WILKS BOARD MEMBER	2.00	X						0.	0.	0.
(43) BRETT YORMARK BOARD MEMBER THRU OCT 2020	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	247,819.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,032,306.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	9,928,647.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 57,813.			
	h	Total. Add lines 1a-1f		11,208,772.			
Program Service Revenue	2 a	GRANT ADMIN FEE-GREEN RELIEF FUND	Business Code	711300	241,111.	241,111.	
	b	PROGRAM EVENTS		711300	68,597.	68,597.	
	c	ADMINISTRATIVE FEES		711300	54,214.	54,214.	
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		363,922.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			655,901.	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real				
b		Less: rental expenses ...	(ii) Personal				
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities				
b		Less: cost or other basis and sales expenses	(ii) Other				
c		Gain or (loss)					
d		Net gain or (loss)					
8 a		Gross income from fundraising events (not including \$ 247,819. of contributions reported on line 1c). See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		12,847,845.	363,922.	0.	1,275,151.

Part IX Statement of Functional Expenses

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,141,651.	4,141,651.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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, trustees, and key employees	460,836.	184,334.	230,418.	46,084.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,917,518.	2,879,091.	442,383.	596,044.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	84,786.	66,268.	7,512.	11,006.
9 Other employee benefits	599,195.	451,376.	71,363.	76,456.
10 Payroll taxes	410,227.	301,127.	57,373.	51,727.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,036.		4,036.	
c Accounting	53,400.		53,400.	
d Lobbying	48,000.	48,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	12,320.		12,320.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,847,788.	1,622,332.	93,398.	132,058.
12 Advertising and promotion	143,083.	69,502.	69,538.	4,043.
13 Office expenses	75,444.	54,378.	18,150.	2,916.
14 Information technology	122,804.	73,433.	45,343.	4,028.
15 Royalties				
16 Occupancy	9,522.	5,694.	3,516.	312.
17 Travel	12,106.	5,011.	6,160.	935.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	65,209.	57,829.	7,355.	25.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,609.	5,609.		
23 Insurance	69,158.	31,833.	37,325.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EXPENSED EQUIP.&REPAIRS	923,728.	897,067.	26,661.	
b SUPPLIES	743,869.	720,628.	20,966.	2,275.
c ARTIST FEES	358,404.	358,404.		
d GRANT ADMIN FEES	331,104.	65,854.	265,250.	
e All other expenses	37,165.	422.	31,776.	4,967.
25 Total functional expenses. Add lines 1 through 24e	14,476,962.	12,039,843.	1,504,243.	932,876.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,689,797.	1	5,126,065.
	2 Savings and temporary cash investments	9,109,838.	2	6,791,987.
	3 Pledges and grants receivable, net	4,269,210.	3	1,994,058.
	4 Accounts receivable, net	364,768.	4	7,329.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	32,086.	9	37,701.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 91,675.		
	b Less: accumulated depreciation	10b 86,932.	10c	4,743.
	11 Investments - publicly traded securities	23,491,996.	11	27,063,199.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	38,968,048.	16	41,025,082.	
Liabilities	17 Accounts payable and accrued expenses	1,462,273.	17	1,716,944.
	18 Grants payable		18	
	19 Deferred revenue	176,930.	19	224,500.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	1,581,215.
	26 Total liabilities. Add lines 17 through 25	1,639,203.	26	3,522,659.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		12,712,128.	27	12,134,042.
28 Net assets with donor restrictions		24,616,717.	28	25,368,381.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		37,328,845.	32	37,502,423.
33 Total liabilities and net assets/fund balances		38,968,048.	33	41,025,082.

Form 990 (2020)

Part XI Reconciliation of Net AssetsCheck 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	12,847,845.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,476,962.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,629,117.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,328,845.
5	Net unrealized gains (losses) on investments	5	1,826,972.
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 on Schedule O)	9	-24,277.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	37,502,423.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
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? _____		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CITY PARKS FOUNDATION, INC.

