

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

A For the **2021** calendar year, or tax year beginning and ending

| | | | |
|--|---|------------|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization CITY PARKS FOUNDATION, INC. | | D Employer identification number 13-3561657 |
| | Doing business as | | E Telephone number 212-360-1399 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 24,628,466. |
| | 830 FIFTH AVENUE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10065 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F Name and address of principal officer: HEATHER LUBOV SAME AS C ABOVE | | | If "No," attach a list. See instructions |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: WWW.CITYPARKSFOUNDATION.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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) | 3 | 38 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 37 |
| | 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 388 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 22000 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 11,208,772. | 16,907,590. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 363,922. | 2,840,003. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,385,047. | 1,423,684. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -109,896. | -24,953. |
| | | 12,847,845. | 21,146,324. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 4,141,651. | 3,540,474. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 5,472,562. | 6,979,788. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 827,942. | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 4,862,749. | 7,257,736. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 14,476,962. | 17,777,998. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -1,629,117. | 3,368,326. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 41,025,082. | 46,351,327. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 3,522,659. | 4,048,000. |
| | | 37,502,423. | 42,303,327. |

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 | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | EVA MRUK | EVA MRUK | 10/13/22 | | P00543254 |
| | Firm's name | Firm's EIN | | | |
| | PKF O'CONNOR DAVIES, LLP | 27-1728945 | | | |
| | Firm's address | Phone no. | | | |
| | 245 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10167 | 212-286-2600 | | | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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? [] Yes [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 4,639,915. including grants of \$ 0.) (Revenue \$ 2,358,348.) CITYPARKS SHOWS PLAYS A CENTRAL ROLE IN ACTIVATING CPFS 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 PRESENTING 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. SUMMERSTAGE ANYWHERE PROVIDES ACCESS TO THESE PERFORMANCES TO PEOPLE 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 FAIRY TALES, AND THE TRAVELING PUPPETMOBILE PRESENTS

4b (Code:) (Expenses \$ 3,448,606. including grants of \$ 3,075,115.) (Revenue \$ 0.) GRANTS: IN RESPONSE TO THE COVID-19 PANDEMIC AND IN COLLABORATION WITH A CONSORTIUM OF LEADING PHILANTHROPIC ORGANIZATIONS, CPF IS THE ADMINISTRATOR OF THE NEW YORK CITY GREEN RELIEF AND RECOVERY FUND. THIS FUNDING IS DESIGNATED TO RESPOND TO THE MOST URGENT NEEDS FACING THE GRASSROOTS AND NON-PROFIT STEWARDSHIP ORGANIZATIONS THAT MAINTAIN, PROGRAM AND ACTIVATE NEW YORK CITY OPEN SPACES. IN 2021, CPF DIRECTLY DISTRIBUTED 184 GRANTS TOTALING \$3,075,115.

4c (Code:) (Expenses \$ 2,937,174. including grants of \$ 37,554.) (Revenue \$ 454,655.) FISCAL SPONSORSHIPS: AS FISCAL SPONSOR FOR A NUMBER OF NEW YORK CITY PARK 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,023,747. including grants of \$ 427,805.) (Revenue \$ 27,000.)

4e Total program service expenses 15,049,442.

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> ? See instructions | 2 X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <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 Rev. Proc. 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> See instructions | 17 | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <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> | | 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> | 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> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a 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> | | 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> | | 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> | | 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> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see the 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> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 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> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | 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> | | 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> | | 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> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 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> | | 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> | | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | X | |

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

| | |
|-----------|-----|
| 1a | 134 |
| 1b | 0 |
| 1c | |

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (38); 1b Enter the number of voting members included on line 1a, above, who are independent (37); 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); 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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); 11b Describe on 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); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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 on 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); 16b 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. [X] Own website [X] Another's website [X] 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 Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | | 269,009. | 0. | 21,868. |
| (2) SIMON CHU CHIEF FINANCIAL OFFICER | 40.00 | | | X | | | | 163,680. | 0. | 39,292. |
| (3) MICHAEL SILVERMAN DIRECTOR OF SPORTS | 40.00 | | | | X | | | 162,951. | 0. | 39,607. |
| (4) ROSEMARY RAPOSO JORDA CHIEF MARKETING & DEV. OFFICER | 40.00 | | | X | | | | 165,751. | 0. | 29,591. |
| (5) ERIKA ELLIOTT EXECUTIVE ARTISTIC DIRECTOR | 40.00 | | | | X | | | 129,089. | 0. | 34,304. |
| (6) JOSY DUSSEK DIRECTOR OF ARTS OPERATIONS | 40.00 | | | | X | | | 130,957. | 0. | 27,408. |
| (7) BRYANT BRADSHAW DIRECTOR OF DEVELOPMENT | 40.00 | | | | X | | | 137,088. | 0. | 14,997. |
| (8) CHRISTINE WORD DIRECTOR OF EDUCATION | 40.00 | | | | X | | | 105,438. | 0. | 35,953. |
| (9) DAVID BARSE CHAIR | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (10) DAVID MOORE EXECUTIVE CHAIR | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (11) JEAN TROUBH EXECUTIVE CHAIR | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (12) JOHN TROUBH EXECUTIVE CHAIR | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (13) SUSAN K. FREEDMAN VICE CHAIR | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (14) ROLAND S. MERCHANT, JR. VICE CHAIR | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (15) DAVID B. PINTER VICE CHAIR | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (16) GAIL GORDON TREASURER | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (17) LARY S. WOLF SECRETARY | 5.00 | X | | 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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) STEVEN BEER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (19) GARY R. BOIGON DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (20) MIA CAMPBELL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (21) ELAINE CLARK DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (22) CLAIRE G. PELLEGRINI CLOUD DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (23) AVERY CORMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (24) ALEXANDER D. DURST DIRECTOR (THRU MAR 2021) | 2.00 | X | | | | | | 0. | 0. | 0. |
| (25) GABRIELLE FIALKOFF DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (26) DEBRA FIFE DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,263,963. | 0. | 243,020. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,263,963. | 0. | 243,020. |

