PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 64020

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

Form 990 (2021)

Department of the Treasury Internal Revenue Service

Form 990

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.

AF	or the 2	2021 calendar year, or tax year beginning and e	nding	Mer management	
В	Sheck If opticable:	C Name of organization		D Employer identifie	cation number
F	Address change Name change	RANDALL'S ISLAND PARK ALLIANCE, INC. Doing business as		**-***76	3.0
F	Initial return Final return/		ioom/suite	E Telephone number 212-860-	f
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,550,124.
	Amended	NEW YORK, NY 10035		H(a) Is this a group re	
	Applica-	F Name and address of principal officer: DEBORAH MAHER		for subordinates	
	pending	SAME AS C ABOVE		THE RESIDENCE OF THE PROPERTY OF THE PARTY.	cluded? Yes No
1.1	ax-exem	npt status: X 501(c)(3)	527		list, See instructions
		▶ WWW.RANDALLSISLAND.ORG		H(c) Group exemptio	
K F	orm of or	rganization: X Corporation Trust Association Other▶	L Year		A State of legal domicile; NY
Pa	rt I S	Summary			
_	1 Br	riefly describe the organization's mission or most significant activities: TO WO	RK WI	TH THE CITY	OF NEW
Activities & Governance		ORK TO DEVELOP PROGRAMS AND MAINTAIN RAND			
Ę	2 C	heck this box 🕨 🔲 if the organization discontinued its operations or dispose	d of more	than 25% of its net ass	ets.
8		umber of voting members of the governing body (Part VI, line 1a)		36	
ŏ	4 N	umber of independent voting members of the governing body (Part VI, line 1b)	4	35	
90	5 To	otal number of individuals employed in calendar year 2021 (Part V, line 2a)		5	105
vitie	6 To	otal number of volunteers (estimate if necessary)		6	1077
ę,	7a To	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
-	b Ne	et unrelated business taxable income from Form 990-T, Part I, line 11		7ъ	0.
iii -	X			Prior Year	Current Year
	8 C	ontributions and grants (Part VIII, line 1h)		4,114,927.	6,512,914.
5		rogram service revenue (Part VIII, line 2g)		2,042,420.	2,812,108.
Revenue	10 ln	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		38,900.	75,040.
œ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	4,612.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,196,247.	9,404,674.
iri-	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
92	15 St	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,413,315.	4,645,278.
Expenses	16a Pr	rofessional fundraising fees (Part IX, column (A), line 11e)		81,000.	0.
b dx	b To	otal fundralsing expenses (Part IX, column (D), line 25) 448,83			
ü	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,663,481.	2,351,202.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,157,796.	6,996,480.
	19 R	evenue less expenses. Subtract line 18 from line 12		38,451.	2,408,194.
200				ginning of Current Year	End of Year
195	A. C. S.	otal assets (Part X, line 16)		11,932,465.	13,239,437.
A Par	21 To	otal liabilities (Part X, line 26)		1,662,590.	438,656.
칊	22 No	at assets or fund balances, Subtract line 21 from line 20		10,269,875.	12,800,781.
_	-	Signature Block			
		es of perjury, I declare that I have examined this return, including accompanying schedules a			knowledge and belief, it is
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of whic	h preparer		
_	- 11	Signature of officer			0 2027
Sign		*		Date	
Her	•	DEBORAH MAHER, PRESIDENT Type or print name and title			
_	- 1		Tr	tate Oak [T over
Deld		rint/Type preparer's name Preparer's signature			PTIN
Paid		AGDALENA M. CZERNIAWSKI MAGDALENA M. CZER	MINIO		**-***7167
Prep		irm's name CBIZ MARKS PANETH LLC		Firm's EIN >	/16/
Use	Omy	irm's address 685 THIRD AVENUE NEW YORK, NY 10017		. 21	2 502 0000
140	the IDO		_	Prone no. 21	2-503-8800
INTERY	the INS	discuss this return with the preparer shown above? See instructions			X Yes No

Form **990** (2021)

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE RANDALL'S ISLAND PARK ALLIANCE, INC. (RIPA) IS A 501(C)(3)
	NON-PROFIT ORGANIZATION THAT WORKS WITH THE CITY OF NEW YORK AND LOCAL
	COMMUNITIES TO PROVIDE AN INNOVATIVE AND EXCITING DESTINATION THROUGH
	A WIDE RANGE OF SPORTS VENUES, CULTURAL EVENTS SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2 , 432 , 315 . including grants of \$) (Revenue \$2 , 816 , 720
	SUPPLEMENT THE CITY BUDGET FOR THE CONTINUED MAINTENANCE AND
	IMPROVEMENT OF RANDALL'S ISLAND PARK THROUGH THE FUNDING OF MAINTENANCE
	AND PARK STAFF AND THE PURCHASE OF SUPPLIES AND EQUIPMENT.
4b	(Code:) (Expenses \$ 810 , 600 • including grants of \$) (Revenue \$
710	PROVIDE ATHLETIC, ENVIRONMENTAL, AND CULTURAL PROGRAMMING. THESE
	PROGRAMS PROVIDED SAFE INSTRUCTION FOR APPROXIMATELY 1,400 YOUNG PEOPLE
	IN 2021 WITH A FOCUS ON YOUTH FROM COMMUNITY-BASED ORGANIZATIONS AND
	PUBLIC SCHOOLS IN HARLEM AND THE SOUTH BRONX. ADDITIONAL FREE
	FAMILY-FRIENDLY PROGRAMMING WAS PROVIDED TO OVER 22,000 PEOPLE AT THE
	PARK DURING 2021.
4c	(Code:) (Expenses \$ 738,309 • including grants of \$) (Revenue \$
-10	SUPPLEMENT THE CITY BUDGET FOR THE CONTINUED MAINTENANCE AND
	IMPROVEMENT OF RANDALL'S ISLAND PARK. IN ADDITION, PROVIDE PROFESSIONAL
	AND DESIGN SERVICES RELATED TO PARK IMPROVEMENTS.
4d	Other program services (Describe on Schedule O.)
-tu	(Expenses \$ 1,196,875 • including grants of \$) (Revenue \$)
4e	Total program service expenses 5, 178,099.
<u>+c</u>	