Employer identification number	
--------------------------------	--

13-3561657

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

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

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

f Enter the number of supported organizations

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10641682.	15478429.	12157351.	17688551.	11208772.	67174785.
2 Tax revenues levied for the organization'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	2456620.	3263470.	3248209.	3355807.	3176230.	15500336.
4 Total. Add lines 1 through 3	13098302.	18741899.	15405560.	21044358.	14385002.	82675121.
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)						2410267.
6 Public support. Subtract line 5 from line 4.						80264854.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	13098302.	18741899.	15405560.	21044358.	14385002.	82675121.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	513,405.	665,450.	854,128.	715,283.	655,901.	3404167.
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						86079288.
12 Gross receipts from related activities, etc. (see instructions)					12	20,741,143.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	93.25 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	94.89 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

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

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

CITY PARKS FOUNDATION, INC.

Employer identification number

13-3561657

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization	Employer identification number
CITY PARKS FOUNDATION, INC.	13-3561657

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE JPB FOUNDATION 875 3RD AVE., 29TH FLOOR NEW YORK, NY 10022	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NEW YORK CITY COUNCIL 563 COLUMBUS AVE NEW YORK, NY 10024	\$ 866,821.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HELMSLEY CHARITABLE TRUST 230 PARK AVE NEW YORK, NY 10169	\$ 818,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CAPITAL ONE BANK 1680 CAPITAL ONE DRIVE MCLEAN, VA 22102	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NEW YORK COMMUNITY TRUST 909 3RD AVE NEW YORK, NY 10022	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	HUDSON SQUARE DISTRICT MANAGEMENT ASSOCIATION INC. 180 VARICK STREET NEW YORK, NY 10014	\$ 553,494.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CITY PARKS FOUNDATION, INC.	13-3561657

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THOMPSON FAMILY FOUNDATION 230 PARK AVE, RM 1541 NEW YORK, NY 10169	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	STAVROS S. NIARCHOS 455 5TH AVE NEW YORK, NY 10016	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	DORIS DUKE CHARITABLE FOUNDATION 650 5TH AVE NEW YORK, NY 10019	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	TIFFANY & CO. FOUNDATION 200 5TH AVE NEW YORK, NY 10010	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	LEON LEVY CHARITABLE FOUNDATION ONE ROCKEFELLER PLAZA, NO 20TH FLOOR NEW YORK, NY 10020	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CITY PARKS FOUNDATION, INC.

13-3561657

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

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

Name of organization

Employer identification number

CITY PARKS FOUNDATION, INC.**13-3561657****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

CITY PARKS FOUNDATION, INC.

Employer identification number

13-3561657

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$

3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		48,000.	
c Total lobbying expenditures (add lines 1a and 1b)		48,000.	
d Other exempt purpose expenditures		13,483,766.	
e Total exempt purpose expenditures (add lines 1c and 1d)		13,531,766.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		826,588.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		206,647.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	826,588.	3,826,588.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,739,882.
c Total lobbying expenditures	37,850.	48,300.	48,050.	48,000.	182,200.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	206,647.	956,647.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,434,971.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

2020.04001 CITY PARKS FOUNDATION, IN 10486071

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020**Open to Public Inspection****Name of the organization**

CITY PARKS FOUNDATION, INC.

Employer identification number

13-3561657

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

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

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

- a ☐ Public exhibition d ☐ Loan or exchange program
 b ☐ Scholarly research e ☐ Other _____
 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 receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	24,033,597.	22,648,092.	24,782,199.	24,014,534.	23,114,910.
b Contributions				75,500.	203,563.
c Net investment earnings, gains, and losses	3,168,437.	4,172,863.	-863,986.	3,330,131.	1,311,461.
d Grants or scholarships					
e Other expenditures for facilities and programs	921,290.	2,787,358.	1,270,121.	2,637,966.	615,400.
f Administrative expenses					
g End of year balance	26,280,744.	24,033,597.	22,648,092.	24,782,199.	24,014,534.

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

- a Board designated or quasi-endowment ☒ 44.7011 %
 b Permanent endowment ☒ .3440 %
 c Term endowment ☒ 54.9549 %

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

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

- (i) Unrelated organizations
 (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		91,675.	86,932.	4,743.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,743.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) PAYCHECK PROTECTION PROGRAM LOAN	1,581,215.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,581,215.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2020

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

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

1	Total revenue, gains, and other support per audited financial statements	1	17,609,936.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,826,972.
b	Donated services and use of facilities	2b	3,176,230.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	5,003,202.
3	Subtract line 2e from line 1	3	12,606,734.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	241,111.
c	Add lines 4a and 4b	4c	241,111.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,847,845.