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 **10**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| LAUREN ROTH, 4805 MCKINNEY AVENUE, APT 501, DALLAS, TX 75205 | VENUE CONSULTING | 153,261. |
| CAREY & CO. 658 PECONIC AVENUE, WEST BABYLON, NY 11704 | FINANCE & ACCOUNTING SERVICES | 108,902. |
| A. BULFAMANTE LANDSCAPING 68 MARION DRIVE, NEW ROCHELLE, NY 10804 | LANDSCAPING SERVICES | 108,500. |
| | | |
| | | |

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 **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

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) JEAN-YVES FILLION DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (28) NATALIE GOMEZ-VELEZ DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (29) OLA HIXON DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (30) BILLIE JEAN KING DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (31) POLLY N. KLANE DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (32) BRENDAN O'ROURKE DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (33) JULIO PETERSON DIRECTOR (UNTIL DEC 2021) | 2.00 | X | | | | | 0. | 0. | 0. | |
| (34) ERIC PLANEY DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (35) WILFREDO ROSADO DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (36) ELIZABETH SARNOFF DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (37) ROBERT SAVITT DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (38) PETER SHAPIRO DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (39) SAMANTHA SICHEL DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (40) MITCHELL SILVER DIRECTOR (THRU JUNE 2021) | 2.00 | X | | | | | 0. | 0. | 0. | |
| (41) DR. DERECK SKEETE DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (42) ALEXANDER SLOANE DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (43) GERALD WALKER DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (44) JASON C. WARD DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (45) DEMETRIUS A. WARRICK DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| (46) HAROLD P. WEINBERGER DIRECTOR | 2.00 | X | | | | | 0. | 0. | 0. | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Pamela West and Jeffrey Wilks.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

Check 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 | 345,970. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 4,257,751. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 12,303,869. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 28,195. | | | | |
| | h Total. Add lines 1a-1f | | | 16,907,590. | | | |
| Program Service Revenue | 2 a ARTS & CULTURE | Business Code 711300 | 2,358,348. | 2,358,348. | | | |
| | b FISCAL SPONSORSHIP | 711300 | 454,655. | 454,655. | | | |
| | c EDUCATION PROGRAMS | 711300 | 27,000. | 27,000. | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 2,840,003. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 628,551. | | | 628,551. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 4,184,322. | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 3,389,189. | | | | |
| | c Gain or (loss) | 7c | 795,133. | | | | |
| d Net gain or (loss) | | | 795,133. | | 795,133. | | |
| 8 a Gross income from fundraising events (not including \$ 345,970. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 68,000. | | | | |
| | | b Less: direct expenses | 8b | 92,953. | | | |
| | | c Net income or (loss) from fundraising events | | | -24,953. | | -24,953. |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | b Less: direct expenses | 9b | | | | |
| | | c Net income or (loss) from gaming activities | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | b Less: cost of goods sold | 10b | | | | |
| | | 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 | | | 21,146,324. | 2,840,003. | 0. | 1398731. | |