			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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	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			37
	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?			v
40	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	_		Х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.		х
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D		11b		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
٠	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
ď	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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		<u>X</u>
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,	_		v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_		v
40	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? # "Yes,"	_		v
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	domocio government orti artizi, columni (-), inte 1: 11 Yes, complete ochequie I, Parts I and II			

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Form 990 (2021) RANDALL'S ISLAND PARK ALLIANCE, INC.

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		37	
	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			x
h	Schedule K. If "No," go to line 25a	24a 24b		┝≏
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		\vdash
·	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		
	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		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			 ₩
Ē	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		┝≏
C	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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
	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?	00		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		┝≏
37	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
55	· · · · · · · · · · · · · · · · · · ·	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O **T 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 16			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	1

Form 990 (2021) RANDALL'S ISLAND PARK ALLIANCE, INC.

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

	Continued)							
_	Establishment and continue to the form WO Transmitted of West and To Obstance to		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 105							
	, , , , , , , , , , , , , , , , , , , ,	OI-	Х					
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	-22					
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
	Market and the state of the sta	3b						
	If "Yes," has it filed a Form 990-1 for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30						
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
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		5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	The state of the s							
	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).							
а	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						
С	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							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X				
f	3 7 7 1 1 · · · · · · · · · · · · · · · ·							
g								
h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
9	sponsoring organization have excess business holdings at any time during the year?	8						
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a						
a h	Did the constraint of the control of the first term to a discount of the control	9a 9b						
10	Section 501(c)(7) organizations. Enter:	30						
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	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.)							
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							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand			37				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	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	45		Х				
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		Λ				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
.0	If "Yes," complete Form 4720, Schedule O.	10						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Vos " complete Form 6060							

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 36 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 35 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes." provide the names and addresses on Schedule O 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? Х 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 Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 12b **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 Х Did the organization have a written document retention and destruction policy? 14 14 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 Х 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16<u>a</u> 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 List the states with which a copy of this Form 990 is required to be filed ▶NY, NJ, CT 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 Upon request Own website Another's website Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records LAWSON SHADBURN - INTERIM CFO - 212-860-1899

NEW YORK.

10035

ICAHN STADIUM 10 CENTRAL ROAD

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Canada	Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
Name and title	(A)	(B)			(0	C)			(D)	(E)	(F)
Compensation Comp		Average	(do		Pos	ition		ne	Reportable	Reportable	Estimated
Comparison		hours per	box, unless		ess person is both an			an	compensation	•	
MAHER, DEBORAH		1	-	cer an	a a u	recto	ior/irusiee)				
MAHER, DEBORAH		1 '	irecto							•	
MAHER, DEBORAH			e or c	stee			sated		•	· ·	
MAHER, DEBORAH			truste	al trus		ıyee	mper		l '	1000 1120)	•
MAHER, DEBORAH		below	idua	ution	er	old me	est cc oyee	ler	·		organizations
RESIDENT			Indiv	Instii	Offic	Key 6	High empl	Form			
August Color California	(1) MAHER, DEBORAH	55.00									
DIRECTOR OF ICAHN STADIUM	PRESIDENT		Х		Х				252,476.	0.	21,942.
Califf Financial Officer	(2) VAZQUEZ, LOUIS	40.00									
CHIEF FINANCIAL OFFICER	DIRECTOR OF ICAHN STADIUM						Х		150,739.	0.	32,899.
A	(3) DI STEFANO, DAEMAN	40.00									
SR. DIR. OF PLANNING	CHIEF FINANCIAL OFFICER				Х				137,406.	0.	40,506.
Chief Development Officer	(4) WILSON, ANNE	40.00									
CHIEF DEVELOPMENT OFFICER	SR. DIR. OF PLANNING						Х		138,650.	0.	6,275.
GO SALERNO, DAVID 40.00	(5) EGAN, ALEX	40.00									
DEPUTY ADMINISTRATOR	CHIEF DEVELOPMENT OFFICER						X		132,194.	0.	630.
CT	(6) SALERNO, DAVID	40.00									
CHIEF DIRECTOR OF OPERATIONS X 102,357. 0. 2,579.	DEPUTY ADMINISTRATOR						X		107,002.	0.	11,926.
SAILEY-CASTRO, DENISE	(7) HUNTER, PETER	40.00									
DIRECTOR X							X		102,357.	0.	<u>2,579.</u>
O	(8) BAILEY-CASTRO, DENISE	1.00							_	_	_
DIRECTOR X			X						0.	0.	0.
Color	(9) BAREFIELD, TIMOTHY I.	1.00							_	_	_
DIRECTOR			X						0.	0.	0.
1.00 DIRECTOR (OUTGOING) X	(10) BOSE, ROBERT	2.50							_	_	_
DIRECTOR (OUTGOING) X			X						0.	0.	0.
Clang Michael 0.50	(11) BREWER, GALE	1.00							_	_	_
DIRECTOR (OUTGOING)			X						0.	0.	0.
Company Comp	•	0.50									_
PRESIDENT EMERITA & FOUNDER			X						0.	0.	0.
Company Comp	·	2.00									_
DIRECTOR X			X						0.	0.	0.
Column	·	1.00									_
DIRECTOR X 0. 0. 0. (16) DAVIS, RICHARD J. 2.00 X 0. 0. 0. CHAIR EMERITUS X 0. 0. 0. 0. (17) DILUIGI, BRENDA 2.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0.			X						0.	0.	0.
(16) DAVIS, RICHARD J. 2.00 CHAIR EMERITUS X (17) DILUIGI, BRENDA 2.00 DIRECTOR X 0. 0. 0. 0.		2.00	ļ								
CHAIR EMERITUS X 0. 0. 0. (17) DILUIGI, BRENDA 2.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0.			X				Щ		0.	0.	0.
(17) DILUIGI, BRENDA DIRECTOR Z.00 X 0. 0.		2.00	1_								_
DIRECTOR X 0. 0.			X				Щ		0.	0.	0.
		2.00									_
	DIRECTOR		X						0.	0.	0. Form 990 (2021)

