

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 04-58-92
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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.

2022
 Open to Public Inspection

A For the **2022** 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	
	830 FIFTH AVENUE		G Gross receipts \$ 36,810,232.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10065		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: HEATHER LUBOV SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		If "No," attach a list. See instructions	
J Website: WWW.CITYPARKSFOUNDATION.ORG		H(c) Group exemption number	
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 2022 (Part V, line 2a)	5	494
	6 Total number of volunteers (estimate if necessary)	6	29178
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	12,500.
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)	16,907,590.	17,752,643.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,840,003.	5,886,832.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,423,684.	207,159.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-24,953.	-288,889.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,146,324.	23,557,745.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,540,474.	2,370,363.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	6,979,788.	9,443,799.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	903,600.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,257,736.	11,716,184.
19 Revenue less expenses. Subtract line 18 from line 12	17,777,998.	23,530,346.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	3,368,326.	27,399.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	46,351,327.	38,165,759.
		4,048,000.	2,746,154.
		42,303,327.	35,419,605.

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	10/31/23		P00543254
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	PKF O'CONNOR DAVIES ADVISORY, LLC	87-3231666		212-286-2600	
	Firm's address				
	245 PARK AVENUE, 12TH FLOOR				
	NEW YORK, NY 10167				

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 \$ 9,226,526. including grants of \$ 0.) (Revenue \$ 5,199,686.)

ARTS & CULTURE:

CITYPARKS SHOWS PLAYS A CENTRAL ROLE IN ACTIVATING THE ORGANIZATION'S MISSION TO CREATE VIBRANT AND HEALTHY URBAN COMMUNITIES THROUGH DYNAMIC PROGRAMMING IN PARKS FOR ALL NEW YORKERS. CITYPARKS SHOWS BRINGS HUNDREDS OF LIVE MUSIC, DANCE AND THEATER PERFORMANCES TO COMMUNITIES THROUGHOUT NEW YORK CITY'S FIVE BOROUGHES. THE SUMMERSTAGE FESTIVAL TYPICALLY PRESENTS OVER 200 ARTISTS 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

4b (Code:) (Expenses \$ 3,965,603. including grants of \$ 2,000.) (Revenue \$ 304,870.)

FISCAL SPONSORSHIPS:

AS FISCAL SPONSOR FOR A NUMBER OF NEW YORK CITY PARK GROUPS AND DEPARTMENT OF PARKS & RECREATION (DPR) PROGRAMS, CPF HELPS IMPROVE THE APPEARANCE AND USE OF PARKS THROUGH DIRECT PHYSICAL ENHANCEMENTS, ENCOURAGEMENT OF NEIGHBORHOOD VOLUNTEERS, AND INNOVATIONS IN DPR OPERATIONS.

4c (Code:) (Expenses \$ 2,533,451. including grants of \$ 2,265,925.) (Revenue \$ 0.)

NYC GREEN RELIEF AND RECOVERY FUND:

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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,709,183. including grants of \$ 102,438.) (Revenue \$ 382,276.)

4e Total program service expenses 20,434,763.

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?		

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

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

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 38		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe 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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
SIMON CHU - 212-360-8147
830 FIFTH AVENUE, NEW YORK, NY 10065

