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PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 04-58-92

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
CITY PARKS FOUNDATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
830 FIFTH AVENUE

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10065

F Name and address of principal officer: HEATHER LUBOV
SAME AS C ABOVE

D Employer identification number
13-3561657

E Telephone number
212-360-1399

G Gross receipts $ 29,271,291.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CITYPARKSFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1989 **M** State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PROMOTE AND ASSIST IN THE PROGRAMMING AND REVITALIZATION OF NEW YORK CITY'S PARKS AND SUCH

2 Check this box ☐ 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	42
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	42
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	549
6	Total number of volunteers (estimate if necessary)	6	28736
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	19,410,160.	18,048,442.
9	Program service revenue (Part VIII, line 2g)	6,340,532.	6,902,688.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,928,632.	2,250,274.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-439,168.	-410,872.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,240,156.	26,790,532.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,099,042.	2,413,834.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,249,636.	11,982,353.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 1,423,359.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,396,606.	11,460,463.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,745,284.	25,856,650.
19	Revenue less expenses. Subtract line 18 from line 12	3,494,872.	933,882.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	46,857,143.	49,952,220.
21	Total liabilities (Part X, line 26)	4,010,163.	3,558,809.
22	Net assets or fund balances. Subtract line 21 from line 20	42,846,980.	46,393,411.

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

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
EVA MRUK	EVA MRUK	11/03/26	☐	P00543254

Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC — Firm's EIN 33-1374517

Firm's address 245 PARK AVENUE, 12TH FLOOR
NEW YORK, NY 10167 — Phone no. 212-286-2600

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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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 $ 8,933,248. including grants of $ 0.) (Revenue $ 6,480,839.)
ARTS & CULTURE:
CITYPARKS SHOWS PLAYS A CENTRAL ROLE IN ACTIVATING CPF'S MISSION TO CREATE VIBRANT AND HEALTHY URBAN COMMUNITIES THROUGH DYNAMIC PROGRAMMING IN PARKS FOR ALL NEW YORKERS. CITYPARKS SHOWS BRINGS HUNDREDS OF LIVE MUSIC, DANCE AND THEATER PERFORMANCES TO COMMUNITIES THROUGHOUT NEW YORK CITY'S FIVE BOROUGHS. THE SUMMERSTAGE FESTIVAL TYPICALLY PRESENTS OVER 200 ARTISTS PRESENTING FREE PERFORMANCES AND BENEFIT CONCERTS EACH YEAR IN 12-15 PARKS THROUGHOUT THE CITY, RANGING FROM INDIE, REGGAE, AFROBEAT, SOUL, MODERN DANCE, LATIN AND MUCH MORE. THE SWEDISH COTTAGE MARIONETTE THEATRE, HOME TO ONE OF THE LAST PUBLIC MARIONETTE COMPANIES IN THE U.S., PRESENTS MODERN TAKES ON CLASSIC FAIRY TALES, AND THE TRAVELING PUPPETMOBILE PRESENTS FAMILY-FRIENDLY

4b (Code:) (Expenses $ 3,526,225. including grants of $ 0.) (Revenue $ 338,882.)
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 $ 3,169,136. including grants of $ 2,413,834.) (Revenue $ 0.)
NYC GREEN FUND:
IN COLLABORATION WITH A CONSORTIUM OF LEADING PHILANTHROPIC ORGANIZATIONS, CPF IS THE ADMINISTRATOR OF THE NEW YORK CITY GREEN FUND. THIS FUNDING IS DESIGNATED TO RESPOND TO THE MOST URGENT NEEDS FACING THE GRASSROOTS AND NONPROFIT STEWARDSHIP ORGANIZATIONS THAT MAINTAIN, PROGRAM AND ACTIVATE NEW YORK CITY OPEN SPACES.

4d Other program services (Describe on Schedule O.)
(Expenses $ 6,263,908. including grants of $ 0.) (Revenue $ 82,967.)

4e Total program service expenses 21,892,517.

SEE SCHEDULE O FOR CONTINUATION(S)

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	171		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 549			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	42		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	42		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request ☐ Other *(explain on Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records