(A) Name and title	(B) Average	(C) Position (do not check more than one					one	(D) Reportable	(E) Reportable		(F) Estimate	ed
	hours per week (list any hours for related organizations below line)				irecto	Highest compensated snaps of employee	tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	,	amount other compensa from th organizat and relat organizati	ation e ion ed
(18) EISENBERG, DOUGLAS DIRECTOR	1.00	x						0.	0			0.
(19) FATO, LUCY	2.00							•		†		
DIRECTOR		х						0.	0			0.
(20) FEIRSTEIN, ANDREA K.	4.00											
TREASURER		Х		Х				0.	0	•		0.
(21) FELICIANO, JOEL	2.00								•			^
DIRECTOR	1 00	Х						0.	0	•		0.
(22) FRENZ, SANDRA DIRECTOR	1.00	X						0.	0			0.
(23) GOLDMAN, JEROME L.	1.00	^						0.	0			- 0 •
DIRECTOR	1.00	X						0.	0			0.
(24) GONZALEZ, RAMON	1.00									Ť		
DIRECTOR		Х						0.	0			0.
(25) GREEN, JUSTIN H.	1.00											
DIRECTOR		Х						0.	0	•		0.
(26) GREENE, MARK I.	2.00								•			^
DIRECTOR		X					L	1,020,824.			116,7	<u>0.</u>
1b Subtotal								0.			110,7	0.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								1,020,824.			116,7	
2 Total number of individuals (including but no) wh	o re	· · · · · ·				
compensation from the organization						,		, , , , , , , , , , , , , , , , , , , ,				7
											Yes	No
3 Did the organization list any former officer,	director, trust	ee, ŀ	кеу е	mpl	loye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for si	uch individual									.	3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										٠	4 X	
5 Did any person listed on line 1a receive or a										1	5 X	
rendered to the organization? <i>If</i> "Yes." com Section B. Independent Contractors	plete Schedule	e J f	<u>or su</u>	ich į	<u>oers</u>	on .					3 A	
Complete this table for your five highest cor	mpensated inc	lepe	nder	nt co	ontra	acto	's th	nat received more than \$	100.000 of comper	sat	ion from	
the organization. Report compensation for t	•								•			
(A)								(B)			(C)	
Name and business	address	N	ONE	<u> </u>				Description of s	ervices	C	ompensatio	n
							_					
							7					
							1					
O Tatalanashan afin I I I I I I I I I I I I I I I I I I I		-4.11	! 4	1.4	11-			-h	41			
2 Total number of independent contractors (in \$100,000 of compensation from the organiz	ŭ,	ot IIr	nitec	ı to '	thos)		red	above) who received mo	ore than			
	Zation A CONT	TN	TΤΛ	πт			ur	rmc			Form 990 (0001)

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and title Average Position Reportable Reportable Estimated (check all that apply) compensation hours compensation amount of per from from related other the organizations compensation week Highest compensated employee (list any organization (W-2/1099-MISC) from the (W-2/1099-MISC) hours for organization Individual trustee or Institutional trustee related and related Key employee organizations organizations below Officer line) 4.00 (27) GROSS, RICHARD B. 0. SECRETARY Х Х 0. 0. (28) GULATI, SUNIL 1.00 0. DIRECTOR Х 0. 0. (29) HALL, COURTNEY 1.00 DIRECTOR (OUTGOING) Х 0. 0. 0. (30) HAMILL, JUSTIN 2.00 0<u>.</u> DIRECTOR Х 0. 0. (31) HUTSON KARIM 2.50 0. DIRECTOR (OUTGOING) Х 0. 0. (32) JAMES, JENNIFER 0.50 Х 0. 0. 0. DIRECTOR (33) LANDIS, DEAN I. 2.00 0. DIRECTOR 0. 0. (34) MACK, RICHARD J. 0.50 0._ DIRECTOR X 0. 0. (35) MAY, JON 6.00 0. CO-CHAIR Х Х 0. 0. (36) MYERS, LESLIE 1.00 0. DIRECTOR (OUTGOING) Х 0. 0. (37) NEFF, NANCY F. 6.00 CO-CHAIR Х Х 0. 0. 0. 2.00 (38) PECK, BRADFORD R. 0. Х 0. 0. DIRECTOR (39) PERRY, CAROL 1.00 DIRECTOR Х 0. 0. 0. (40) PICOT, BIMLA 1.00 Х 0. 0. 0. DIRECTOR (41) REED, DANA 1.00 0. 0. DIRECTOR Х 0. (42) SEINFELD, EYAL 1.00 0. DIRECTOR Х 0. 0. (43) SHIFKE, PATRICIA W. 1.00 Х 0. DIRECTOR 0. 0. (44) SILVER, MITCHELL 1.00 DIRECTOR (OUTGOING) Х 0. 0. 0. (45) TANNENBAUM, BRETTE 1.00 0. DIRECTOR Х 0. 0. (46) WILLIAMS, SHERRI 1.00 0. DIRECTOR Х 0. 0. Total to Part VII, Section A, line 1c