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

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

1	Total expenses and losses per audited financial statements	1	17,436,358.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	3,176,230.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	24,277.
e	Add lines 2a through 2d	2e	3,200,507.
3	Subtract line 2e from line 1	3	14,235,851.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	241,111.
c	Add lines 4a and 4b	4c	241,111.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	14,476,962.

Part XIII Supplemental Information.

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

PART V, LINE 4:

CPF'S BOARD OF DIRECTORS HAS DESIGNATED A PORTION OF CPF'S UNRESTRICTED NET ASSETS AS A BOARD-DESIGNATED ENDOWMENT FUND, WHEREIN THE ASSETS WILL BE RETAINED FOR INVESTMENT. IT IS THE EXPECTATION OF CPF THAT THE BOARD-DESIGNATED ENDOWMENT FUND WILL CONTINUE TO GROW TO SECURE THE LONG TERM STABILITY OF CPF. PERMANENTLY RESTRICTED NET ASSETS OF \$90,400 ARE HELD FOR THE PERPETUAL CARE OF TWO MONUMENTS. THE TEMPORARILY RESTRICTED ENDOWMENT ASSETS REPRESENT THE ACCUMULATED INVESTMENT EARNINGS ON THE FISCAL SPONSORSHIP FUNDS AND OTHER TEMPORARILY RESTRICTED FUNDS THAT HAVE BEEN INVESTED BY CPF. THE TEMPORARILY RESTRICTED ENDOWMENT ASSETS IS SUBJECT TO APPROPRIATION FOR EXPENDITURE BY CPF IN A MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY NYPMIFA.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

CPF RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT CPF HAS NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. CPF IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO DECEMBER 31, 2017.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ADMIN FEES INCOME NET AGAINST EXPENSES	241,111.
--	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

NET ASSETS TRANSFER PER FISCAL SPONSORSHIP ARRANGEMENT	24,277.
--	---------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ADMIN FEES INCOME NET AGAINST EXPENSES	241,111.
--	----------

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL GALA (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	249,079.			249,079.
	2 Less: Contributions	247,819.			247,819.
	3 Gross income (line 1 minus line 2)	1,260.			1,260.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	99,549.			99,549.
	7 Food and beverages	1,629.			1,629.
	8 Entertainment				
	9 Other direct expenses	9,978.			9,978.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				111,156.
11 Net income summary. Subtract line 10 from line 3, column (d)				-109,896.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

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

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

CITY PARKS FOUNDATION, INC.

Employer identification number

13-3561657

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

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

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

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
BK ROT, INC 1278 MYRTLE AVE BROOKLYN, NY 11221	47-3925112	501(C)(3)	20,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
BROADWAY MALL ASSOCIATION INC. 2095 BROADWAY SUITE 403 NEW YORK, NY 10023	13-3419786	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
BRONX LAND TRUST 148 W. 37TH STREET 13TH FLOOR NEW YORK, NY 10018	20-1039910	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
BRONX RIVER ALLIANCE, INC. ONE BRONX RIVER PARKWAY BRONX, NY 10462	75-3001587	501(C)(3)	120,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
BROOKLYN BRIDGE PARK CONSERVANCY, INC. - 334 FURMAN STREET - BROOKLYN, NY 11201	13-3277651	501(C)(3)	45,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
BROOKLYN GREENWAY INITIATIVE 153 COLUMBIA STREET BROOKLYN, NY 11231	20-3283721	501(C)(3)	260,540.	0.			TO FUND CONSTRUCTION OF 42 ENHANCED TREE PITS AND PLANTINGS ALONG WEST STREET GREENWAY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **62.**