SIMON CHU - 212-360-8147

830 FIFTH AVENUE, NEW YORK, NY 10065

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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				288,155.	0.	62,742.
(2) ROSEMARY JORDA CHIEF MARKETING AND DEVELOPMENT OFFI	40.00					X		205,467.	0.	37,144.
(3) SIMON CHU CHIEF FINANCIAL OFFICER	40.00			X				184,765.	0.	52,006.
(4) MICHAEL SILVERMAN DIRECTOR OF SPORTS	40.00					X		187,819.	0.	39,061.
(5) ERICA NEWMAN CHIEF OPERATING OFFICER	40.00			X				206,131.	0.	17,350.
(6) ERIKA ELLIOTT EXECUTIVE ARTISTIC DIRECTOR	40.00					X		161,187.	0.	38,875.
(7) BRYANT BRADSHAW DIRECTOR, DEVELOPMENT	40.00					X		161,685.	0.	19,868.
(8) EMILY NOBEL MAXWELL SENIOR ADVISOR - URBAN FOREST PLAN	40.00					X		149,984.	0.	22,933.
(9) DAVID BARSE EXECUTIVE CHAIR	5.00	X		X				0.	0.	0.
(10) ROLAND S. MERCHANT, JR. CHAIR	5.00	X		X				0.	0.	0.
(11) LARY WOLF SECRETARY	5.00	X		X				0.	0.	0.
(12) LEE SCHALOP TREASURER	5.00	X		X				0.	0.	0.
(13) DAVID MOORE EXECUTIVE CHAIR	5.00	X		X				0.	0.	0.
(14) JEAN TROUBH EXECUTIVE CHAIR	5.00	X		X				0.	0.	0.
(15) JOHN TROUBH EXECUTIVE CHAIR	5.00	X		X				0.	0.	0.
(16) ROBERT SAVITT VICE CHAIR	2.00	X		X				0.	0.	0.
(17) SUSAN FREEDMAN VICE CHAIR	5.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEVEN BEER DIRECTOR	2.00	X						0.	0.	0.
(19) SAM BIEDERMAN DIRECTOR	2.00	X						0.	0.	0.
(20) SUZANNE BRUME DIRECTOR	2.00	X						0.	0.	0.
(21) MIA CAMPBELL DIRECTOR	2.00	X						0.	0.	0.
(22) ROHIT CHOPRA DIRECTOR	2.00	X						0.	0.	0.
(23) CLAIRE G. P. CLOUD DIRECTOR	2.00	X						0.	0.	0.
(24) AVERY CORMAN DIRECTOR	2.00	X						0.	0.	0.
(25) DEBRA FIFE DIRECTOR	2.00	X						0.	0.	0.
(26) JEAN-YVES FILLION DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								1,545,193.	0.	289,979.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,545,193.	0.	289,979.

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 19

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		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	758,791.
CJP GARDENING INC. 7527 164TH STREET, FLUSHING, NY 11366	LANDSCAPING SERVICES	703,209.
UNIVERSAL STEEL FABRICATORS 90 JUNIUS STREET, BROOKLYN, NY 11212	TREE GUARD FABRICATION SERVICES	614,721.
4LIFE ENTERTAINMENT & TECHNOLOGY 112 PARK RIVER DRIVE, WESTFIELD, MA 01085	MUSIC TECHNOLOGY PRODUCTION	486,443.
DAN KLORES COMMUNICATIONS, 261 FIFTH AVENUE, 3RD FL, NEW YORK, NY 10016	PUBLIC RELATIONS	229,150.

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 20

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) DANNY FORTUNA DIRECTOR	2.00	X						0.	0.	0.
(28) JENNIFER FROMMER DIRECTOR	2.00	X						0.	0.	0.
(29) GAIL GORDON DIRECTOR	5.00	X						0.	0.	0.
(30) OLA OYINSAN HIXON DIRECTOR	2.00	X						0.	0.	0.
(31) RONI JACOBSON DIRECTOR	2.00	X						0.	0.	0.
(32) BILLIE JEAN KING DIRECTOR	2.00	X						0.	0.	0.
(33) MELISSA KANTER DIRECTOR	2.00	X						0.	0.	0.
(34) JOE KILLIAN DIRECTOR	2.00	X						0.	0.	0.
(35) SARA LEVENSON DIRECTOR	2.00	X						0.	0.	0.
(36) DAVID PINTER DIRECTOR	2.00	X						0.	0.	0.
(37) KATIE SWEGLE MEYERER DIRECTOR	2.00	X						0.	0.	0.
(38) BRENDAN O'ROURKE DIRECTOR	2.00	X						0.	0.	0.
(39) ERIC PLANEY DIRECTOR	2.00	X						0.	0.	0.
(40) ELIZABETH SARNOFF DIRECTOR	2.00	X						0.	0.	0.
(41) LINDSAY SHANAHAN DIRECTOR	2.00	X						0.	0.	0.
(42) PETER SHAPIRO DIRECTOR	2.00	X						0.	0.	0.
(43) SAMANTHA SICHEL DIRECTOR	2.00	X						0.	0.	0.
(44) DR. DERECK SKEETE DIRECTOR	2.00	X						0.	0.	0.
(45) ALEXANDER SLOANE DIRECTOR	2.00	X						0.	0.	0.
(46) HAROLD WEINBERGER DIRECTOR	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Form 990 CITY PARKS FOUNDATION, INC. 13-3561657