Statement of Revenue

Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 2,535,115. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 3,977,799. similar amounts not included above 1f 8,000. g Noncash contributions included in lines 1a-1f ▶ 6,512,914. h Total. Add lines 1a-1f **Business Code** 2 a FACILITY REVENUE 900099 2,812,108.2,812,108. Program Service Revenue f All other program service revenue 2,812,108. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 75,003. 75,003. other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of _{7a}145,487 assets other than inventory **b** Less: cost or other basis 7ь 145,450. Other Revenue and sales expenses c Gain or (loss) ________7c 37. 37. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 900001 4.612. 4.612. 11 a INSURANCE REIMBURSEMEN b d All other revenue 4,612. e Total. Add lines 11a-11d ▶ 9,404,674.2,816,720. 75,040. Total revenue. See instructions 12

-*7630

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 (**D**) Fundraising expenses (A) Total expenses **(B)** Program service expenses (C) Management and general expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 452,331. 118,663. 247,272. 86,396. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,130,044. 2,527,200. 398,077. 204,767. Other salaries and wages 7 Pension plan accruals and contributions (include 36,975. 35,699. 512 section 401(k) and 403(b) employer contributions) 764. 706,742. 59,316. 37,290. 610,136. Other employee benefits 9 319,186. 259,983. 40,360. 18,843. Payroll taxes 10 Fees for services (nonemployees): a Management 27,111. 27,111. Legal Accounting 30,200. 30,200. Lobbying Professional fundraising services. See Part IV, line 17 20,932. 20,932. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, 903,914. 763,523. 127,961. 12,430. column (A), amount, list line 11g expenses on Sch O.) 58,223. 955. 57,268. Advertising and promotion 12 433,058. 52,237. 369,753. 11,068. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 Insurance 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.) PARK MAINT., SUPPLIES A 743,158. 743,158. INDIRECT FUND. EXP. 77,274. 77,274. 36,345. 36,345. OUTREACH & COMM. EVENTS 20,987. d BAD DEBT EXPENSE 20,987. All other expenses 1,369,549 5,178,099. 6,996,480. 448,832. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

Part X | Balance Sheet

Pa	rt 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
	1	Cash - non-interest-bearing	882,936.	1	675,688.
	2	Savings and temporary cash investments	6,553,877.	2	5,803,542.
	з	Pledges and grants receivable, net	795,645.	3	1,207,070.
	4	Accounts receivable, net		4	
	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	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	180,168.	9	163,379.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	3,519,839.	11	5,291,783.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	97,975.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	11,932,465.	16	13,239,437.
	17	Accounts payable and accrued expenses	315,914.	17	401,571.
	18	Grants payable		18	
	19	Deferred revenue	53,035.	19	37,085.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	005 120	23	
	24	Unsecured notes and loans payable to unrelated third parties	895,130.	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	200 511		_
		of Schedule D	398,511. 1,662,590.	25	438,656.
	26	Total liabilities. Add lines 17 through 25	1,002,390.	26	430,030.
S		Organizations that follow FASB ASC 958, check here X			
ž	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	9,992,355.	27	12,288,011.
<u>a</u>	27 28		277,520.	28	512,770.
B B	20	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here	277,5201	20	512,770.
ᆵ		and complete lines 29 through 33.			
<u>^</u>	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Assı	31	Deleter describes and the second second black the second second second		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	10,269,875.	32	12,800,781.
Z	33	Total liabilities and net assets/fund balances	11,932,465.	33	13,239,437.
	<u></u>		,,		, , , -

Form **990** (2021)

Form 990 (2021)

	()				<u> </u>	90
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			Ш
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	9 6 2	,40 ,99 ,40	6, <u>4</u> 8,1	80. 94. 75.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				<u> </u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12	,80	0.7	81.
Pa	rt XII Financial Statements and Reporting	10		,	• , ,	
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?			2b	X	
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,		2c	X	
	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 Sch			20	-2	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
Ja	Act and OMB Circular A-133?	gio / taait		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		
				Form	990	(2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

RANDALL'S ISLAND PARK ALLIANCE,

14 OMB No. 1545**-**0047

2021

Open to Public Inspection

Employer identification number **-**7630

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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, 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. 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

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,

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

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

	functionally integrated, or	r Type III non-functio	nally integrated supportii	ng organiz	ation.		
f	Enter the number of supported of	organizations					
g	Provide the following information	n about the supporte					
	(i) Name of supported organization	(ii) ElN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Tota							

organization(s). You must complete Part IV, Sections A and C.