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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, box 6 of 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			271,266.	0.	22,993.	
(2) MICHAEL SILVERMAN DIRECTOR OF SPORTS	40.00				X		169,337.	0.	43,935.	
(3) SIMON CHU CHIEF FINANCIAL OFFICER	40.00			X			169,009.	0.	43,391.	
(4) ROSEMARY RAPOSO JORDA CHIEF MARKETING & DEV. OFF	40.00			X			175,549.	0.	33,101.	
(5) ERICA NEWMAN CHIEF OPERATING OFFICER EFF. 7/2021	40.00			X			188,579.	0.	8,146.	
(6) ERIKA ELLIOTT EXECUTIVE ARTISTIC DIRECTOR	40.00				X		137,245.	0.	40,564.	
(7) JOSY DUSSEK DIRECTOR OF ARTS OPERATION	40.00				X		138,249.	0.	30,495.	
(8) CHRISTINE WORD DIRECTOR OF EDUCATION	40.00				X		119,785.	0.	40,178.	
(9) BRYANT BRADSHAW DIRECTOR OF DEVELOPMENT	40.00				X		142,511.	0.	14,343.	
(10) DAVID BARSE CHAIR	5.00	X		X			0.	0.	0.	
(11) DAVID MOORE EXECUTIVE CHAIR	5.00	X		X			0.	0.	0.	
(12) JEAN TROUBH EXECUTIVE CHAIR	5.00	X		X			0.	0.	0.	
(13) JOHN TROUBH EXECUTIVE CHAIR	5.00	X		X			0.	0.	0.	
(14) SUSAN K. FREEDMAN VICE CHAIR	5.00	X		X			0.	0.	0.	
(15) ROBERT SAVITT VICE CHAIR	5.00	X		X			0.	0.	0.	
(16) LEE SCHALOP TREASURER	5.00	X		X			0.	0.	0.	
(17) LARY 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) DAVID PINTER DIRECTOR	2.00	X						0.	0.	0.
(19) GAIL GORDON DIRECTOR	2.00	X						0.	0.	0.
(20) STEVEN BEER DIRECTOR	2.00	X						0.	0.	0.
(21) GARY R. BOIGON DIRECTOR	2.00	X						0.	0.	0.
(22) SUZANNE BRUME DIRECTOR	2.00	X						0.	0.	0.
(23) MIA CAMPBELL DIRECTOR	2.00	X						0.	0.	0.
(24) ELAINE CLARK DIRECTOR	2.00	X						0.	0.	0.
(25) CLAIRE G. PELLEGRINI CLOUD DIRECTOR	2.00	X						0.	0.	0.
(26) AVERY CORMAN DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								1,511,530.	0.	277,146.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,511,530.	0.	277,146.

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 12

	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>		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>	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>		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
CSS SECURITY, INC., 212 PETTIT AVENUE, SUITE L, BELLMORE, NY 11710	SECURITY SERVICES	729,904.
BEDFORD LANDSCAPE CONTRACTORS LLC, 68 JAY STREET, SUITE 201, BROOKLYN, NY 11201	LANDSCAPING SERVICES	338,618.
UNIVERSAL STEEL FABRICATORS 90 JUNIUS STREET, BROOKLYN, NY 11212	TREE GUARD FABRICATION SERVICES	307,557.
HEINI LLC 348 GATES AVENUE, BROOKLYN, NY 11216	BUILDING CONSULTING SERVICES	284,082.
CJP GARDENING INC. 7527 164TH STREET, FLUSHING, NY 11366	LANDSCAPING SERVICES	177,058.

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 13

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) DEBRA FIFE DIRECTOR	2.00	X					0.	0.	0.	
(28) JEAN-YVES FILLION DIRECTOR	2.00	X					0.	0.	0.	
(29) NATALIE GOMEZ-VELEZ DIRECTOR (THRU NOV 2022)	2.00	X					0.	0.	0.	
(30) OLA HIXON DIRECTOR	2.00	X					0.	0.	0.	
(31) BILLIE JEAN KING DIRECTOR	2.00	X					0.	0.	0.	
(32) JOE KILLIAN DIRECTOR	2.00	X					0.	0.	0.	
(33) POLLY N. KLANE DIRECTOR (THRU JUNE 2022)	2.00	X					0.	0.	0.	
(34) ROLAND S. MERCHANT, JR. DIRECTOR	2.00	X					0.	0.	0.	
(35) BRENDAN O'ROURKE DIRECTOR	2.00	X					0.	0.	0.	
(36) ERIC PLANEY DIRECTOR	2.00	X					0.	0.	0.	
(37) ANDY RAMAMOORTHY DIRECTOR	2.00	X					0.	0.	0.	
(38) WILFREDO ROSADO DIRECTOR (THRU MAR 2022)	2.00	X					0.	0.	0.	
(39) ELIZABETH SARNOFF DIRECTOR	2.00	X					0.	0.	0.	
(40) PETER SHAPIRO DIRECTOR	2.00	X					0.	0.	0.	
(41) SAMANTHA SICHEL DIRECTOR	2.00	X					0.	0.	0.	
(42) DR. DERECK SKEETE DIRECTOR	2.00	X					0.	0.	0.	
(43) ALEXANDER SLOANE DIRECTOR	2.00	X					0.	0.	0.	
(44) GERALD WALKER DIRECTOR	2.00	X					0.	0.	0.	
(45) JASON WARD DIRECTOR	2.00	X					0.	0.	0.	
(46) DEMETRIUS A. WARRICK DIRECTOR (THRU MAR 2022)	2.00	X					0.	0.	0.	
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	1,610,388.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	4,173,654.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	11,968,601.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 63,474.				
	h	Total. Add lines 1a-1f		17,752,643.				
	Program Service Revenue				Business Code			
2 a		ARTS & CULTURE		711300	5,199,686.	5,199,686.		
b		EDUCATION PROGRAMS		711300	382,276.	382,276.		
c		FISCAL SPONSORSHIPS		711300	304,870.	304,870.		
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			5,886,832.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			572,653.		572,653.	
	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				
				(ii) Other				
					12,374,354.			
	b	Less: cost or other basis and sales expenses	7b	12,739,848.				
	c	Gain or (loss)	7c	-365,494.				
d	Net gain or (loss)			-365,494.		-365,494.		
8 a	Gross income from fundraising events (not including \$ 1,610,388. of contributions reported on line 1c). See Part IV, line 18	8a		211,250.				
			b	Less: direct expenses	8b	512,639.		
			c	Net income or (loss) from fundraising events		-301,389.		-301,389.
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				Business Code				
	11 a	SPONSORSHIP REVENUE		900099	12,500.	12,500.		
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d			12,500.				
12	Total revenue. See instructions			23,557,745.	5,886,832.	12,500.	-94,230.	