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(47) PAMELA WEST DIRECTOR	2.00	X						0.	0.	0.
(48) JEFFREY WILKS DIRECTOR	2.00	X						0.	0.	0.
(49) GREG WILLIAMSON DIRECTOR	2.00	X						0.	0.	0.
(50) ELAINE ZIEMBA DIRECTOR	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,790,558.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,476,181.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,781,703.				
	g Noncash contributions included in lines 1a-1f	1g	$ 137,322.				
	h **Total.** Add lines 1a-1f			18,048,442.			
Program Service Revenue			**Business Code**				
	2a ARTS & CULTURE		711300	6,480,839.	6,480,839.		
	b FISCAL SPONSORSHIPS		711300	338,882.	338,882.		
	c EDUCATION & OTHER PROGRAMS		711300	82,967.	82,967.		
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			6,902,688.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,164,186.			1164186.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	3,013,225.				
	b Less: cost or other basis and sales expenses	7b	1,927,137.				
	c Gain or (loss)	7c	1,086,088.				
	d Net gain or (loss)			1,086,088.			1086088.
	8a Gross income from fundraising events (not including $ 1,790,558. of contributions reported on line 1c). See Part IV, line 18	8a	142,750.				
	b Less: direct expenses	8b	553,622.				
	c Net income or (loss) from fundraising events			-410,872.			-410,872.
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a 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**				
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			26,790,532.	6,902,688.	0.	1839402.

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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	2,413,834.	2,413,834.		
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	811,149.	300,783.	429,251.	81,115.
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	8,924,528.	7,388,054.	564,952.	971,522.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	252,945.	208,548.	16,202.	28,195.
9 Other employee benefits	1,122,596.	918,666.	79,011.	124,919.
10 Payroll taxes	871,135.	687,359.	87,457.	96,319.
11 Fees for services (nonemployees):				
a Management				
b Legal	710.		710.	
c Accounting	75,020.		75,020.	
d Lobbying	72,250.	72,250.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	43,790.		43,790.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,524,415.	6,158,225.	274,601.	91,589.
12 Advertising and promotion	690,648.	55,970.	634,678.	
13 Office expenses	91,214.	50,139.	37,962.	3,113.
14 Information technology	199,997.	61,349.	129,382.	9,266.
15 Royalties				
16 Occupancy	14,524.	4,455.	9,396.	673.
17 Travel	149,244.	124,116.	13,541.	11,587.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	168,513.	155,861.	12,078.	574.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,698.	21,698.		
23 Insurance	151,031.	102,058.	48,973.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT	1,917,850.	1,898,400.	19,450.	
b SUPPLIES	911,462.	904,679.	6,441.	342.
c GRANT ADMIN FEES	338,629.	338,629.		
d DUES AND OTHER EXPENSES	89,468.	27,444.	57,879.	4,145.
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	25,856,650.	21,892,517.	2,540,774.	1,423,359.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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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	6,587,955.	1	5,442,212.
	2	Savings and temporary cash investments	7,968,381.	2	10,641,867.
	3	Pledges and grants receivable, net	4,175,308.	3	3,061,588.
	4	Accounts receivable, net	949,462.	4	127,796.
	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	44,038.	9	45,406.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 200,162.			
	b	Less: accumulated depreciation — 10b: 143,008.	78,852.	10c	57,154.
	11	Investments - publicly traded securities	27,053,147.	11	30,576,197.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	46,857,143.	16	49,952,220.
Liabilities	17	Accounts payable and accrued expenses	3,018,708.	17	2,712,201.
	18	Grants payable		18	
	19	Deferred revenue	991,455.	19	846,608.
	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		25	
	26	**Total liabilities.** Add lines 17 through 25	4,010,163.	26	3,558,809.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	12,854,532.	27	13,507,017.
	28	Net assets with donor restrictions	29,992,448.	28	32,886,394.
		Organizations that do not follow FASB ASC 958, check here ☐ **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	42,846,980.	32	46,393,411.
	33	Total liabilities and net assets/fund balances	46,857,143.	33	49,952,220.

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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	26,790,532.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,856,650.
3	Revenue less expenses. Subtract line 2 from line 1	3	933,882.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42,846,980.
5	Net unrealized gains (losses) on investments	5	2,612,549.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	46,393,411.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization

CITY PARKS FOUNDATION, INC.

Employer identification number

13-3561657

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16907590.	17746048.	15762698.	19410160.	18048442.	87874938.
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	3062931.	3053708.	3338780.	3323156.	3170599.	15949174.
4 **Total.** Add lines 1 through 3	19970521.	20799756.	19101478.	22733316.	21219041.	103824112
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)						5125885.
6 **Public support.** Subtract line 5 from line 4.						98698227.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	19970521.	20799756.	19101478.	22733316.	21219041.	103824112
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	628,551.	572,653.	915,546.	1067569.	1164186.	4348505.
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						108185117
12 Gross receipts from related activities, etc. (see instructions)					12	28,390,299.

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	91.23 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	91.33 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** 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 ☐

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

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Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

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

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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	**Total annual distributions.** Add lines 1 through 5.	6	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	7	
8	Distributable amount for 2025 from Section C, line 6	8	
9	Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021			
b	Excess from 2022			
c	Excess from 2023			
d	Excess from 2024			
e	Excess from 2025			

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Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

[ ] 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

[X] 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).

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Name of organization: CITY PARKS FOUNDATION, INC.

Employer identification number: 13-3561657

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 1,501,450.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 944,254.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 600,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 600,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization: CITY PARKS FOUNDATION, INC.