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 ... | 3,540,474. | 3,540,474. | | |
| 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 | 692,822. | 277,129. | 346,411. | 69,282. |
| 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 | 4,901,142. | 3,841,641. | 502,533. | 556,968. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 128,721. | 101,318. | 15,323. | 12,080. |
| 9 Other employee benefits | 656,544. | 504,409. | 90,323. | 61,812. |
| 10 Payroll taxes | 600,559. | 439,319. | 104,348. | 56,892. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 13,255. | | 13,255. | |
| c Accounting | 50,100. | | 50,100. | |
| d Lobbying | 48,250. | 48,250. | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 54,774. | | 54,774. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 4,139,124. | 3,791,279. | 293,267. | 54,578. |
| 12 Advertising and promotion | 302,057. | 196,643. | 105,326. | 88. |
| 13 Office expenses | 59,763. | 35,176. | 23,272. | 1,315. |
| 14 Information technology | 167,299. | 54,799. | 107,522. | 4,978. |
| 15 Royalties | | | | |
| 16 Occupancy | 15,004. | 4,915. | 9,643. | 446. |
| 17 Travel | 38,949. | 30,668. | 1,060. | 7,221. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 26,178. | 19,645. | 6,324. | 209. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 4,743. | 4,743. | | |
| 23 Insurance | 97,771. | 66,056. | 31,715. | |
| 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 EQUIPMENT | 1,168,438. | 1,061,795. | 106,643. | |
| b SUPPLIES | 648,569. | 647,479. | 776. | 314. |
| c GRANT ADMIN FEES | 364,341. | 364,341. | | |
| d DUES AND OTHER EXPENSES | 59,121. | 19,363. | 37,999. | 1,759. |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 17,777,998. | 15,049,442. | 1,900,614. | 827,942. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 5,126,065. | 1 | 7,648,813. |
| | 2 Savings and temporary cash investments | 6,791,987. | 2 | 6,913,640. |
| | 3 Pledges and grants receivable, net | 1,994,058. | 3 | 2,459,967. |
| | 4 Accounts receivable, net | 7,329. | 4 | 34,302. |
| | 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 | 37,701. | 9 | 37,722. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 91,675. | | |
| | b Less: accumulated depreciation | 10b 91,675. | 4,743. | 10c 0. |
| | 11 Investments - publicly traded securities | 27,063,199. | 11 | 29,256,883. |
| | 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) | 41,025,082. | 16 | 46,351,327. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,716,944. | 17 | 1,585,108. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 224,500. | 19 | 1,462,287. |
| | 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 | 1,581,215. | 25 | 1,000,605. |
| | 26 Total liabilities. Add lines 17 through 25 | 3,522,659. | 26 | 4,048,000. |
| 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 | 12,134,042. | 27 | 14,398,180. |
| | 28 Net assets with donor restrictions | 25,368,381. | 28 | 27,905,147. |
| | 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 | 37,502,423. | 32 | 42,303,327. |
| | 33 Total liabilities and net assets/fund balances | 41,025,082. | 33 | 46,351,327. |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 21,146,324. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 17,777,998. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3,368,326. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 37,502,423. |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,824,068. |
| 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 | -391,490. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 42,303,327. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|---|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <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 on Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2c | 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? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| 3b | 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 | X | |

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2021

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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 15478429. | 12157351. | 17688551. | 11208772. | 16907590. | 73440693. |
| 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 | 3263470. | 3248209. | 3355807. | 3176230. | 3062931. | 16106647. |
| 4 Total. Add lines 1 through 3 | 18741899. | 15405560. | 21044358. | 14385002. | 19970521. | 89547340. |
| 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) | | | | | | 2612351. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 86934989. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 18741899. | 15405560. | 21044358. | 14385002. | 19970521. | 89547340. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 665,450. | 854,128. | 715,283. | 655,901. | 628,551. | 3519313. |
| 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 | | | | | | 93066653. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 19,472,538. |
| 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 2021 (line 6, column (f), divided by line 11, column (f)) | 14 | 93.41 % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | 93.25 % |
| 16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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"/> |

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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). | | |

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 - provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2021 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-2021 | (iii) Distributable Amount for 2021 |
|---|---|--|---|
| 1 | Distributable amount for 2021 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2021 | | |
| a | From 2016 | | |
| b | From 2017 | | |
| c | From 2018 | | |
| d | From 2019 | | |
| e | From 2020 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2021 distributable amount | | |
| i | Carryover from 2016 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2021 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2021 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2017 | | |
| b | Excess from 2018 | | |
| c | Excess from 2019 | | |
| d | Excess from 2020 | | |
| e | Excess from 2021 | | |

Schedule A (Form 990) 2021

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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 foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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), 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), 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).

| | |
|--|---|
| Name of organization CITY PARKS FOUNDATION, INC. | Employer identification number 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 |
|------------|-----------------------------------|----------------------------|---|
| <u>1</u> | <hr/> <hr/> <hr/> | \$ <u>1,740,793.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>2</u> | <hr/> <hr/> <hr/> | \$ <u>2,799,131.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>3</u> | <hr/> <hr/> <hr/> | \$ <u>1,180,921.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>4</u> | <hr/> <hr/> <hr/> | \$ <u>1,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>5</u> | <hr/> <hr/> <hr/> | \$ <u>750,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>6</u> | <hr/> <hr/> <hr/> | \$ <u>600,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization CITY PARKS FOUNDATION, INC. | Employer identification number 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 | <hr/> <hr/> <hr/> | \$ 537,825. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ 450,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization CITY PARKS FOUNDATION, INC. | Employer identification number 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 CITY PARKS FOUNDATION, INC. | Employer identification number 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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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) 2021