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

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

Sec	ction A. Public Support		·	•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5984743.	3771795.	4156610.	4114927.	6512914.	24540989.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			11 - 6610	111100		
	Total. Add lines 1 through 3	5984743.	3771795.	4156610.	4114927.	6512914.	24540989.
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)						63,260.
	Public support. Subtract line 5 from line 4.						24477729.
	ction B. Total Support	T	T		T	Г	T
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	5984743.	3771795.	4156610.	4114927.	6512914.	24540989.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	10046			100		
	and income from similar sources	12,946.	22,526.	58,374.	12,255.	75,003.	181,104.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	245 004	065 600	054 000		4 610	064 000
	assets (Explain in Part VI.)	317,881.	267,600.	274,800.			864,893.
	Total support. Add lines 7 through 10						25586986.
	Gross receipts from related activities,	•	,				<u>,797,775.</u>
13	First 5 years. If the Form 990 is for the	<u> </u>					
500	organization, check this box and stop ction C. Computation of Publi		roontage				P
	•			l (f)			95.66 %
	Public support percentage for 2021 (I					14	~
	Public support percentage from 2020					15	
108	33 1/3% support test - 2021. If the content have The organization qualifies						L 37
Į.	stop here. The organization qualifies 33 1/3% support test - 2020. If the o		-		line 15 is 33 1/3%		
L.							
17~	and stop here. The organization qual 10% -facts-and-circumstances test						
1/8	and if the organization meets the fact	-					
	· ·		•	•		ŭ	▶□
Į.	meets the facts-and-circumstances te 10% -facts-and-circumstances test	-			•	7a, and line 15 is	
i.	more, and if the organization meets the	-					10 /0 UI
	organization meets the facts-and-circu				•		ightharpoonup
1Ω	Private foundation. If the organization						
<u></u>	i ilitate ibuliuationi il tile organizatio	and not one on a	207 OF HIS 10, 100	λ, 100, 11α, 01 17L	, or look allo box al	ia see iristi uetiUl k	· ······· 🚩 🗀

Schedule A (Form 990) 2021 RANDALL'S ISLAND PARK ALLIANCE, INC.

| 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

Section A. Pub	runder the tests listed be plic Support	low, please comp	olete Part II.)				
	cal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	contributions, and		,,	()	(-7	(-)	ν-,
	fees received. (Do not						
include any "ı	unusual grants.")						
2 Gross receipt merchandise formed, or fac any activity th	s from admissions, sold or services per- cilities furnished in nat is related to the s tax-exempt purpose						
3 Gross receipt	s from activities that						
are not an un	related trade or bus-						
iness under s	ection 513						
	levied for the organ- efit and either paid to on its behalf						
·	services or facilities						
	a governmental unit to						
•	on without charge						
6 Total. Add lin	es 1 through 5						
	uded on lines 1, 2, and						
	m disqualified persons						
from other than dis	on lines 2 and 3 received squalified persons that of \$5,000 or 1% of the for the year						
	and 7b						
8 Public suppo	ort. (Subtract line 7c from line 6.)						
Section B. Tot	<u> </u>		1	1	1	1	
	cal year beginning in) 🕨 📙	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	n line 6						
securities loar	e from interest, yments received on ns, rents, royalties, rom similar sources						
b Unrelated busin	ness taxable income						
(less section 5 ⁻ acquired after J	11 taxes) from businesses June 30, 1975						
c Add lines 10a	and 10b						
activities not	om unrelated business included on line 10b, of the business is ed on						
12 Other income or loss from the	. Do not include gain he sale of capital in in Part VI.)						
	(Add lines 9, 10c, 11, and 12.)						
14 First 5 years.	If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
check this bo	x and stop here						>
Section C. Co	mputation of Public	Support Per	rcentage				
15 Public suppor	rt percentage for 2021 (lir	ne 8, column (f), c	divided by line 13, o	column (f))		15	%
16 Public suppor	rt percentage from 2020	Schedule A, Part	III, line 15			16	%
	mputation of Inves						
17 Investment in	come percentage for 202	21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	come percentage from 2					18	%
	oort tests - 2021. If the					3 1/3%, and line 1	7 is not
	1/3%, check this box and						
	oort tests - 2020. If the	·-	•				
line 18 is not	more than 33 1/3%, chec	k this box and st	t op here. The orga	ınization qualifies a	as a publicly suppo	rted organization	
	dation. If the organization						. —