Employer identification number: 13-3561657

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization: CITY PARKS FOUNDATION, INC.

Employer identification number: 13-3561657

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

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

Docusign Envelope ID: 56B2559C-38C6-8C53-8270-35BC4E74CCB7

Name of organization

CITY PARKS FOUNDATION, INC.

Employer identification number

13-3561657

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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	Employer identification number (EIN)
CITY PARKS FOUNDATION, INC.	13-3561657

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
4a Was a correction made? ..... ☐ Yes ☐ No
b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... $
4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No
5 Enter the names, addresses, and EINs 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-.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	72,250.	
c Total lobbying expenditures (add lines 1a and 1b)	72,250.	
d Other exempt purpose expenditures	24,317,251.	
e Total exempt purpose expenditures (add lines 1c and 1d)	24,389,501.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	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.	

IF the amount on line 1e, column (a) or (b), is:	THEN 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.

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? ☐ Yes ☐ 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) 2022	(b) 2023	(c) 2024	(d) 2025	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	49,152.	54,075.	75,869.	72,250.	251,346.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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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)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
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 not be 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.

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SCHEDULE D (Form 990)
(Rev. December 2024)
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

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? ☐ Yes ☐ No

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (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 on line 2a	2c	
d	Number of conservation easements included on line 2c 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? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

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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 in 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	25,839,914.	23,659,693.	21,920,140.	29,249,617.	26,280,744.
b Contributions					
c Net investment earnings, gains, and losses	4,492,113.	3,317,941.	3,729,170.	-4,724,509.	3,241,282.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,419,064.	1,137,720.	1,989,617.	2,604,968.	272,409.
f Administrative expenses					
g End of year balance	28,912,963.	25,839,914.	23,659,693.	21,920,140.	29,249,617.

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

a Board designated or quasi-endowment 45.6500 %
b Permanent endowment .3100 %
c Term endowment 54.0400 %

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		200,162.	143,008.	57,154.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				57,154.

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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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))*	

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, line 25, col. (B))*	

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 ... X

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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	32,191,261.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	2,612,549.		
b	Donated services and use of facilities	2b	3,170,599.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	5,783,148.
3	Subtract line 2e from line 1			3	26,408,113.
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	43,790.		
b	Other (Describe in Part XIII.)	4b	338,629.		
c	Add lines 4a and 4b			4c	382,419.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	26,790,532.

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	28,644,830.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	3,170,599.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	3,170,599.
3	Subtract line 2e from line 1			3	25,474,231.
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	43,790.		
b	Other (Describe in Part XIII.)	4b	338,629.		
c	Add lines 4a and 4b			4c	382,419.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	25,856,650.

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 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, 2022.

PART XI, LINE 4B - OTHER ADJUSTMENTS:
FISCAL SERVICE EXPENSE NET WITH REVENUE ON FINANCIAL STATEMENTS 338,629.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

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Part XIII Supplemental Information *(continued)*

FISCAL SERVICE EXPENSE NET WITH REVENUE ON FINANCIAL STATEMENTS 338,629.

Docusign Envelope ID: 56B2559C-38C6-8C53-8270-35BC4E74CCB7

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CITY PARKS FOUNDATION, INC.

Employer identification number

13-3561657

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

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

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

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

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

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

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

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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 GALA (event type)	(b) Event #2 TENNIS BENEFIT (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	957,887.	444,200.	531,221.	1,933,308.
	2 Less: Contributions	874,137.	385,200.	531,221.	1,790,558.
	3 Gross income (line 1 minus line 2)	83,750.	59,000.		142,750.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	142,092.	1,790.		143,882.
	7 Food and beverages	23,550.	25,570.	60,930.	110,050.
	8 Entertainment		45,287.		45,287.
	9 Other direct expenses	159,050.	1,900.	93,453.	254,403.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				553,622.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-410,872.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ 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: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility **13a** %

b An outside facility **13b** %

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

Name

Address

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

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

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

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Part IV **Supplemental Information** *(continued)*

Docusign Envelope ID: 56B2559C-38C6-8C53-8270-35BC4E74CCB7

SCHEDULE I
(Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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? [X] 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
MOTT HAVEN - PORT MORRIS COMMUNITY LAND STEWARDS - 127 LINCOLN AVENUE, 2F - BRONX, NY 10454	82-4463916	501(C)(3)	88,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
THE BRONX RIVER ALLIANCE ONE BRONX RIVER PARKWAY BRONX, NY 10462	75-3001587	501(C)(3)	88,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
URBAN DESIGN FORUM 401 BROADWAY SUITE 408 NEW YORK, NY 10013	11-3756463	501(C)(3)	80,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FUND FOR PUBLIC HOUSING INC 90 CHURCH STREET, 10TH FLOOR NEW YORK, NY 10007-2919	47-4915755	501(C)(3)	75,000.	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
NATURAL AREAS CONSERVANCY 1234 FIFTH AVE 2ND FLOOR NEW YORK, NY 10029	46-1791849	501(C)(3)	65,000.	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 ..... 95.