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 ...	2,370,363.	2,370,363.		
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	912,034.	363,314.	499,622.	49,098.
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	6,711,610.	5,756,122.	368,639.	586,849.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	232,943.	188,487.	24,650.	19,806.
9 Other employee benefits	707,294.	582,772.	60,926.	63,596.
10 Payroll taxes	879,918.	680,338.	126,930.	72,650.
11 Fees for services (nonemployees):				
a Management				
b Legal	63,191.		63,191.	
c Accounting	64,760.		64,760.	
d Lobbying	49,152.	49,152.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	52,563.		52,563.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,457,495.	6,142,193.	245,071.	70,231.
12 Advertising and promotion	538,685.	158,409.	379,772.	504.
13 Office expenses	85,728.	39,271.	43,922.	2,535.
14 Information technology	182,935.	45,127.	129,483.	8,325.
15 Royalties				
16 Occupancy	13,995.	3,452.	9,906.	637.
17 Travel	91,797.	60,182.	4,839.	26,776.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	91,383.	61,864.	29,519.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	115,017.	75,019.	39,998.	
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	2,623,588.	2,614,370.	9,218.	
b SUPPLIES	934,517.	927,987.	6,056.	474.
c GRANT ADMIN FEES	304,870.	304,870.		
d DUES AND OTHER EXPENSES	46,508.	11,471.	32,918.	2,119.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	23,530,346.	20,434,763.	2,191,983.	903,600.
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 <input type="checkbox"/> 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	7,648,813.	1	6,447,011.
	2 Savings and temporary cash investments	6,913,640.	2	6,151,589.
	3 Pledges and grants receivable, net	2,459,967.	3	2,502,512.
	4 Accounts receivable, net	29,096.	4	320,788.
	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	42,928.	9	41,263.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 86,931.		
	b Less: accumulated depreciation	10b 86,931.	10c 0.	0.
	11 Investments - publicly traded securities	29,256,883.	11	22,702,596.
	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	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	46,351,327.	16	38,165,759.	
Liabilities	17 Accounts payable and accrued expenses	1,585,108.	17	2,093,354.
	18 Grants payable		18	
	19 Deferred revenue	1,462,287.	19	652,800.
	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	1,000,605.	25	0.
	26 Total liabilities. Add lines 17 through 25	4,048,000.	26	2,746,154.
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	14,398,180.	27	10,383,742.
	28 Net assets with donor restrictions	27,905,147.	28	25,035,863.
	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	42,303,327.	32	35,419,605.
	33 Total liabilities and net assets/fund balances	46,351,327.	33	38,165,759.

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	23,557,745.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,530,346.
3	Revenue less expenses. Subtract line 2 from line 1	3	27,399.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42,303,327.
5	Net unrealized gains (losses) on investments	5	-4,887,279.
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	-2,023,842.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	35,419,605.