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

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKLYN GREENWAY INITIATIVE INC. 153 COLUMBIA STREET BROOKLYN, NY 11231	20-3283721	501(C)(3)	20,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
BROOKLYN QUEENS LAND TRUST 30 THIRD AVENUE, ROOM 842 BROOKLYN, NY 11217	61-1441052	501(C)(3)	40,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
CATROCK VENTURES, INC. 2865 UNIVERSITY AVE STE E3 BRONX, NY 10468	82-5316828	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
CEC STUYVESANT COVE, INC. 37 WEST 26TH STREET SUITE 209 NEW YORK, NY 10010	52-2440116	501(C)(3)	20,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
CITY GROWERS, INC. 63 FLUSHING AVENUE BUILDING 3, UNIT BROOKLYN, NY 11210	45-2149344	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
DYCKMAN FARMHOUSE MUSEUM ALLIANCE 4881 BROADWAY NEW YORK, NY 10034	32-0035632	501(C)(3)	25,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
EAST NEW YORK 4 GARDENS INC. 485 FOUNTAIN AVE 1E BROOKLYN, NY 11208	82-4418780	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FORT GREENE PARK CONSERVANCY, INC. 85 SOUTH OXFORD STREET BROOKLYN, NY 11217	11-3637773	501(C)(3)	120,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FRESHKILLS PARK ALLIANCE 100 GOLD STREET ROOM 3100 NEW YORK, NY 10038	27-1718664	501(C)(3)	45,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF ABANDONED CEMETERIES INC - 158 MYRTLE AVENUE - STATEN ISLAND, NY 10310	13-3176456	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FRIENDS OF ALICE AUSTEN HOUSE, INC. - 2 HYLAN BLVD - STATEN ISLAND, NY 10305	13-3248928	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FRIENDS OF DAG HAMMARSKJOLD PLAZA 224 E. 47TH ST., ROOM 304 NEW YORK, NY 10017	13-3749587	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FRIENDS OF GANTRY PLAZA STATE PARK, INC. - 2-17 51ST AVE. #903 - LONG ISLAND CITY, NY 11101	47-3613599	501(C)(3)	20,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FRIENDS OF HUDSON RIVER PARK 305 7TH AVENUE, 12TH FL. NEW YORK, NY 10001	13-4112913	501(C)(3)	80,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FRIENDS OF MORNINGSIDE PARK, INC. 14 MORNINGSIDE AVE. SUITE #10 NEW YORK, NY 10026	13-3155238	501(C)(3)	75,799.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FRIENDS OF OLMSTED BEIL HOUSE INC. PO BOX 120095 STATEN ISLAND, NY 10312	83-2939497	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FRIENDS OF VERDI SQUARE, INC. 127 WEST 83RD STREET, P.O. BOX 115 NEW YORK, NY 10024	83-2274887	501(C)(3)	7,500.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
GOVERNORS ISLAND ALLIANCE INC. 10 SOUTH STREET, SLIP 7 NEW YORK, NY 10004	45-4317911	501(C)(3)	60,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOWANUS CANAL CONSERVANCY, INC 248 3RD STREET BROOKLYN, NY 11215	26-0681729	501(C)(3)	40,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
GREEN GUERRILLAS, INC 30 3RD AVE #848 BROOKLYN, NY 11217	13-2903183	501(C)(3)	40,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
GREENBELT CONSERVANCY 200 NEVADA AVENUE STATEN ISLAND, NY 10306	13-3481845	501(C)(3)	45,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
GUARDIANS OF FLUSHING BAY 280 1ST AVE APT #10E NEW YORK, NY 10009	81-2124765	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
HISTORIC HOUSE TRUST OF NEW YORK CITY, INC. - THE ARSENAL, CENTRAL PARK 830 FIFTH AVENUE, ROOM 203 - NEW YORK, NY 10065	13-3590825	501(C)(3)	45,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
HUB THIRD AVENUE MERCHANT DISTRICT MANAGEMENT ASSOCIATION, INC. - 2825 THIRD AVE 3RD FLOOR - BRONX, NY 10455	13-3455415	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
JACKSON HEIGHTS BEAUTIFICATION GROUP - 35-41 80 ST. APT. 32 - JACKSON HEIGHTS, NY 11372	11-2925587	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
KINGSBRIDGE HEIGHTS COMMUNITY CENTER, INC. - 3101 KINGSBRIDGE TERRACE - BRONX, NY 10463	13-2813809	501(C)(3)	20,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
MARY MITCHELL FAMILY AND YOUTH CENTER - 2007 MAPES AVENUE - BRONX, NY 10460	13-3385032	501(C)(3)	45,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATURAL AREAS CONSERVANCY, INC 1234 FIFTH AVE 2ND FLOOR NEW YORK, NY 10029	46-1791849	501(C)(3)	80,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