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

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
VAN CORTLANDT PARK ALLIANCE 80 VAN CORTLANDT PARK SOUTH STE E1 BRONX, NY 10463	13-3843182	501(C)(3)	62,350.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
CENTER FOR AN URBAN FUTURE 80 8TH AVENUE SUITE 704 NEW YORK, NY 10011	13-3185114	501(C)(3)	60,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
RIVERSIDE PARK CONSERVANCY 475 RIVERSIDE DRIVE, SUITE 455 NEW YORK, NY 10115	13-3443825	501(C)(3)	60,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
OPEN SPACE INSTITUTE 1350 BROADWAY, SUITE 201 NEW YORK, NY 10018	52-1053406	501(C)(3)	50,036.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
BROOKLYN GREENWAY INITIATIVE 153 COLUMBIA STREET BROOKLYN, NY 11231	20-3283721	501(C)(3)	50,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
GREEN GUERILLAS 30 3RD AVE #848 BROOKLYN, NY 11217	13-2903183	501(C)(3)	38,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
SUNNYSIDE DISTRICT MANAGEMENT ASSOCIATION - 45-56 43RD STREET - SUNNYSIDE, NY 11104	26-1278224	501(C)(3)	35,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
UPTOWN SOCCER 5030 BROADWAY, SUITE 652 NEW YORK, NY 10034	45-3856721	501(C)(3)	35,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
ALLIANCE FOR FLUSHING MEADOWS CORONA PARK CORP - 6 OLMSTEAD DRIVE - FLUSHING, NY 11366	84-4422628	501(C)(3)	33,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES

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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
FORT GREENE PARK CONSERVANCY 85 SOUTH OXFORD STREET BROOKLYN, NY 11217	11-3637773	501(C)(3)	33,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
MARINE PARK ALLIANCE CORP 3000 FILLMORE AVENUE BROOKLYN, NY 11234	46-3291341	501(C)(3)	33,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
ROCKAWAY WATERFRONT ALLIANCE DBA RISE ROCKAWAY - 5803 ROCKAWAY BEACH BLVD - ARVERNE, NY 11692	11-3783397	501(C)(3)	33,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FAST FEET RUNNING AND ATHLETICS 184 DRIGGS AVENUE, UNIT 4L BROOKLYN, NY 11222	83-3696610	501(C)(3)	28,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FRESHKILLS PARK ALLIANCE 100 GOLD STREET ROOM 3100 NEW YORK, NY 10038	27-1718664	501(C)(3)	28,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
GUARDIANS OF FLUSHING BAY 280 1ST AVE APT #10E NEW YORK, NY 10009	81-2124765	501(C)(3)	28,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
NEW YORK CITY H20 410 E 6TH ST, 21F NEW YORK, NY 10009-6417	45-3860014	501(C)(3)	28,000.	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)	28,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
WYCKOFF HOUSE & ASSOCIATION 5816 CLARENDON ROAD BROOKLYN, NY 11203	11-2615053	501(C)(3)	28,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES

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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
PROSPECT PARK ALLIANCE 95 PROSPECT PARK WEST BROOKLYN, NY 11215	11-2843763	501(C)(3)	25,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FOURTH ARTS BLOCK 70 EAST 4TH STREET NEW YORK, NY 10003	04-3767933	501(C)(3)	24,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
GOWANUS CANAL CONSERVANCY 246 3RD STREET BROOKLYN, NY 11215	26-0681729	501(C)(3)	24,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
LEWIS H LATIMER FUND 3441 137 STREET FLUSHING, NY 11354	11-2983131	501(C)(3)	24,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
SUNSET PARK DISTRICT MANAGEMENT ASSN (DBA SUNSET PARK BUSINESS IMPROVEMENT DISTR - 5116 FIFTH AVENUE, STE 200 - BROOKLYN, NY	11-3251860	501(C)(3)	24,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
THE BRONX IS BLOOMING 1020 GRAND CONCOURSE #15C BRONX, NY 10451	46-3141885	501(C)(3)	24,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
GOTHAM PARK 20 PINE STREET NEW YORK, NY 10005	86-1317846	501(C)(3)	23,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
QUEENSBORO DANCE FESTIVAL 41-44 44TH STREET D14 SUNNYSIDE, NY 11104	85-2034730	501(C)(3)	23,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FUND FOR THE CITY OF NEW YORK 121 6TH AVENUE NEW YORK, NY 10013	13-2612524	501(C)(3)	22,500.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES