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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 (2022)

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12157351.	17688551.	11208772.	16907590.	17752643.	75714907.
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	3248209.	3355807.	3176230.	3062931.	3053708.	15896885.
4 Total. Add lines 1 through 3	15405560.	21044358.	14385002.	19970521.	20806351.	91611792.
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)						4326786.
6 Public support. Subtract line 5 from line 4.						87285006.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	15405560.	21044358.	14385002.	19970521.	20806351.	91611792.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	854,128.	715,283.	655,901.	628,551.	572,653.	3426516.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					12,500.	12,500.
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						95050808.
12 Gross receipts from related activities, etc. (see instructions)					12	19,783,954.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	91.83 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	93.41 %
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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

2022

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>2,234,654.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,443,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,020,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>680,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <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
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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
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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

2022

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
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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) 2022

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)	49,152.													
c	Total lobbying expenditures (add lines 1a and 1b)	49,152.													
d	Other exempt purpose expenditures	22,525,031.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	22,574,183.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<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)	250,000.													
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1,000,000.	826,588.	994,764.	1,000,000.	3,821,352.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,732,028.
c Total lobbying expenditures	48,050.	48,000.	48,250.	49,152.	193,452.
d Grassroots nontaxable amount	250,000.	206,647.	248,691.	250,000.	955,338.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,433,007.
f Grassroots lobbying expenditures					

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)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

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.

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

2022

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 July 25, 2006, 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) 2022

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	29,249,617.	26,280,744.	24,033,597.	22,648,092.	24,782,199.
b Contributions					
c Net investment earnings, gains, and losses	-4,724,509.	3,241,282.	3,168,437.	4,172,863.	-863,986.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,604,968.	272,409.	921,290.	2,787,358.	1,270,121.
f Administrative expenses					
g End of year balance	21,920,140.	29,249,617.	26,280,744.	24,033,597.	22,648,092.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 46.7200 %
 - b Permanent endowment .4100 %
 - c Term endowment 52.8700 %
- 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		86,931.	86,931.	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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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	21,366,741.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-4,887,279.	
	b Donated services and use of facilities	2b	3,053,708.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	-1,833,571.	
3	Subtract line 2e from line 1		3	23,200,312.
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	52,563.	
	b Other (Describe in Part XIII.)	4b	304,870.	
	c Add lines 4a and 4b	4c	357,433.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	23,557,745.

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	28,250,463.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	3,053,708.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	2,023,842.	
	e Add lines 2a through 2d	2e	5,077,550.	
3	Subtract line 2e from line 1		3	23,172,913.
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	52,563.	
	b Other (Describe in Part XIII.)	4b	304,870.	
	c Add lines 4a and 4b	4c	357,433.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	23,530,346.

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 ARE 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, 2019.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FISCAL SERVICE EXPENSE NET WITH REVENUE ON FINANCIAL STATEMENTS 304,870.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

TRANSFER OF FISCAL SPONSOR FUNDS TO NYC DPR FIDUCIARY ACCOUNTS 2,023,842.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FISCAL SERVICE EXPENSE NET WITH REVENUE ON FINANCIAL STATEMENTS 304,870.

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))	
		GALA	TENNIS BENEFIT	2		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	1,272,576.	427,907.	121,155.	1,821,638.
	2	Less: Contributions	1,130,076.	369,157.	111,155.	1,610,388.
	3	Gross income (line 1 minus line 2)	142,500.	58,750.	10,000.	211,250.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	131,401.			131,401.
	7	Food and beverages	147,850.	42,641.	3,025.	193,516.
	8	Entertainment	132,876.	41,262.	1,400.	175,538.
	9	Other direct expenses	7,436.	4,469.	279.	12,184.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				512,639.
11	Net income summary. Subtract line 10 from line 3, column (d)				-301,389.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**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

2022

**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
GOWANUS CANAL CONSERVANCY 248 THIRD STREET BROOKLYN, NY 11215	26-0681729	501(C)(3)	185,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
OPEN SPACE ALLIANCE FOR NORTH BROOKLYN INC. - 79 N 11TH STREET - BROOKLYN, NY 11249	01-0849087	501(C)(3)	96,900.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
BROOKLYN GREENWAY INITIATIVE 19 MORRIS AVENUE, BLDG 128 BROOKLYN, NY 11205	20-3283721	501(C)(3)	95,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
NATURAL AREAS CONSERVANCY 1234 FIFTH AVENUE NEW YORK, NY 10029	46-1791849	501(C)(3)	78,000.	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)	75,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
SOUTH BRONX UNITE 335 E 140TH STREET BRONX, NY 10454	26-4064041	501(C)(3)	50,000.	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 **69.**