NEW YORK RESTORATION PROJECT 254 WEST 31ST STREET 10TH FLOOR NEW YORK, NY 10001	13-3959056	501(C)(3)	60,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
NEW YORKERS FOR PARKS 55 BROAD STREET 23RD FLOOR NEW YORK, NY 10004	13-6167879	501(C)(3)	80,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
NEWTOWN CREEK ALLIANCE INC. 520 KINGSLAND AVE. 3RD FLOOR BROOKLYN, NY 11222	26-1832918	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
NYC H2O 410 EAST 6TH STREET, 21F NEW YORK, NY 10009	45-3860014	501(C)(3)	20,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
OPEN SPACE ALLIANCE FOR NORTH BROOKLYN, INC. - 86 KENT AVENUE - BROOKLYN, NY 11249	01-0849087	501(C)(3)	45,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
PROSPECT PARK ALLIANCE INC. 95 PROSPECT PARK WEST BROOKLYN, NY 11215	11-2843763	501(C)(3)	80,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
QUEENS BOTANICAL GARDEN SOCIETY, INC. - 4350 MAIN STREET - FLUSHING, NY 11355	11-1635083	501(C)(3)	60,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
QUEENS COUNTY FARM 73-50 LITTLE NECK PARKWAY FLORAL PARK, NY 11004	11-2508369	501(C)(3)	20,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUEENS ECONOMIC DEVELOPMENT CORPORATION - 120-55 QUEENS BLVD. SUITE 309 - KEW GARDENS, NY 11424	11-2436149	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
QUEENS PUBLIC LIBRARY FOUNDATION 8911 MERRICK BLVD, JAMAICA, NY 11432	11-3009405	501(C)(3)	995,993.	0.			NEW ENVIRONMENTAL EDUCATION CENTER @ HUNTER'S POINT COMMUNITY LIBRARY
RANDALL'S ISLAND PARK ALLIANCE, INC - 24 W 61ST ST (4TH FLOOR) - NEW YORK, NY 10023	13-3787630	501(C)(3)	80,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
RIVERSIDE PARK CONSERVANCY, INC. 475 RIVERSIDE DRIVE, SUITE 455 NEW YORK, NY 10115	13-3443825	501(C)(3)	80,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
ROCKAWAY DEVELOPMENT & REVITALIZATION CORPORATION - 1912 MOTT AVENUE - FAR ROCKAWAY, NY 11691	11-2575794	501(C)(3)	99,750.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
SNUG HARBOR CULTURAL CENTER & BOTANICAL GARDEN - 1000 RICHMOND TERRACE BUILDING P - STATEN ISLAND, NY 10301	80-0193388	501(C)(3)	45,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
SOCRATES SCULPTURE PARK 32-01 VERNON BOULEVARD PO BOX 6259 LONG ISLAND CITY, NY 11106	11-3066597	501(C)(3)	60,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
SOUTHERN QUEENS PARK ASSOCIATION (SQPA) - 177-01 BAISLEY BLVD - JAMAICA, NY 11434	11-2432846	501(C)(3)	80,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
SUSTAINABLE SOUTH BRONX 1360 GARRISON AVE BRONX, NY 10474	02-0535999	501(C)(3)	40,800.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUTTON PLACE PARKS CONSERVANCY, INC. - 1040 FIRST AVENUE #322 - NEW YORK, NY 10022	47-4054653	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
THE BRONX IS BLOOMING 1020 GRAND CONCOURSE SUITE #15C BRONX, NY 10451	46-3141885	501(C)(3)	20,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
THE BROTHERHOOD/SISTER SOL 140 HAMILTON PLACE NEW YORK, NY 10031	13-3857387	501(C)(3)	30,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
THE CAMPAIGN AGAINST HUNGER 2010 FULTON ST BROOKLYN, NY 11233	20-0934854	501(C)(3)	45,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
THE FOREST PARK TRUST, INC. OAK RIDGE ONE FOREST PARK WOODHAVEN, NY 11421	31-1558645	501(C)(3)	69,619.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
THE HORTICULTURAL SOCIETY OF NEW YORK - 148 W 37TH ST - NEW YORK, NY 10018	13-0854930	501(C)(3)	80,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
UNITED COMMUNITY CENTERS, INC 613 NEW LOTS AVENUE BROOKLYN, NY 11207	11-1950787	501(C)(3)	20,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
VAN CORTLANDT PARK ALLIANCE 80 VAN CORTLANDT PARK SOUTH SUITE E BRONX, NY 10463	13-3843182	501(C)(3)	80,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
WASHINGTON SQUARE PARK CONSERVANCY, INC. - PO BOX 1624 COOPER STATION - NEW YORK, NY 10276	46-1406128	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES

Schedule I (Form 990)

[illegible]

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

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:

THE ORGANIZATION HAS A GRANT TEAM AND COLLABORATE WITH AN AWARD SELECTION COMMITTEE THAT WORKS WITH GRANTEEES TO SPEND THEIR FUNDS AND MONITOR THE USE OF THE FUNDS PROVIDED TO THE RECIPIENTS.

IN MAY 2020, A COALITION OF FOUNDATIONS LAUNCHED THE NYC GREEN RELIEF & RECOVERY FUND (NYC GREEN FUND) TO SUPPORT STEWARDSHIP ORGANIZATIONS THAT CARE FOR NEW YORK CITY'S PARKS AND OPEN SPACES. THE FUND IS INTENDED TO RESPOND TO THE MOST URGENT NEEDS FACING THE CITY'S PARKS AND OPEN SPACES,

Part IV Supplemental Information

WHILE SPURRING POLICY-MAKERS TO ADDRESS ONGOING SYSTEMIC CHALLENGES, AND
PROVIDE ADEQUATE FUNDING TO MAINTAIN AND IMPROVE THEM. THE ORGANIZATION
ASKS EACH GRANTEE TO SUBMIT A GRANT APPLICATION AND PROGRESS REPORT TO
QUANTIFY THE WORK ACCOMPLISHED WITH FUNDING. THIS COULD INCLUDE THE NUMBER
OF FULL-TIME OR SEASONAL STAFF POSITIONS RETAINED OR ADDED BACK, VOLUNTEER
PROJECTS HELD/VOLUNTEERS ENGAGED, PUBLIC PROGRAMS OFFERED AND AUDIENCES
ENGAGED, QUANTITY OF TRASH/INVASIVES REMOVED, PLANTS PLANTED, AND LAWNS
RESTORED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CITY PARKS FOUNDATION, INC.

Employer identification number

13-3561657

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HEATHER LUBOV EXECUTIVE DIRECTOR	(i)	243,081.	0.	0.	7,292.	13,490.	263,863.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL SILVERMAN DIRECTOR, SPORTS	(i)	158,960.	0.	0.	4,769.	34,133.	197,862.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SIMON CHU CHIEF FINANCIAL OFFICER	(i)	159,155.	0.	0.	4,775.	33,043.	196,973.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROSEMARY RAPOSO JORDA SENIOR DIRECTOR, MARKETING & DEV.	(i)	155,128.	0.	0.	4,654.	24,393.	184,175.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ERIKA ELLIOTT EXECUTIVE ARTISTIC DIRECTOR	(i)	126,723.	0.	0.	3,802.	29,268.	159,793.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOSY DUSSEK DIRECTOR, ARTS OPERATIONS	(i)	127,052.	0.	0.	3,812.	22,354.	153,218.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Part III	Supplemental Information
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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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

CITY PARKS FOUNDATION, INC.

Employer identification number

13-3561657

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	31,178.	AVG. SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EQUIPMENT)	X	1	26,635.	COST
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

0

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2020

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I, COLUMN (B).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CITY PARKS FOUNDATION, INC.

Employer identification number

13-3561657

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OTHER FACILITIES THAT ARE UNDER THE JURISDICTION OF THE NEW YORK CITY
DEPARTMENT OF PARKS AND RECREATION ("DPR").

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PUBLIC SCHOOLS ACROSS NEW YORK CITY REACH 300,000 PEOPLE EACH YEAR.
CPF'S ETHOS IS SIMPLE: THRIVING PARKS MEAN THRIVING COMMUNITIES.

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

IN RESPONSE TO THE COVID-19 PANDEMIC AND IN COLLABORATION WITH
CONSORTIUM OF LEADING PHILANTHROPIC ORGANIZATIONS, CPF BECAME THE
ADMINISTRATOR OF THE NYC GREEN RELIEF AND RECOVERY FUND.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

FAIRY TALES, AND THE TRAVELING PUPPETMOBILE PRESENTS FAMILY-FRIENDLY
PUPPET SHOWS AND WORKSHOPS OUTDOORS AROUND THE CITY, FREE OF CHARGE.