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
dule	A (Forn	n 990)	2021

Par	t IV Support	ting Organizations _(continued)			
	•			Yes	No
11	Has the organizat	tion accepted a gift or contribution from any of the following persons?			
а	•	ectly or indirectly controls, either alone or together with persons described on lines 11b and			
		overning body of a supported organization?	11a		
b	, ,	of a person described on line 11a above?	11b		
	•	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		
Sec	tion 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			1,10
-		organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ed, supervised, or controlled the organization's activities. If the organization had more than one supported			
		cribe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the zations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ion operate for the benefit of any supported organization other than the supported			
_	=	at operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		iding such benefit carried out the purposes of the supported organization(s) that operated,			
		ntrolled the supporting organization.	2		
Sec	tion C. Type II	Supporting Organizations			
				Yes	No
1	Were a majority of	of the organization's directors or trustees during the tax year also a majority of the directors		100	110
		th of the organization's supported organization(s)? If "No," describe in Part VI how control			
		of the supporting organization was vested in the same persons that controlled or managed			
	the supported ord	, ,	1		
Sec		e III Supporting Organizations			
				Yes	No
1	Did the organizat	ion provide to each of its supported organizations, by the last day of the fifth month of the			
	•	year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		verning documents in effect on the date of notification, to the extent not previously provided?	1		
2		organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		(ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		naintained a close and continuous working relationship with the supported organization(s).	2		
3	•	relationship described on line 2, above, did the organization's supported organizations have a			
		n the organization's investment policies and in directing the use of the organization's			
		at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		zations played in this regard.	3		
Sec	tion E. Type II	Functionally Integrated Supporting Organizations			
1	Check the box ne	xt to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organiz	zation satisfied the Activities Test. Complete line 2 below.			
b		ration is the parent of each of its supported organizations. Complete line 3 below.			
С	The organiz	zation supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2		nswer lines 2a and 2b below.		Yes	No
а	Did substantially	all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported org	ganization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported	organizations and explain how these activities directly furthered their exempt purposes,			
	how the organizat	tion was responsive to those supported organizations, and how the organization determined			
	that these activities	es 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 th	e organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reason	ns for the organization's position that its supported organization(s) would have engaged in			
	these activities bu	ut for the organization's involvement.	2b		
3	Parent of Suppor	ted Organizations. Answer lines 3a and 3b below.			
а	Did the organizat	ion have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each	of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organizat	ion exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported of	organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b	1	

	dule A (Form 990) 2021 RANDALL'S ISLAND PARK			**-***7630 Page 6
Pai 1	Type III Non-Functionally Integrated 509(a)(3) Supportion Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu	ing trust on N	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
Sect	ion 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		
Sect	ion 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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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		

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

5

Schedule A (Form 990) 2021

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

20 **-***7630 Pag

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	7030 Page 7
	on D - Distributions	(a)(a) a apparaing a rga	(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
_ <u>.</u>	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity	re parposos or supportou	2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets	o or supported organizations	4	
_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	ovide details in a said say	6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
_	(provide details in Part VI). See instructions.	3	8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2021 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

-*7630 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12;
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
SPECIAL FUNDRAISING EVENTS
2017 AMOUNT: \$ 317,881.
2018 AMOUNT: \$ 267,600.
2019 AMOUNT: \$ 274,800.
· · · · · · · · · · · · · · · · · · ·
INSURANCE REIMBURSEMENT
2021 AMOUNT: \$ 4,612.

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

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.

OMB No. 1545-0047

27

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nan	ne of organization			E	Employer identification number
	RANDALL	'S ISLAND PARK A	LLIANCE, INC	1.	**-***7630
Pa	art I-A Complete if the org	janization is exempt und	ler section 501(c) o	or is a section 527	′ organization.
2 3	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures ign activities			> \$
		janization is exempt und		-	
	Enter the amount of any excise tax				
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				Yes No
_	of If "Yes," describe in Part IV.	janization is exempt und	lar costion E01/a	execut eastion EC	11(0)(2)
		•			
	Enter the amount directly expended				▶ \$
2	Enter the amount of the filing organ		· ·		•
_	exempt function activities Total exempt function expenditures				▶ \$
3	•				•
4	line 17b Did the filing organization file Form				
5					
Ŭ	made payments. For each organiza				
	contributions received that were pro	·			· ·
	political action committee (PAC). If	additional space is needed, prov	vide information in Part l	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization funds. If none, enter	's contributions received and

t	_	*	*	*	7	6	3	n	Page 2	,
	_				•	U	J	v	raye 4	_

Pa	rt II-A Complete if the org section 501(h)).	anization is	exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ection under
4 C		=		liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
. C				nd "limited control" pro	visions apply		
<u>, </u>	Limi	ts on Lobbying	Ехреі	•		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	uence public op	inion (g	grassroots lobbying)			
b	Total lobbying expenditures to influ	uence a legislati	ve bod	ly (direct lobbying)			
С	Total lobbying expenditures (add li	nes 1a and 1b)					
d	Other exempt purpose expenditure	es					
е	Total exempt purpose expenditure	s (add lines 1c	and 1d)			
f	Lobbying nontaxable amount. Ente	er the amount fr	om the	e following table in both	n columns.		
	If the amount on line 1e, column (a) o	or (b) is: T	he lob	bying nontaxable am	ount is:		
	Not over \$500,000	2	0% of	the amount on line 1e.			
	Over \$500,000 but not over \$1,000	0,000 \$	100,00	00 plus 15% of the exce	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000 \$	175,00	00 plus 10% of the exce	ess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,	.000,000 \$	225,00	00 plus 5% of the exces	ss over \$1,500,000.		
	Over \$17,000,000	\$	1,000,	000.			
g	Grassroots nontaxable amount (en						
h	Subtract line 1g from line 1a. If zer	•					
į	Subtract line 1f from line 1c. If zero						
j	If there is an amount other than ze		1h or	line 1i, did the organiza	ation file Form 4720	ſ	
	reporting section 4911 tax for this					<u> </u>	Yes No
	(Some organizations the	hat made a sec	tion 50	eraging Period Under 01(h) election do not l ate instructions for lir	nave to complete all o	of the five columns be	elow.
		Lobbying	Expe	nditures During 4-Yea	r Averaging Period		,
	Calendar year (or fiscal year beginning in)	(a) 2018		(b) 2019	(c) 2020	(d) 2021	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount						
	(150% of line 2a, column(e))						
_	Total lobbying expenditures						
	rotal lobbyling expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount						
	(150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021 RANDALL'S ISLAND PARK ALLIANCE, INC. **-***76 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				(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
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:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
С	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		<u>X</u>		
е	7 1		<u>X</u>		
f	7 7 1 1		X	2.0	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	77	30	,200.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?		X	2.0	
j	Total. Add lines 1c through 1i		v	3(),200.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	i) or sec	tion	
· ui	501(c)(6).	00 . (0)(0	,, or sec		
				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?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part I	II-A, line	3, is
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).				
а	Current year		2a		
b					
С	Total				
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 exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
	de 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 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PA!	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
IN	2021, ENGAGING WITH NEW YORK CITY AND STATE ELECTED	OFFIC	IALS	го	
OBT	AIN BOTH CAPITAL AND EXPENSE FUNDING TO SUPPORT PAR	K INFR	ASTRU	CTURE	
<u>A</u> NI	PROGRAMING.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