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

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Schedule I (Form 990) 2022

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
FRIENDS OF THE HIGH LINE, INC 820 WASHINGTON STREET NEW YORK, NY 10014	31-1734086	501(C)(3)	50,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
THE BRONX IS BLOOMING 1020 GRAND CONCOURSE, #15C BRONX, NY 10451	46-3141885	501(C)(3)	40,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FORT GREENE PARK CONSERVANCY 85 SOUTH OXFORD STREET BROOKLYN, NY 11217	11-3637773	501(C)(3)	40,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
VAN CORTLANDT PARK ALLIANCE 80 VAN CORTLANDT PARK SOUTH, STE E1 BRONX, NY 10463	13-3843182	501(C)(3)	40,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
GREEN GUERILLAS 30 3RD AVENUE, ROOM 848 BROOKLYN, NY 11217	13-2903183	501(C)(3)	40,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
NEW YORK CITY H20 INC. 410 E 6TH STREET, 21F NEW YORK, NY 10009	45-3860014	501(C)(3)	40,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
QUEENS BOTANICAL GARDEN SOCIETY, INC. - 4350 MAIN STREET - FLUSHING, NY 11355	11-1635083	501(C)(3)	40,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
THE BROOKLYN QUEENS LAND TRUST 30 3RD AVENUE, ROOM 842 BROOKLYN, NY 11217	61-1441052	501(C)(3)	40,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
UNITED COMMUNITY CENTERS 613 NEW LOTS AVENUE BROOKLYN, NY 11207	11-1950787	501(C)(3)	40,000.	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
IN OUR BACKYARDS, INC. DBA IOBY 275 PARK AVENUE, SUITE A BROOKLYN, NY 11205	26-3283639	501(C)(3)	40,000.	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)	40,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
THE BRONX RIVER ALLIANCE 1 BRONX RIVER PARKWAY BRONX, NY 10462	75-3001587	501(C)(3)	35,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FOREST PARK TRUST OAK RIDGE ONE FOREST PARK WOODHAVEN, NY 11211	31-1558645	501(C)(3)	35,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
RANDALL'S ISLAND PARK ALLIANCE 24 WEST 61ST STREET, 4TH FL. NEW YORK, NY 10023	13-3787630	501(C)(3)	35,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
SNUG HARBOR 1000 RICHMOND TERRACE, BUILDING P STATEN ISLAND, NY 10301	80-0193388	501(C)(3)	35,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
WASHINGTON SQUARE PARK CONSERVANCY PO BOX 1624, COOPER STATION NEW YORK, NY 10276	46-1406128	501(C)(3)	35,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
WE STAY/NOS QUEDAMOS, INC. 754 MELROSE AVENUE BRONX, NY 10451	13-3724388	501(C)(3)	35,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
WYCKOFF HOUSE AND ASSOCIATION 5816 CLARENDON ROAD BROOKLYN, NY 11203	11-2615053	501(C)(3)	35,000.	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 GROWN INC 127 W 127TH STREET, ROOM 418 NEW YORK, NY 10027	27-4250636	501(C)(3)	35,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
CATROCK VENTURES, INC. 2865 UNIVERSITY AVENUE, E3 BRONX, NY 10468	82-5316828	501(C)(3)	30,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
THE GUARDIANS OF FLUSHING BAY, INC. - 3960 54 STREET, APT 3R - WOODSIDE, NY 11377	81-2124765	501(C)(3)	30,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
NEW YORK RESTORATION PROJECT 254 WEST 31ST STREET, 10TH FLOOR NEW YORK, NY 10001	13-3959056	501(C)(3)	30,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
QUEENS ECONOMIC DEVELOPMENT CORPORATION - 120-55 QUEENS BLVD., SUITE 309 - KEW GARDENS, NY 11424	11-2436149	501(C)(3)	30,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
SOCRATES SCULPTURE PARK 32-01 VERNON BLVD, PO BOX 6259 LONG ISLAND CITY, NY 11106	11-3066597	501(C)(3)	30,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
THE HOPE PROGRAM 1 SMITH STREET, 4TH FLOOR BROOKLYN, NY 11215	13-3268539	501(C)(3)	30,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
THE CAMPAIGN AGAINST HUNGER 2010 FULTON STREET BROOKLYN, NY 11233	20-0934854	501(C)(3)	25,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
BROADWAY MALL ASSOCIATION INC. 2095 BROADWAY, SUITE 403 NEW YORK, NY 10023	13-3419786	501(C)(3)	25,000.	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
DYCKMAN FARMHOUSE MUSEUM ALLIANCE 4881 BROADWAY, PO BOX 61 NEW YORK, NY 10034	32-0035632	501(C)(3)	25,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FUND FOR THE CITY OF NEW YORK FUND FOR THE CITY OF NEW YORK, 121 NEW YORK, NY 10013	13-2612524	501(C)(3)	25,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
JACKIE ROBINSON PARK CONSERVANCY, INC. - PO BOX 352 - NEW YPRK, NY 10039	13-4161600	501(C)(3)	25,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