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) | 0. | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 48,250. | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 48,250. | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 16,847,032. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 16,895,282. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 994,764. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | 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. | | |
| 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) | 248,691. | | | | | | | | | | | | | |
| 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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| 2a Lobbying nontaxable amount | 1,000,000. | 1,000,000. | 826,588. | 994,764. | 3,821,352. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 5,732,028. |
| c Total lobbying expenditures | 48,300. | 48,050. | 48,000. | 48,250. | 192,600. |
| d Grassroots nontaxable amount | 250,000. | 250,000. | 206,647. | 248,691. | 955,338. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,433,007. |
| f Grassroots lobbying expenditures | 0. | 0. | 0. | 0. | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) expenditures, and carryover.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information.

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

2021

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?

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)?

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) 2021

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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 26,280,744. | 24,033,597. | 22,648,092. | 24,782,199. | 24,014,534. |
| b Contributions | | | | | 75,500. |
| c Net investment earnings, gains, and losses | 3,241,282. | 3,168,437. | 4,172,863. | -863,986. | 3,330,131. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 272,409. | 921,290. | 2,787,358. | 1,270,121. | 2,637,966. |
| f Administrative expenses | | | | | |
| g End of year balance | 29,249,617. | 26,280,744. | 24,033,597. | 22,648,092. | 24,782,199. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 43.2500 %
 - b Permanent endowment .3100 %
 - c Term endowment 56.4400 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 91,675. | 91,675. | 0. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 0. |

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.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) PAYCHECK PROTECTION PROGRAM LOAN | 1,000,605. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 1,000,605. |

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 ...

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 | 25,631,906. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| | a Net unrealized gains (losses) on investments | 2a | 1,824,068. | |
| | b Donated services and use of facilities | 2b | 3,080,629. | |
| | c Recoveries of prior year grants | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | | |
| | e Add lines 2a through 2d | 2e | 4,904,697. | |
| 3 | Subtract line 2e from line 1 | | 3 | 20,727,209. |
| 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 | 54,774. | |
| | b Other (Describe in Part XIII.) | 4b | 364,341. | |
| | c Add lines 4a and 4b | 4c | 419,115. | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 21,146,324. |

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 | 20,439,512. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| | a Donated services and use of facilities | 2a | 3,080,629. | |
| | b Prior year adjustments | 2b | | |
| | c Other losses | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | | |
| | e Add lines 2a through 2d | 2e | 3,080,629. | |
| 3 | Subtract line 2e from line 1 | | 3 | 17,358,883. |
| 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 | 54,774. | |
| | b Other (Describe in Part XIII.) | 4b | 364,341. | |
| | c Add lines 4a and 4b | 4c | 419,115. | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 17,777,998. |

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, 2018.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ADMIN FEES EXPENSE INCLUDED IN REVENUE ON AFS 364,341.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ADMIN FEES EXPENSE INCLUDED IN REVENUE ON AFS 364,341.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CITY PARKS FOUNDATION, INC.

Employer identification number
13-3561657

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|----|--|--|------------------------|--|
| | | TENNIS BENEFIT (event type) | FISCAL SPONSOR EVEN (event type) | NONE (total number) | |
| Revenue | 1 | Gross receipts | 313,505. | 100,465. | 413,970. |
| | 2 | Less: Contributions | 259,755. | 86,215. | 345,970. |
| | 3 | Gross income (line 1 minus line 2) | 53,750. | 14,250. | 68,000. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | 35,059. | 7,638. | 42,697. |
| | 8 | Entertainment | 36,898. | | 36,898. |
| | 9 | Other direct expenses | 5,427. | 7,931. | 13,358. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | 92,953. |
| | 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | -24,953. |

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 | | | | |
| | 2 | Cash prizes | | | | |
| Direct Expenses | 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.

**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

2021

**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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|---|--|--|---|
| ALLIANCE FOR FLUSHING MEADOWS CORONA PARK - 6 OLMSTED CENTER - FLUSHING, NY 11368 | 84-4422628 | 501(C)(3) | 50,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| BK ROT, INC. 1278 MYRTLE AVE BROOKLYN, NY 11221 | 47-3925112 | 501(C)(3) | 25,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| BROADWAY MALL ASSOCIATION 2095 BROADWAY, SUITE 403 NEW YORK, NY 10023 | 13-3419786 | 501(C)(3) | 25,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| BRONX LAND TRUST 972 SHERMAN AVE APT 2G BRONX, NY 10456 | 20-1039910 | 501(C)(3) | 10,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| BRONX RIVER ALLIANCE 1 BRONX RIVER PARKWAY BRONX, NY 10462 | 75-3001587 | 501(C)(3) | 50,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| BROOKLYN BRIDGE PARK CONSERVANCY 334 FURMAN STREET BROOKLYN, NY 11201 | 13-3277651 | 501(C)(3) | 25,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **65.**
- 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) 2021