Inspection

Name of the organization

RANDALL'S ISLAND PARK ALLIANCE, INC. **Employer** identification number **-***7630

		(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	riting that the assets h	eld in donor advis	ed funds
	are the organization's property, subject to the organization's ex	xclusive legal control?		Yes No
	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpose	conferring
	impermissible private benefit?			Yes No
Part	: II Conservation Easements. Complete if the orga	anization answered "Ye	es" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreation	on or education)	Preservation of	f a historically important land area
	Protection of natural habitat		Preservation of	f a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contrib	oution in the form	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic struc	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired aft	ter 7/25/06, and not or	n a historic structu	ure
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or	terminated by the	organization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the peric	dic monitoring, inspec	tion, handling of	
	violations, and enforcement of the conservation easements it h	nolds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, a	nd enforcing cons	servation easements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and e	nforcing conservat	tion easements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremen	its 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	n easements in its reve	nue and expense	statement and
	balance sheet, and include, if applicable, the text of the footno	te to the organization'	s financial stateme	ents that describes the
	organization's accounting for conservation easements.			
Par			easures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9			
	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publi			•
	service, provide in Part XIII the text of the footnote to its financ	ial statements that de	scribes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenu	ie statement and b	balance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, o	or research in furth	nerance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
				' '
2	If the organization received or held works of art, historical treas	sures, or other similar a	assets for financia	l gain, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these	e items:	
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			L 1

	rt III Organizations Maintaining C	collections of Ar				er Simila	r Assets	(contin		age z
3	Using the organization's acquisition, accessi							(OOTTEN	<u>laca,</u>	
_	collection items (check all that apply):	,	-,	,	g	g				
а		c	ı 🗆 Loa	ın or excl	hange program					
b		e								
c										
4	Provide a description of the organization's co	ollections and explain	n how they t	urther th	e organization's ex	empt purpo	se in Part	XIII		
5	During the year, did the organization solicit of						oo iirr are	,		
•	to be sold to raise funds rather than to be m							Yes		No
Par	rt IV Escrow and Custodial Arran							_		
	reported an amount on Form 990, Pa			,			-,,			
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for cont	tributions	s or other assets no	t included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
		aa cop.o.c a	g tazı					Amoun	t	
c	Beginning balance					1c				
	Additions during the year									
_	Distributions during the year									
f										
	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.					•		_		j
	rt V Endowment Funds. Complete									
	5 - A. I.	(a) Current year	(b) Prior		(c) Two years back		years back	(e) Four	years	back
1a	Beginning of year balance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	•	, , ,	1		` '		
b										
	Net investment earnings, gains, and losses									
d										
u	Other expenditures for facilities									
C	,									
	and programs Administrative expenses									
' ~										
g	Provide the estimated percentage of the cur		o (lino 1a o	olumn (a)	l) bold as:					
2	Board designated or quasi-endowment	ent year end balance	e (IIIIe 19, CC	Jiuiiiii (a)	j rielu as.					
a b		 %	— ′°							
D										
C	The percentages on lines 2a, 2b, and 2c sho	• · ·								
20	Are there endowment funds not in the posse	•	ation that ar	o hold an	ad administered for	tho organiz	ation			
Ja	by:	ssion of the organize	ation that ar	e neid an	id administered for	ine organiz	ation	1	Yes	No
	•							3a(i)		
	(,							3a(ii)		
b	(-)	atione lietod ae roquir	ad on Scho	dula D2				3b		
4	Describe in Part XIII the intended uses of the							_ JD		
Par	rt VI Land, Buildings, and Equipm		willelit lulic	15.						
	Complete if the organization answere) Part IV lin	e 11a S	ee Form 990 Part)	(line 10				
	Description of property	(a) Cost or o				Accumulat	od	(d) Boo	اد برماید	
	Description of property	basis (investr		basis	, ,	epreciation		(a) 600	x valu	е
4.	Land	<u> </u>	none)	Dasis	(0.1.101)	opi colatioi	·			
	Land									
b							-			
С	Leasehold improvements				-		-			
a	Equipment				+		- -			
<u>е</u>	Other		<u> </u>	5) " :						

Schedule D (Form 990) 2021 RANDALL'S IS Part VII Investments - Other Securities.	SLAND PARK AL	LIANCE, INC. **	32 -***7630 Page
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.	•	·	
Complete if the organization answered "Yes" of	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) Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