NEWTOWN CREEK ALLIANCE 520 KINGSLAND AVENUE 3RD FLOOR BROOKLYN, NY 11222	26-1832918	501(C)(3)	25,000.	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
CHRISTODORA 1 EAST 53RD STREET, 14TH FLOOR NEW YORK, NY 10022	13-5562192	501(C)(3)	25,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
NEW SETTLEMENT 1512 TOWNSEND AVENUE BRONX, NY 10452	14-1719016	501(C)(3)	25,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
STATEN ISLAND URBAN CENTER 208 BAY STREET, 2ND FLOOR STATEN ISLAND, NY 10301	37-1833463	501(C)(3)	23,900.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
OPEN SPACE INSTITUTE INC 924 KELLY ST, BSMT A BRONX, NY 10459	52-1053406	501(C)(3)	21,600.	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
HUDSON RIVER COMMUNITY SAILING PO BOX 20677 NEW YORK, NY 10011	26-1784215	501(C)(3)	20,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
KINGSBRIDGE HEIGHTS COMMUNITY CENTER, INC. - 3101 KINGSBRIDGE TERRACE - BRONX, NY 10463	13-2813809	501(C)(3)	20,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
LEWIS H LATIMER FUND INC. 3441 137 STREET FLUSHING, NY 11354	11-2983131	501(C)(3)	20,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
PARENT CHILD RELATIONSHIP 909 58TH STREET BROOKLYN, NY 11219	83-1900689	501(C)(3)	20,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
PROSPECT PARK ALLIANCE, INC 95 PROSPECT PARK WEST BROOKLYN, NY 11215	11-2843763	501(C)(3)	20,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
ROCKAWAY DEVELOPMENT & REVITALIZATION CORPORATION - 1920 MOTT AVENUE - FAR ROCKAWAY, NY 11691	11-2575794	501(C)(3)	20,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
GOVERNORS ISLAND ALLIANCE, INC. DBA THE FRIENDS OF GOVERNORS - 10 SOUTH STREET, SLIP 7 - NEW YORK, NY 10004	45-4317911	501(C)(3)	20,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
MORRIS JUMEL COMMUNITY GARDEN 65 JUMEL TERRACE NEW YORK, NY 10032	13-2800646	501(C)(3)	20,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
EAST NEW YORK RESTORATION LDC 1159 ELTON STREET BROOKLYN, NY 11239	46-1763706	501(C)(3)	20,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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
FRIENDS OF ALICE AUSTEN HOUSE 2 HYLAN BLVD STATEN ISLAND, NY 10305	13-3248928	501(C)(3)	15,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FRIENDS OF BROWNSVILLE PARKS 365 POWELL STREET, 8G BROOKLYN, NY 11212	83-2723282	501(C)(3)	15,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
HUNTERS POINT PARKS CONSERVANCY 217 51ST AVE, APT 903 LONG ISLAND CITY, NY 11101	47-3613599	501(C)(3)	15,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
SUCCESS GARDEN COMMUNITY GROUP 461 WILLIAMS AVE EAST NEW YORK, BROOKLYN, NY 11207	84-2134027	501(C)(3)	15,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
161ST STREET BID 900 GRAND CONCOURSE BRONX, NY 10451	27-0699754	501(C)(3)	15,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FRIENDS OF 4 PARKS ALLIANCE INC. 1020 GRAND CONCOURSE, #22-U BRONX, NY 10451	81-4659737	501(C)(3)	14,400.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
LAGUARDIA COMMUNITY COLLEGE FOUNDATION - 31-10 THOMSON AVENUE, ROOM E-511 - LONG ISLAND CITY, NY 11101	11-3623769	501(C)(3)	13,340.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
NOT JUST HOOPS INC. 1057 HERKIMER STREET BROOKLYN, NY 11233	90-0607202	501(C)(3)	12,500.	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
ART IN THE PARK 111 EAST 128TH STREET, UNIT 8Q NEW YORK, NY 10035	37-1909885	501(C)(3)	10,825.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
CANVAS INSTITUTE 150 VICTORY STREET STATEN ISLAND, NY 10301	82-4902021	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FRIENDS OF ART PARK ALLIANCE 1 SYLVAN COURT NEW YORK, NY 10035	85-9788912	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
THE JAPANESE FOLK DANCE INSTITUTE OF NY INC - 568 GRAND STREET, APT. J1206 - NEW YORK, NY 10002	13-3749624	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
UNIVERSAL TEMPLE OF THE ARTS INC 425 JERSEY STREET STATEN ISLAND, NY 10301	13-3335286	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
YOUTH MINISTRIES FOR PEACE AND JUSTICE - 1384 STRATFORD AVE - BRONX, NY 10472	13-4006535	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
HAMILTON GRANGE NEIGHBORHOOD ASSOCIATION - 302 CONVENT AVENUE, #23 - NEW YORK, NY 10031	82-5009377	501(C)(3)	7,500.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
MARINE PARK ALLIANCE CORP. 3000 FILLMORE AVENUE BROOKLYN, NY 11234	46-3291341	501(C)(3)	7,500.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
SEWARD PARK CONSERVANCY P.O. BOX 840 NEW YORK, NY 10002	47-1382281	501(C)(3)	6,500.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES

Schedule I (Form 990)

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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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)	271,266.	0.	0.	7,553.	15,440.	294,259.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL SILVERMAN DIRECTOR OF SPORTS	(i)	169,337.	0.	0.	4,918.	39,017.	213,272.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SIMON CHU CHIEF FINANCIAL OFFICER	(i)	169,009.	0.	0.	4,710.	38,681.	212,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROSEMARY RAPOSO JORDA CHIEF MARKETING & DEV. OFF	(i)	175,549.	0.	0.	4,993.	28,108.	208,650.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ERICA NEWMAN CHIEF OPERATING OFFICER EFF. 7/2021	(i)	188,579.	0.	0.	5,500.	2,646.	196,725.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ERIKA ELLIOTT EXECUTIVE ARTISTIC DIRECTOR	(i)	137,245.	0.	0.	3,683.	36,881.	177,809.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOSY DUSSEK DIRECTOR OF ARTS OPERATION	(i)	138,249.	0.	0.	4,017.	26,478.	168,744.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CHRISTINE WORD DIRECTOR OF EDUCATION	(i)	119,785.	0.	0.	3,357.	36,821.	159,963.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) BRYANT BRADSHAW DIRECTOR OF DEVELOPMENT	(i)	142,511.	0.	0.	3,495.	10,848.	156,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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	39,493.	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 (<u>COMPUTER EQUIP</u>)	X	1	23,981.	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**

	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 3 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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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).

Multiple horizontal lines for supplemental information.

**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

2022

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:

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

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

PARTNERSHIPS FOR PARKS:

PARTNERSHIPS FOR PARKS (PFP), A JOINT PROGRAM WITH THE NYC DEPARTMENT
OF PARKS AND RECREATION, 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 \$ 2,035,869. INCLUDING GRANTS OF \$ 88,938. REVENUE \$ 0.

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

Schedule O (Form 990) 2022

232211 10-28-22

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

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 \$ 1,165,999. INCLUDING GRANTS OF \$ 0. REVENUE \$ 382,276.

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 \$ 1,476,692. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ENVIRONMENTAL BENEFIT PROJECTS:

AS THE ADMINISTRATOR OF MITIGATION FUNDS FROM THE NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION, 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.

Name of the organization CITY PARKS FOUNDATION, INC.	Employer identification number 13-3561657
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EXPENSES \$ 30,623. INCLUDING GRANTS OF \$ 13,500. REVENUE \$ 0.

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

JEAN TROUBH AND JOHN TROUBH HAVE A FAMILY RELATIONSHIP.

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

THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM. IT IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND EXECUTIVE DIRECTOR, AND A COMPLETE COPY IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING. ANY COMMENTS, CHANGES OR RECOMMENDATIONS BY BOARD MEMBERS ARE ADDRESSED PRIOR TO FILING.

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.