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 noncash 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. 19 MORRIS AVENUE, BLDG 128 - NEWLAB BROOKLYN, NY 11231 | 20-3283721 | 501(C)(3) | 25,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| CAPITOL DISTRICT MANAGEMENT ASSOCIATION, INC. - 900 GRAND CONCOURSE, 161 BID - BRONX, NY 10451 | 27-0699754 | 501(C)(3) | 36,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| CATROCK VENTURES, INC. 2865 UNIVERSITY AVE., SUITE E3 BRONX, NY 10468 | 82-5316828 | 501(C)(3) | 30,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| CITY GROWERS 63 FLUSHING AVENUE, BUILDING 3, UNI BROOKLYN, NY 11205 | 45-2149344 | 501(C)(3) | 15,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| COLONIAL FARMHOUSE RESTORATION SOCIETY OF BELLEROSE, INC. - 73-50 LITTLE NECK PARKWAY - FLORAL PARK, NY 11427 | 11-2508369 | 501(C)(3) | 10,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| CONCRETE SAFARIS, INC. 158 EAST 115TH STREET, SUITE 144 NEW YORK, NY 10029 | 20-4976317 | 501(C)(3) | 50,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| CRENULATED COMPANY LTD. DBA NEW SETTLEMENT APARTMENTS - 1512 TOWNSEND AVENUE - BRONX, NY 10452 | 14-1719016 | 501(C)(3) | 50,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| DYCKMAN FARMHOUSE MUSEUM ALLIANCE 4881 BROADWAY, PO BOX 61 NEW YORK, NY 10034-3101 | 32-0035632 | 501(C)(3) | 25,000. | 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) | 50,000. | 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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| FRESHKILLS PARK 121 AVENUE OF THE AMERICAS NEW YORK, NY 10013 | 27-1718664 | 501(C)(3) | 25,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| FRIENDS OF ALICE AUSTEN, 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 HUDSON RIVER PARK, INC. C/O PIER 40, 2D FL., 353 WEST STREE NEW YORK, NY 10014 | 13-4112913 | 501(C)(3) | 20,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| FRIENDS OF MORNINGSIDE PARK, INC. PO BOX 250228 NEW YORK, NY 10025 | 13-3155238 | 501(C)(3) | 50,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| FRIENDS OF THE HIGH LINE 820 WASHINGTON STREET NEW YORK, NY 10014 | 31-1734086 | 501(C)(3) | 20,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| GOWANUS CANAL CONSERVANCY, INC. 248 3RD STREET BROOKLYN, NY 11215 | 26-0681729 | 501(C)(3) | 150,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| GREEN GUERILLAS, INC. 30 3RD AVE, ROOM 848 BROOKLYN, NY 11217 | 13-2903183 | 501(C)(3) | 50,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| GREENBELT CONSERVANCY 200 NEVADA AVENUE STATEN ISLAND, NY 10306 | 13-3481845 | 501(C)(3) | 25,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| HARLEM GROWN, INC. 127 W 127TH ST, ROOM 418 NEW YORK, NY 10027 | 27-4250636 | 501(C)(3) | 50,000. | 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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| HARLEM ONE STOP, INC. 502 WEST 142ND STREET, GROUND LEVEL NEW YORK, NY 10031 | 46-1714042 | 501(C)(3) | 10,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| HUDSON RIVER COMMUNITY SAILING PO BOX 20677 NEW YORK, NY 10011 | 26-1784215 | 501(C)(3) | 15,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| HUNTERS POINT PARKS CONSERVANCY 2-17 51ST AVE. #903 LONG ISLAND CITY, NY 11101 | 47-3613599 | 501(C)(3) | 10,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| JACKSON HEIGHTS BEAUTIFICATION GROUP - 34-20 78TH STREET APT.# 4E - JACKSON HEIGHTS, NY 11372 | 11-2925587 | 501(C)(3) | 10,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| LEWIS LATIMER HOUSE MUSEUM 3441 137 STREET FLUSHING, NY 11354 | 11-2983131 | 501(C)(3) | 20,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| MARINE PARK ALLIANCE CORP 3000 FILLMORE AVENUE BROOKLYN, NY 11234 | 46-3291341 | 501(C)(3) | 10,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| MORRIS-JUMEL MANSION 65 JUMEL TERRACE NEW YORK, NY 10032 | 13-2800646 | 501(C)(3) | 20,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| MYRTLE AVENUE BROOKLYN DMA, INC. 472 MYRTLE AVE, 2ND FLOOR BROOKLYN, NY 11205 | 20-2659913 | 501(C)(3) | 20,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| NATURAL AREAS CONSERVANCY, INC. 1234 FIFTH AVE, 2ND FLOOR NEW YORK, NY 10029 | 46-1791849 | 501(C)(3) | 175,000. | 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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| NEW YORK RESTORATION PROJECT 254 WEST 31ST STREET, 10TH FLOOR NEW YORK, NY 10001 | 13-3959056 | 501(C)(3) | 50,000. | 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) | 100,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| NEWTOWN CREEK ALLIANCE 520 KINGSLAND AVENUE, 3RD FLOOR