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

ENVIRONMENTAL BENEFIT PROJECTS: AS THE ADMINISTRATOR OF MITIGATION
FUNDS FROM THE NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
("DEC"), CPF FUNDS ENVIRONMENTAL BENEFIT PROJECTS THAT ADDRESS GREEN
INFRASTRUCTURE, SUCH AS THE CREATION AND/OR IMPROVEMENT OF OPEN SPACE,
WATERFRONT ACCESS, AND OTHER PROGRAMS ALONG NEWTOWN CREEK AND THE EAST
RIVER.

EXPENSES \$ 1,819,992. INCLUDING GRANTS OF \$ 1,256,533. REVENUE \$ 0.

Name of the organization	Employer identification number
CITY PARKS FOUNDATION, INC.	13-3561657

PARTNERSHIPS FOR PARKS: PARTNERSHIPS FOR PARKS ("PFP"), A JOINT PROGRAM WITH DPR, PROMOTES COMMUNITY INVOLVEMENT IN PARKS BY BUILDING, LINKING AND STRENGTHENING A CITYWIDE CONSTITUENCY OF PARKS' SUPPORTERS. EACH YEAR, PFP SUPPORTS AND EMPOWERS A GROWING NETWORK OF 600 COMMUNITY GROUPS AND VOLUNTEERS DEDICATED TO PROMOTING THEIR LOCAL PARKS AND IMPROVING THE SURROUNDING COMMUNITIES. THROUGH DIRECT ENGAGEMENT, INTENSIVE TRAINING AND TECHNICAL ASSISTANCE, AND PRACTICAL TOOLKITS, CPF ENABLES CITIZENS TO PLAY AN ACTIVE AND EFFECTIVE ROLE IN DECISIONS REGARDING THEIR LOCAL GREEN SPACES.

EXPENSES \$ 1,400,741. INCLUDING GRANTS OF \$ 115,650. REVENUE \$ 0.

EDUCATION PROGRAMS: CITYPARKS LEARN PLAYS A CENTRAL ROLE IN ACTIVATING CPF'S MISSION TO CREATE VIBRANT AND HEALTHY URBAN COMMUNITIES THROUGH DYNAMIC OUTDOOR PROGRAMMING FOR ALL NEW YORKERS. CPF'S ENVIRONMENTAL EDUCATION PROGRAMS HELP STUDENTS EXPERIENCE THE FUN OF SCIENCE, WHILE LEARNING ABOUT THEIR RELATIONSHIP TO THE NATURAL WORLD AND THE WAYS IN WHICH THEY CAN PROTECT OUR NATURAL ENVIRONMENT. CPF PROVIDES ENVIRONMENTAL SCIENCE PROGRAMS FOR ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS THROUGHOUT NEW YORK CITY.

EXPENSES \$ 838,054. INCLUDING GRANTS OF \$ 0. REVENUE \$ 50,450.

SPORTS: CITYPARKS PLAY HAS A CENTRAL ROLE IN ACTIVATING CPF'S MISSION TO CREATE VIBRANT AND HEALTHY URBAN COMMUNITIES THROUGH DYNAMIC PROGRAMMING IN PARKS FOR ALL NEW YORKERS. CPF SERVES KIDS AND SENIORS IN NEW YORK CITY'S NEIGHBORHOOD PARKS WITH FREE SPORTS PROGRAMS INCLUDING TENNIS, SOCCER, GOLF, TRACK AND FIELD, AND MULTI-SPORT INSTRUCTION, AND MORE. CPF HELPS RESIDENTS OF NEW YORK CITY STAY ACTIVE AND HEALTHY, DISCOVER NEW SPORTS, AND MAKE NEW FRIENDS.

Name of the organization

CITY PARKS FOUNDATION, INC.

Employer identification number

13-3561657

EXPENSES \$ 832,748. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

JEAN TROUBH AND JOHN TROUBH HAVE A FAMILY RELATIONSHIP.