Name of the organization CITY PARKS FOUNDATION, INC.	Employer identification number 13-3561657
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EACH DIRECTOR AND OFFICER OF THE ORGANIZATION IS REQUIRED TO FURNISH A 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:

THE COMPENSATION OF THE EXECUTIVE DIRECTOR, CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER, AND CHIEF MARKETING & DEVELOPMENT OFFICER ARE DETERMINED USING COMPARABLE DATA OF COMPENSATION PAID AT SIMILAR ORGANIZATIONS, SUCH AS FORMS 990 OF OTHER ORGANIZATIONS. THE EXECUTIVE COMMITTEE DETERMINES AND APPROVES THE APPROPRIATE COMPENSATION LEVELS, WHICH ARE SUBJECT TO THE BOARD'S APPROVAL. THE PROCESS WAS LAST CONDUCTED IN 2022 WAS WAS DOCUMENTED IN THE MINUTES OF THE COMMITTEE 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	633,021.
MANAGEMENT AND GENERAL EXPENSES	47,858.
FUNDRAISING EXPENSES	9,604.
TOTAL EXPENSES	690,483.

CONSULTANTS & PROF. FEES:

Name of the organization CITY PARKS FOUNDATION, INC.	Employer identification number 13-3561657
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PROGRAM SERVICE EXPENSES	2,063,760.
MANAGEMENT AND GENERAL EXPENSES	31,794.
FUNDRAISING EXPENSES	32,058.
TOTAL EXPENSES	2,127,612.

INTERNSHIP STIPENDS:

PROGRAM SERVICE EXPENSES	4,630.
MANAGEMENT AND GENERAL EXPENSES	350.
FUNDRAISING EXPENSES	70.
TOTAL EXPENSES	5,050.

LANDSCAPING SERVICES:

PROGRAM SERVICE EXPENSES	1,065,551.
MANAGEMENT AND GENERAL EXPENSES	80,558.
FUNDRAISING EXPENSES	16,166.
TOTAL EXPENSES	1,162,275.

SECURITY SERVICES:

PROGRAM SERVICE EXPENSES	669,161.
MANAGEMENT AND GENERAL EXPENSES	50,590.
FUNDRAISING EXPENSES	10,152.
TOTAL EXPENSES	729,903.

ARTIST FEES:

PROGRAM SERVICE EXPENSES	1,694,248.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,694,248.

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

PROGRAM SERVICE EXPENSES	11,822.
MANAGEMENT AND GENERAL EXPENSES	33,921.
FUNDRAISING EXPENSES	2,181.
TOTAL EXPENSES	47,924.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	6,457,495.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET ASSETS TRANSFER PURSUANT TO FISCAL SPONSORSHIP	-2,023,842.
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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.

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

2022

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CITY PARKS FOUNDATION, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 830 FIFTH AVENUE</p> <p>City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10065</p>	<p>D Employer identification number 13-3561657</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 38,165,759.</p>			

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university

H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) **1**

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

L The books are in care of **SIMON CHU** Telephone number **212-360-8147**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

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

1
OMB No. 1545-0047

2022

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

A Name of the organization CITY PARKS FOUNDATION, INC.	B Employer identification number 13-3561657
C Unrelated business activity code (see instructions) 713990	D Sequence: 1 of 1

E Describe the unrelated trade or business **SPONSORSHIP**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance			
2 Cost of goods sold (Part III, line 8)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	3			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4a			
c Capital loss deduction for trusts	4b			
5 Income (loss) from a partnership or an S corporation (attach statement)	4c			
6 Rent income (Part IV)	5			
7 Unrelated debt-financed income (Part V)	6			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	7			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	8			
10 Exploited exempt activity income (Part VIII)	9			
11 Advertising income (Part IX)	10			
12 Other income (see instructions; attach statement) STMT 1	11	12,500.		12,500.
13 Total. Combine lines 3 through 12	12	12,500.		12,500.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages	1			9,772.
3 Repairs and maintenance	2			
4 Bad debts	3			
5 Interest (attach statement). See instructions	4			
6 Taxes and licenses	5			
7 Depreciation (attach Form 4562). See instructions	6	7		
8 Less depreciation claimed in Part III and elsewhere on return	7	8a		
9 Depletion	8			
10 Contributions to deferred compensation plans	9			
11 Employee benefit programs	10			2,797.
12 Excess exempt expenses (Part VIII)	11			
13 Excess readership costs (Part IX)	12			
14 Other deductions (attach statement)	13			
15 Total deductions. Add lines 1 through 14	14			12,569.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	15			-69.
17 Deduction for net operating loss. See instructions	16			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	17			-69.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

CITY PARKS FOUNDATION, INC.

13-3561657

FORM 990-T (A)

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

SPONSORSHIP REVENUE

12,500.

TOTAL TO SCHEDULE A, PART I, LINE 12

12,500.