BROOKLYN, NY 11222 | 26-1832918 | 501(C)(3) | 20,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| NYC H2O 410 E 6TH ST, 21F NEW YORK, NY 10009-6417 | 45-3860014 | 501(C)(3) | 50,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| OPEN SPACE ALLIANCE FOR NORTH BROOKLYN - 86 KENT AVENUE - BROOKLYN, NY 11249 | 01-0849087 | 501(C)(3) | 50,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| OUTSTANDING RENEWAL ENTERPRISES, INC. - P.O BOX 20488 - NEW YORK, NY 10009 | 13-3320984 | 501(C)(3) | 25,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| PARENT-CHILD RELATIONSHIP ASSOCIATION - 6724 8TH AVE - BROOKLYN, NY 11220 | 83-1900689 | 501(C)(3) | 10,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| PROSPECT PARK ALLIANCE, INC. 95 PROSPECT PARK WEST BROOKLYN, NY 11215 | 11-2843763 | 501(C)(3) | 25,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| QUEENS BOTANICAL GARDEN 43-50 MAIN STREET FLUSHING, NY 11355 | 11-1635083 | 501(C)(3) | 50,000. | 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 noncash 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) | 50,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| RANDALL'S ISLAND PARK ALLIANCE, INC. - 24 W 61ST ST, 4TH FLOOR - NEW YORK, NY 10023 | 13-3787630 | 501(C)(3) | 40,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| RIVERSIDE PARK CONSERVANCY 475 RIVERSIDE DRIVE, SUITE 455 NEW YORK, NY 10115 | 13-3443825 | 501(C)(3) | 25,000. | 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) | 50,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| SOUTH BRONX UNITE (C/O ALLIANCE FOR GLOBAL JUSTICE) - 225 EAST 26TH ST SUITE 1 - TUCSON, AZ 85713 | 52-2094677 | 501(C)(3) | 75,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| SOUTHERN QUEENS PARK ASSOCIATION 17701 BAISLEY BLVD JAMAICA NY, NY 11434 | 11-2432846 | 501(C)(3) | 50,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| SUNNYSIDE DISTRICT MANAGEMENT ASSOCIATION - 4556 43RD ST - SUNNYSIDE, NY 11104 | 26-1278224 | 501(C)(3) | 12,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| THE BRONX IS BLOOMING 1020 GRAND CONCOURSE #15C BRONX, NY 10451 | 46-3141885 | 501(C)(3) | 50,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| THE BROOKLYN QUEENS LAND TRUST 30 THIRD AVE #842-844 BROOKLYN, NY 11217 | 61-1441052 | 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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| THE CAMPAIGN AGAINST HUNGER, INC. 2010 FULTON STREET BROOKLYN, NY 11233 | 20-0934854 | 501(C)(3) | 25,000. | 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) | 35,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| THE FRIENDS OF GOVERNORS ISLAND 10 SOUTH STREET, SLIP 7 NEW YORK, NY 10004 | 45-4317911 | 501(C)(3) | 50,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| THE GREEN-WOOD HISTORIC FUND 500 25TH STREET, THE GREEN-WOOD CEM BROOKLYN, NY, NY 11232 | 11-3450678 | 501(C)(3) | 40,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| GUARDIANS OF FLUSHING BAY, INC. 782 NOSTRAND AVE, APT 2 BROOKLYN, NY 11216 | 81-2124765 | 501(C)(3) | 25,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| THE HOPE PROGRAM 1 SMITH STREET, 4TH FLOOR BROOKLYN, NY 11232 | 13-3268539 | 501(C)(3) | 25,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| THE HORTICULTURAL SOCIETY OF NEW YORK - 148 WEST 37TH STREET, 13TH FLOOR - NEW YORK, NY 10018 | 13-0854930 | 501(C)(3) | 25,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| THE MUNICIPAL ART SOCIETY OF NEW YORK - 488 MADISON AVE, SUITE 1900 - NEW YORK, NY 10022 | 13-5562288 | 501(C)(3) | 70,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| THE TRUST FOR PUBLIC LAND 632 BROADWAY #902 NEW YORK, NY 10012 | 23-7222333 | 501(C)(3) | 200,000. | 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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| UNITED COMMUNITY CENTERS, INC. 613 NEW LOTS AVENUE BROOKLYN, NY 11207 | 11-1950787 | 501(C)(3) | 50,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| VAN CORTLANDT PARK ALLIANCE 80 VAN CORTLANDT PARK, STE. 1, STE. BRONX, NY 10463 | 13-3843182 | 501(C)(3) | 50,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| WASHINGTON SQUARE PARK CONSERVANCY PO BOX 1624, COOPER STATION NEW YORK, NY 11222 | 46-1406128 | 501(C)(3) | 35,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| WATERFRONT ALLIANCE, INC. 256 W 36TH ST. 11TH FLOOR NEW YORK, NY 10018 | 13-4355067 | 501(C)(3) | 125,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| WYCKOFF HOUSE & ASSOCIATION, INC. 5816 CLARENDON ROAD BROOKLYN, NY 11203 | 11-2615053 | 501(C)(3) | 35,000. | 0. | | | MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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:

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

GRANTS AWARDED THROUGH THE NYC GREEN RELIEF & RECOVERY FUND (NYC GREEN FUND) 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, WHILE SPURRING POLICY-MAKERS TO

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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

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?

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

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

Only section 501(c)(3), 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

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

| | Yes | No |
|-----------|-----|-------------------------------------|
| 1b | | |
| 2 | | |
| 4a | | <input checked="" type="checkbox"/> |
| 4b | | <input checked="" type="checkbox"/> |
| 4c | | <input checked="" type="checkbox"/> |
| 5a | | <input checked="" type="checkbox"/> |
| 5b | | <input checked="" type="checkbox"/> |
| 6a | | <input checked="" type="checkbox"/> |
| 6b | | <input checked="" type="checkbox"/> |
| 7 | | <input checked="" type="checkbox"/> |
| 8 | | <input checked="" type="checkbox"/> |
| 9 | | |

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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) | 269,009. | 0. | 0. | 8,070. | 13,798. | 290,877. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) SIMON CHU CHIEF FINANCIAL OFFICER | (i) | 163,680. | 0. | 0. | 4,910. | 34,382. | 202,972. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) MICHAEL SILVERMAN DIRECTOR OF SPORTS | (i) | 162,951. | 0. | 0. | 4,889. | 34,718. | 202,558. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) ROSEMARY RAPOSO JORDA CHIEF MARKETING & DEV. OFFICER | (i) | 165,751. | 0. | 0. | 4,973. | 24,618. | 195,342. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) ERIKA ELLIOTT EXECUTIVE ARTISTIC DIRECTOR | (i) | 129,089. | 0. | 0. | 3,873. | 30,431. | 163,393. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) JOSY DUSSEK DIRECTOR OF ARTS OPERATIONS | (i) | 130,957. | 0. | 0. | 3,929. | 23,479. | 158,365. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) BRYANT BRADSHAW DIRECTOR OF DEVELOPMENT | (i) | 137,088. | 0. | 0. | 4,113. | 10,884. | 152,085. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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 | 2 | 10,496. | 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 | 17,699. | 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

| | Yes | No |
|---|-----|----|
| 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? | | X |
| 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? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| 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. | | |

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):

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

Horizontal lines for supplemental information input.

**SCHEDULE O
(Form 990)**

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

OMB No. 1545-0047

2021

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FAMILY-FRIENDLY PUPPET SHOWS AND WORKSHOPS OUTDOORS AROUND THE CITY,
FREE OF CHARGE.

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

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: \$1,625,268 INCLUDING GRANTS OF: \$84,055 REVENUE: \$0

EDUCATION PROGRAMS:

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

Schedule O (Form 990) 2021

132211 11-11-21

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

CITYPARKS LEARN PLAYS A CENTRAL ROLE IN ACTIVATING CPFS MISSION TO
 CREATE VIBRANT AND HEALTHY URBAN COMMUNITIES THROUGH DYNAMIC OUTDOOR
 PROGRAMMING FOR ALL NEW YORKERS. CPFS 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: \$911,514 INCLUDING GRANTS OF: \$0 REVENUE: \$27,000

SPORTS:

CITYPARKS PLAY HAS A CENTRAL ROLE IN ACTIVATING CPFS 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.

EXPENSES: \$1,132,932 INCLUDING GRANTS OF: \$0 REVENUE: \$0

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 NEWTON CREEK AND THE EAST RIVER.

EXPENSES: \$354,033 INCLUDING GRANTS OF: \$343,750 REVENUE: \$0

EXPENSES \$ 4,023,747. INCLUDING GRANTS OF \$ 427,805. REVENUE \$ 27,000.

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

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:

CPF HAS A CONFLICT OF INTEREST POLICY APPLICABLE TO DIRECTORS, OFFICERS AND KEY EMPLOYEES. WHEN A DIRECTOR, OFFICER, OR KEY EMPLOYEE OF THE ORGANIZATION 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.