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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 INWOOD HILL PARK 165 SEAMAN AVENUE, APT 5B NEW YORK, NY 10034	45-4817884	501(C)(3)	22,400.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
THE FLATBUSH AFRICAN BURIAL GROUND COALITION - 648 PROSPECT PLACE - BROOKLYN, NY 11216	33-2916497	501(C)(3)	22,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
BEAZERS GARDEN URBAN ENVIRONMENTAL EDUCATION SERVICES, INC. - 500 WEST 235TH STREET, #4C - BRONX, NY 10463	93-2221740	501(C)(3)	22,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FORGOTTEN FOODS 705 FOREST AVENUE, STE RE BACK ROOM STATEN ISLAND, NY 10310	93-1488692	501(C)(3)	21,000.	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)	21,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
MORE GARDENS FUND 716 EAST 11TH STREET NEW YORK, NY 10009	52-2415900	501(C)(3)	20,750.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
HUNTERS POINT PARKS CONSERVANCY 2-17 51ST AVE. #903 LONG ISLAND CITY, NY 11101	47-3613599	501(C)(3)	20,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
BEE UNIVERSITY NYC 160 TOMPKINS AVENUE STATEN ISLAND, NY 10304	88-1156617	501(C)(3)	19,915.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
BAILEYS CAFE 324 MALCOLM X BOULEVARD BROOKLYN, NY 11233	20-0221451	501(C)(3)	19,500.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES

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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
BRONX RIVER ART CENTER 1087 EAST TREMONT AVENUE BRONX, NY 10460	13-3261148	501(C)(3)	19,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
THE BEE CONSERVANCY 1632 1ST AVENUE, #28748 NEW YORK, NY 10028	95-4116679	501(C)(3)	19,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
THE CIRCLE KEEPERS 80 WINTHROP STREET, APT V6 BROOKLYN, NY 11225	99-1296105	501(C)(3)	19,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
THE FLOSSY ORGANIZATION 625 EAST 80TH STREET BROOKLYN, NY 11236	92-0482325	501(C)(3)	19,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
TREES NEW YORK 100 GOLD STREET, #3100 NEW YORK, NY 10038	13-3131911	501(C)(3)	19,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
MAGICAL URBANISTS INC. 236 MOORE STREET, APT 406 BROOKLYN, NY 11206-3801	92-3785325	501(C)(3)	18,950.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
LIFE FRAMES PO BOX 31612 SAN FRANCISCO, CA 94131	13-3776512	501(C)(3)	18,250.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
ARTS & DEMOCRACY 88 PROSPECT PARK WEST #3D BROOKLYN, NY 11215	47-4287935	501(C)(3)	18,055.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
NEW YORK CHINESE CULTURAL CENTER, INC - 137 HENRY STREET - NEW YORK, NY 10002	13-2928554	501(C)(3)	18,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES

Docusign Envelope ID: 56B2559C-38C6-8C53-8270-35BC4E74CCB7

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
EARTH CELEBRATIONS INC 638 EAST 6TH STREET NEW YORK, NY 10009	13-3697941	501(C)(3)	17,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
THE JAPANESE FOLK DANCE INSTITUTE OF NY - 568 GRAND STREET, APT. J1206 - NEW YORK, NY 10002	13-3749624	501(C)(3)	16,500.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
THE BROOKLYN QUEENS LAND TRUST 30 THIRD AVENUE, ROOM 842 BROOKLYN, NY 11217	61-1441052	501(C)(3)	15,500.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
JACKSON HEIGHTS BEAUTIFICATION GROUP - 34-20 78TH STREET APT.# 4E - JACKSON HEIGHTS, NY 11372	11-2925587	501(C)(3)	15,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
MAKER PARK RADIO 37 VALENCIA AVENUE STATEN ISLAND , NY 10301	82-1397822	501(C)(3)	15,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
SMITH STREET STAGE INCORPORATED 15 STRATFORD ROAD, 4D BROOKLYN, NY 11218	46-3003829	501(C)(3)	14,550.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
ALLIANCE FOR PASEO PARK 121 6TH AVENUE, 6TH FL NEW YORK, NY 10013	13-2612524	501(C)(3)	14,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
BRONX ARTS ENSEMBLE 50 VAN CORTLANDT PARK SOUTH, 7M3 BRONX, NY 10463	51-0186869	501(C)(3)	14,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FRIENDS OF THE QUEENSWAY PO BOX 750248 FOREST HILLS, NY 11375	35-2697268	501(C)(3)	14,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES

Docusign Envelope ID: 56B2559C-38C6-8C53-8270-35BC4E74CCB7

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
JAZZ POWER INITIATIVE (D/B/A OF THE JAZZ DRAMA PROGRAM) - 5030 BROADWAY, SUITE 645 - NEW YORK, NY 10034	06-1722131	501(C)(3)	14,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
PARENT-CHILD RELATIONSHIP ASSOCIATION - 6724 8TH AVE - BROOKLYN, NY 11220	83-1900689	501(C)(3)	14,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
UPBEAT NYC 287 EAST 139TH STREET, #2 BRONX, NY 10454	27-2232366	501(C)(3)	14,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
TEA ARTS & CULTURE 3372 12TH AVENUE, FLOOR 1 BROOKLYN, NY 11218	86-3679997	501(C)(3)	13,500.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
JAZZ WAHI, INC. 200 CABRINI BLVD, APT 2 NEW YORK, NY 10033	84-2177708	501(C)(3)	13,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
LIVING FAITH COMMUNITY DEVELOPMENT CORP - 223-01 UNION TURNPIKE, LOWER LEVEL - OAKLAND GARDENS, NY 11364	83-0938801	501(C)(3)	13,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
NEWTOWN CREEK ALLIANCE 520 KINGSLAND AVE, 3RD FLOOR BROOKLYN, NY 11222	26-1832918	501(C)(3)	13,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
OUTSTANDING RENEWAL ENTERPRISES D/B/A LOWER EAST SIDE ECOLOGY CENTER - P.O BOX 20488 - NEW YORK, NY 10009	13-3320984	501(C)(3)	13,000.	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)	13,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKLYN FAM: FESTIVAL OF ARTS AND MUSIC - 207 LINCOLN ROAD - BROOKLYN, NY 11225	88-2459958	501(C)(3)	12,200.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
FRIENDS OF BOGARDUS PLAZA, INC 90 WEST BROADWAY, 4 NEW YORK, NY 10007	27-3300541	501(C)(3)	12,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
GROW OUR GAME INC 139-80 85TH DRIVE, #3A JAMAICA, NY 11435	82-2309916	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
MORRIS-JUMEL MANSION 65 JUMEL TERRACE NEW YORK, NY 10032	13-2800646	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
OPEN SPACE ALLIANCE FOR NORTH BROOKLYN - 79 N 11TH STREET - BROOKLYN, NY 11249	01-0849087	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
PARACHUTE LIBERTY ARTS 9322 3RD AVENUE #543 BROOKLYN, NY 11209	83-0625073	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
RICHMOND COUNTY ORCHESTRA 300 HOWARD AVENUE STATEN ISLAND, NY 10301	13-4063615	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
STREET LAB 280 NEVINS ST STE. 2-9 BROOKLYN, NY 11217	26-4812025	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
UJAMAA GARDEN 3601 MAROLLA PLACE BRONX, NY 10466	99-0449211	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED CULTURAL ASSOCIATION 829 63RD STREET BROOKLYN, NY 11220	92-0556826	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
UNIVERSAL TEMPLE OF THE ARTS 425 JERSEY STREET STATEN ISLAND, NY 10301	13-3335286	501(C)(3)	10,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
NARROWS BOTANICAL GARDENS 7005 SHORE RD APT 2F BROOKLYN, NY 11209	11-3382931	501(C)(3)	9,983.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
THREE AND A HALF ACRES YOGA PO BOX 3270 ANDES, NY 13731	47-3289027	501(C)(3)	9,475.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
I CHALLENGE MYSELF 1216 BROADWAY, 2ND FL, NEW YORK , NY 10001	56-2423423	501(C)(3)	9,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
LEADLIGHTS ENSEMBLE 715 W. 170TH STREET, APT 52 NEW YORK, NY 10032	87-2233678	501(C)(3)	8,439.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
NATURALLY OCCURRING CULTURAL DISTRICTS NY, INC. - 88 PROSPECT PARK WEST - BROOKLYN, NY 11215	81-1139923	501(C)(3)	8,192.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
HARLEM DANCE CLUB 2816 FREDERICK DOUGLASS BLVD, APT 6 NEW YORK, NY 10039	82-1630347	501(C)(3)	7,600.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
EDGEMERE FARM WORKS 425 BEACH 43 STREET ROCKAWAY BEACH, NY 11691	88-0783485	501(C)(3)	7,000.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES

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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
ARTICHOKE DANCE COMPANY 675 VANDERBILT AVENUE BROOKLYN, NY 11238	13-4045646	501(C)(3)	6,890.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
NYSOM GROUP 888C 8TH AVENUE NEW YORK, NY 10019	46-1210354	501(C)(3)	6,665.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
LATINO FILM MARKET 812 RIVERSIDE DRIVE, APT 33 NEW YORK, NY 10032	82-4925064	501(C)(3)	6,569.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
PROSPECT LEFFERTS GARDENS HERITAGE COUNCIL INC. - 253 FENIMORE STREET - BROOKLYN , NY 11225	81-3302764	501(C)(3)	6,250.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
CONNECTEMONOS 555 WEST 186TH STREET #4C NEW YORK, NY 10033	16-1603193	501(C)(3)	5,673.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
ORISHA WHOLENESS CORP 120 DREISER LOOP, 14G BRONX, NY 10475	86-3667087	501(C)(3)	5,500.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
DECATUR BLOCK ASSOCIATION INC 2653 DECATUR AVENUE, #5D BRONX, NY 10458	99-3698885	501(C)(3)	5,300.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES
MT MORRIS PARK COMMUNITY IMPROVEMENT ASSOC - PO BOX 3270 - NEW YORK, NY 10027-8874	13-3441374	501(C)(3)	5,200.	0.			MAINTAIN, PROGRAM AND ACTIVATE NYC OPEN SPACES

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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 GRANTEES TO SPEND THEIR FUNDS AND MONITOR THE USE OF THE FUNDS PROVIDED TO THE RECIPIENTS.