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

PRIOR TO FILING THE FORM 990, THE RETURN IS DISTRIBUTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL. ANY COMMENTS, CHANGES OR RECOMMENDATIONS BY INDIVIDUAL BOARD MEMBERS ARE ADDRESSED BY THE AUDIT COMMITTEE.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY APPLICABLE TO DIRECTORS, OFFICERS AND KEY EMPLOYEES. WHEN A DIRECTOR, OFFICER, OR KEY EMPLOYEE OF THE CORPORATION BECOMES AWARE THAT HE OR SHE, OR HIS OR HER FAMILY MEMBERS OR RELATED ENTITIES, IS INVOLVED IN A CONFLICT TRANSACTION:

(I) HE OR SHE IMMEDIATELY DISCLOSES THE EXISTENCE AND MATERIAL FACTS OF THE FINANCIAL INTEREST IN THE CONFLICT TRANSACTION TO THE AUDIT COMMITTEE BY WHOM DETERMINATIONS OF WHETHER A CONFLICT EXISTS ARE MADE, AND ACTUAL CONFLICTS ARE REVIEWED;

(II) HE OR SHE PARTICIPATES IN THE INFORMATION-GATHERING STAGE OF THE AUDIT COMMITTEE'S DISCUSSION BUT IS NOT PHYSICALLY PRESENT DURING THE FINAL DELIBERATION OR VOTE ON THE CONFLICT TRANSACTION;

(III) IF A DIRECTOR, HE OR SHE DOES NOT VOTE ON THE CONFLICT TRANSACTION;

(IV) HE OR SHE REFRAINS FROM IMPROPERLY INFLUENCING THE DELIBERATION OR VOTE ON THE CONFLICT TRANSACTION.

Name of the organization

CITY PARKS FOUNDATION, INC.

Employer identification number

13-3561657

EACH DIRECTOR AND OFFICER OF THE ORGANIZATION IS REQUIRED TO FURNISH A
CONFLICT DISCLOSURE STATEMENT TO THE SECRETARY OF THE CORPORATION PRIOR TO
HIS OR HER ELECTION TO THE BOARD OR AS AN OFFICER AND THEREAFTER ON AN
ANNUAL BASIS.

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

THE ORGANIZATION DETERMINES THE COMPENSATION OF ITS EXECUTIVE DIRECTOR AND
CHIEF FINANCIAL OFFICER BASED UPON COMPARISONS TO PUBLISHED RATES AT
SIMILAR ORGANIZATIONS (EX. FORM 990 OF OTHER ORGANIZATIONS). KEY BOARD
MEMBERS HELP DETERMINE AND APPROVE THE APPROPRIATE PAY LEVELS. THE
COMPENSATION OF EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER IS THEN
SUBJECT TO THE BOARD'S APPROVAL. THE COMPENSATION SETTING PROCESS WAS LAST
CONDUCTED IN 2020 AND WAS DOCUMENTED IN THE MINUTES OF THE GOVERNING BOARD.

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

THE ORGANIZATION MAKES ITS PUBLIC DOCUMENTS, CONFLICT OF INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

FISCAL SPONSOR PROGRAM SERVICES:

PROGRAM SERVICE EXPENSES	288,549.
MANAGEMENT AND GENERAL EXPENSES	16,612.
FUNDRAISING EXPENSES	23,488.
TOTAL EXPENSES	328,649.

ADMIN SUPPORT:

PROGRAM SERVICE EXPENSES	124,791.
MANAGEMENT AND GENERAL EXPENSES	7,184.

Name of the organization	Employer identification number
CITY PARKS FOUNDATION, INC.	13-3561657

FUNDRAISING EXPENSES	10,158.
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TOTAL EXPENSES	142,133.
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ARTISTIC/DESIGN SERVICES:

PROGRAM SERVICE EXPENSES	250,851.
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MANAGEMENT AND GENERAL EXPENSES	14,442.
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FUNDRAISING EXPENSES	20,419.
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TOTAL EXPENSES	285,712.
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LANDSCAPING/TREE PLANTINGS/FIELDWORK:

PROGRAM SERVICE EXPENSES	862,394.
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MANAGEMENT AND GENERAL EXPENSES	49,648.
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FUNDRAISING EXPENSES	70,199.
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TOTAL EXPENSES	982,241.
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OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	95,747.
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MANAGEMENT AND GENERAL EXPENSES	5,512.
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FUNDRAISING EXPENSES	7,794.
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TOTAL EXPENSES	109,053.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,847,788.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET ASSETS TRANSFER PURSUANT TO FISCAL SPONSORSHIP

ARRANGEMENT	-24,277.
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FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE

Name of the organization

CITY PARKS FOUNDATION, INC.

Employer identification number

13-3561657

AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT
ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.