EACH DIRECTOR AND OFFICER OF THE ORGANIZATION IS REQUIRED TO FURNISH A

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

CONFLICT DISCLOSURE STATEMENT TO THE SECRETARY OF THE ORGANIZATION 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:

CPF DETERMINES THE COMPENSATION OF ITS EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER BASED UPON COMPARISONS TO PUBLISHED RATES AT SIMILAR ORGANIZATIONS (EX. FORMS 990 OF OTHER ORGANIZATIONS). KEY BOARD MEMBERS HELP DETERMINE AND APPROVE THE APPROPRIATE PAY LEVELS, WHICH ARE THEN THEN SUBJECT TO THE BOARD'S APPROVAL. THE COMPENSATION SETTING PROCESS WAS LAST CONDUCTED IN 2021 AND WAS DOCUMENTED IN THE MINUTES OF THE GOVERNING BOARD MEETING.

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

CPF MAKES ITS PUBLIC DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ADDITIONALLY, THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON CPF'S WEBSITE.

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

FISCAL SPONSOR FEES:

| | |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES | 406,801. |
| MANAGEMENT AND GENERAL EXPENSES | 46,957. |
| FUNDRAISING EXPENSES | 7,448. |
| TOTAL EXPENSES | 461,206. |

CONSULTANTS:

| | |
|---------------------------------|------------|
| PROGRAM SERVICE EXPENSES | 2,176,064. |
| MANAGEMENT AND GENERAL EXPENSES | 193,398. |

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

| | |
|----------------------|---------|
| FUNDRAISING EXPENSES | 40,727. |
|----------------------|---------|

| | |
|----------------|------------|
| TOTAL EXPENSES | 2,410,189. |
|----------------|------------|

INTERNSHIP STIPENDS:

| | |
|--------------------------|--------|
| PROGRAM SERVICE EXPENSES | 6,928. |
|--------------------------|--------|

| | |
|---------------------------------|------|
| MANAGEMENT AND GENERAL EXPENSES | 800. |
|---------------------------------|------|

| | |
|----------------------|------|
| FUNDRAISING EXPENSES | 127. |
|----------------------|------|

| | |
|----------------|--------|
| TOTAL EXPENSES | 7,855. |
|----------------|--------|

LANDSCAPING SERVICES:

| | |
|--------------------------|----------|
| PROGRAM SERVICE EXPENSES | 105,106. |
|--------------------------|----------|

| | |
|---------------------------------|---------|
| MANAGEMENT AND GENERAL EXPENSES | 12,132. |
|---------------------------------|---------|

| | |
|----------------------|--------|
| FUNDRAISING EXPENSES | 1,924. |
|----------------------|--------|

| | |
|----------------|----------|
| TOTAL EXPENSES | 119,162. |
|----------------|----------|

SECURITY SERVICES:

| | |
|--------------------------|----------|
| PROGRAM SERVICE EXPENSES | 192,881. |
|--------------------------|----------|

| | |
|---------------------------------|---------|
| MANAGEMENT AND GENERAL EXPENSES | 22,264. |
|---------------------------------|---------|

| | |
|----------------------|--------|
| FUNDRAISING EXPENSES | 3,532. |
|----------------------|--------|

| | |
|----------------|----------|
| TOTAL EXPENSES | 218,677. |
|----------------|----------|

ARTIST FEES:

| | |
|--------------------------|----------|
| PROGRAM SERVICE EXPENSES | 894,470. |
|--------------------------|----------|

| | |
|---------------------------------|----|
| MANAGEMENT AND GENERAL EXPENSES | 0. |
|---------------------------------|----|

| | |
|----------------------|----|
| FUNDRAISING EXPENSES | 0. |
|----------------------|----|

| | |
|----------------|----------|
| TOTAL EXPENSES | 894,470. |
|----------------|----------|

PAYROLL PROCESSING FEES:

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

| | |
|--|------------|
| PROGRAM SERVICE EXPENSES | 9,029. |
| MANAGEMENT AND GENERAL EXPENSES | 17,716. |
| FUNDRAISING EXPENSES | 820. |
| TOTAL EXPENSES | 27,565. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 4,139,124. |

| | |
|--|-----------|
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| NET ASSETS TRANSFER PURSUANT TO FISCAL SPONSORSHIP | -391,490. |

FORM 990, PART XII, LINE 2C:
 CPF HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE AUDIT OF ITS
 FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE
 PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|--|---|---|
| Type or print | Name of exempt organization or other filer, see instructions. CITY PARKS FOUNDATION, INC. | Taxpayer identification number (TIN) 13-3561657 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 830 FIFTH AVENUE | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10065 | |

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

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

SIMON CHU

- The books are in the care of ▶ **830 FIFTH AVENUE - NEW YORK, NY 10065**

Telephone No. ▶ 212-360-8147 Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2021 or
- ▶ tax year beginning _____, and ending _____.

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

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

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