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

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SCHEDULE J (Form 990)

(Rev. December 2024)
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

Open to Public Inspection

Name of the organization
CITY PARKS FOUNDATION, INC.

Employer identification number
13-3561657

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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	(i)	288,155.	0.	0.	9,135.	53,607.	350,897.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROSEMARY JORDA	(i)	205,467.	0.	0.	6,395.	30,749.	242,611.	0.
CHIEF MARKETING AND DEVELOPMENT OFFI	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SIMON CHU	(i)	184,765.	0.	0.	5,902.	46,104.	236,771.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL SILVERMAN	(i)	187,819.	0.	0.	5,902.	33,159.	226,880.	0.
DIRECTOR OF SPORTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ERICA NEWMAN	(i)	206,131.	0.	0.	6,488.	10,862.	223,481.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ERIKA ELLIOTT	(i)	161,187.	0.	0.	5,081.	33,794.	200,062.	0.
EXECUTIVE ARTISTIC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BRYANT BRADSHAW	(i)	156,485.	0.	5,200.	4,758.	15,110.	181,553.	0.
DIRECTOR, DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) EMILY NOBEL MAXWELL	(i)	149,984.	0.	0.	1,170.	21,763.	172,917.	0.
SENIOR ADVISOR - URBAN FOREST PLAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Part III **Supplemental Information**

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

PART I, LINE 4A:
DURING 2025, THE ORGANIZATION MADE A SEVERANCE PAYMENT TO A FORMER EMPLOYEE IN CONNECTION WITH THE CONCLUSION OF EMPLOYMENT. THE PAYMENT RELATED TO THE INDIVIDUAL'S SEPARATION FROM SERVICE WITH THE ORGANIZATION.

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2025

Open to Public Inspection

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	40,675.	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 (COMPUTER EQUIPM)	X	1	96,647.	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 Acknowledgment 29 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?	30a		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?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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.			

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

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

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SCHEDULE O (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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:
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 OR CITYPARKS BUILD), A JOINT PROGRAM WITH THE NYC DEPARTMENT OF PARKS AND RECREATION (DPR), PROMOTES COMMUNITY INVOLVEMENT IN PARKS BY BUILDING, LINKING AND STRENGTHENING A CITYWIDE CONSTITUENCY OF PARKS SUPPORTERS. EACH YEAR, PFP SUPPORTS AND EMPOWERS A GROWING NETWORK OF 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.

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

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

ENVIRONMENTAL BENEFIT PROJECTS:
AS THE ADMINISTRATOR OF MITIGATION FUNDS FROM THE NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION (DEC), CPF FUNDS ENVIRONMENTAL BENEFIT PROJECTS THAT ADDRESS GREEN INFRASTRUCTURE, SUCH AS THE CREATION AND/OR IMPROVEMENT OF OPEN SPACE, WATERFRONT ACCESS, AND OTHER PROGRAMS ALONG NEWTOWN CREEK AND THE EAST RIVER.
EXPENSES $ 6,263,908. INCLUDING GRANTS OF $ 0. REVENUE $ 82,967.

FORM 990, PART VI, SECTION A, LINE 2:
JEAN TROUBH AND JOHN TROUBH HAVE A FAMILY RELATIONSHIP.

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

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.

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, AND CHIEF OPERATING OFFICER IS 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 2025 AND 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	708,994.
MANAGEMENT AND GENERAL EXPENSES	44,968.
FUNDRAISING EXPENSES	13,344.
TOTAL EXPENSES	767,306.

CONSULTANTS & PROF. FEES:	
PROGRAM SERVICE EXPENSES	1,683,444.
MANAGEMENT AND GENERAL EXPENSES	35,625.
FUNDRAISING EXPENSES	33,044.
TOTAL EXPENSES	1,752,113.

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Name of the organization: CITY PARKS FOUNDATION, INC.

Employer identification number: 13-3561657

INTERNSHIP STIPENDS:	
PROGRAM SERVICE EXPENSES	10,955.
MANAGEMENT AND GENERAL EXPENSES	695.
FUNDRAISING EXPENSES	206.
TOTAL EXPENSES	11,856.
LANDSCAPING SERVICES:	
PROGRAM SERVICE EXPENSES	1,493,317.
MANAGEMENT AND GENERAL EXPENSES	94,714.
FUNDRAISING EXPENSES	28,105.
TOTAL EXPENSES	1,616,136.
SECURITY SERVICES:	
PROGRAM SERVICE EXPENSES	688,409.
MANAGEMENT AND GENERAL EXPENSES	43,662.
FUNDRAISING EXPENSES	12,956.
TOTAL EXPENSES	745,027.
ARTIST FEES:	
PROGRAM SERVICE EXPENSES	1,547,057.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,547,057.
PAYROLL PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	26,049.
MANAGEMENT AND GENERAL EXPENSES	54,937.
FUNDRAISING EXPENSES	3,934.
TOTAL EXPENSES	84,920.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	6,524,415.