-*<u>763</u>0 Page **4**

Sche	dule D (Form 990) 2021 RANDALL'S ISLAND PARK AL		INC.	**_	***7630	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With F	Revenue per Re	turn.		
	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	9,582,	763.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	122,712. 76,309.			
b	Donated services and use of facilities	2b	76,309.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		021.
3	Subtract line 2e from line 1			3	9,383,	742.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b		20,932.			
b	Other (Describe in Part XIII.)	4b			0.0	000
С	Add lines 4a and 4b			4c	20,	932.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	9,404,	6/4.
Pai	t XII Reconciliation of Expenses per Audited Financial Stat		Expenses per F	teturr	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				7 051	0.5.7
1	Total expenses and losses per audited financial statements			1	7,051,	85/.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1	76 200			
a	Donated services and use of facilities		76,309.	-		
b	Prior year adjustments			-		
С	Other losses			-		
d	Other (Describe in Part XIII.)				п.с	200
е	Add lines 2a through 2d			2e		309.
3	Subtract line 2e from line 1			3	6,975,	548.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
	Investment expenses not included on Form 990, Part VIII, line 7b		20,932.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c	20,	932.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)		5	6,996,	480.
Pai	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			; Part X	K, line 2; Part XI	,
PAF	T X, LINE 2:					
	ALLIANCE BELIEVES IT HAS NO UNCERTAIN	#NY D∩CT#	TONG AG OF	חפו	ר משמאים	1
						<u> </u>
202	1 AND 2020, IN ACCORDANCE WITH ACCOUNTIN	NG STANDA	RDS CODIFI	CAT.	LON	
(" <i>I</i>	SC") TOPIC 740, WHICH PROVIDES STANDARD	S FOR EST	ABLISHING	AND		
CLA	SSIFYING ANY TAX PROVISIONS FOR UNCERTA	IN TAX PO	SITIONS.			

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization **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

34

Open to Public Inspection **Employer identification number**

-*7630

RANDALL'S ISLAND PARK ALLIANCE,

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 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 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 X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee 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 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. 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: Х a The organization? 5a X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

INC.

Page 2

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(î)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MAHER, DEBORAH	Ξ	252,20	0	270.	6,635.	15,307.	274,418.	0
PRESIDENT	(E)		0	0.	0.	0.		0
(2) VAZQUEZ, LOUIS	Ξ	149,55	0	1,188.	2,458.	30,441.	183,638.	
DIRECTOR OF ICAHN STADIUM	Œ		• 0	0	• 0			
(3) DI STEFANO, DAEMAN	Ξ	137,22	0	180.	3,704.	36,802.	177,912.	
CHIEF FINANCIAL OFFICER	Ξ		0	0	0	0	0	
(4) SALERNO, DAVID	(:)	104,309.	• 0	2,693.	• 0	11,926.	118,928.	0
DEPUTY ADMINISTRATOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(E)							
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Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

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.

Schedule J (Form 990) 202
APPROVALS FOR THE ABOVE HAVE BEEN RECEIVED.
FROM RIPA. HIS COMPENSATION FROM BOTH EMPLOYERS IS REPORTED HERE. ALL
DEPARTMENT OF PARKS AND RECREATION AND RECEIVES ADDITIONAL COMPENSATION
EMPLOYERS IS REPORTED HERE. DAVID SALERNO IS EMPLOYED BY THE NYC
NYC DEPARTMENT OF PARKS AND RECREATION. HIS COMPENSATION FROM BOTH
LOUIS VASQUEZ IS PRIMARILY EMPLOYED BY RIPA AND IS ALSO EMPLOYED BY THE
SCHEDULE J, PART II:

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

37 OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

RANDALL'S ISLAND PARK ALLIANCE, INC. Employer identification number **-***7630

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND ENVIRONMENTAL EXPLORATION. AS THE DEDICATED STEWARD OF RANDALL'S ISLAND PARK, THE ALLIANCE SUSTAINS, MAINTAINS, DEVELOPS AND PROGRAMS THE PARK TO SUPPORT THE WELLBEING OF ALL NEW YORKERS. FORM 990, PART VI, SECTION A, LINE 7A: THE MAYOR OF THE CITY OF NEW YORK MAY APPOINT UP TO FIVE TRUSTEES, TO CONFIRMATION BY THE BOARD OF TRUSTEES. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT, REVIEWED BY SENIOR STAFF, DISTRIBUTED TO THE AUDIT COMMITTEE MEMBERS FOR CLOSE REVIEW, AND THEN DISTRIBUTED TO THE ENTIRE BOARD FOR COMMENT BEFORE IT IS FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE AUDIT COMMITTEE ANNUALLY EVALUATES POTENTIAL AND EXISTING CONFLICTS OF INTEREST OF ALL TRUSTEES AND SENIOR LEVEL STAFF. A REPORT OF COMPLIANCE WITH THE POLICY IS PRESENTED TO THE AUDIT COMMITTEE ON AN ANNUAL BASIS. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES KEY EMPLOYEES' COMPENSATION

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

GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ANNUALLY BASED UPON AVAILABLE COMPARABLE DATA AND PERFORMANCE.

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization RANDALL'S ISLAND PARK ALLIANCE, INC.	Employer identification number **-**7630
ARE AVAILABLE TO DONORS AND PROSPECTIVE DONORS UPON REQUES	т.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTORS:	
PROGRAM SERVICE EXPENSES	763,523.
MANAGEMENT AND GENERAL EXPENSES	127,961.
FUNDRAISING EXPENSES	12,430.
TOTAL EXPENSES	903,914.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	903,914.
FORM 990, PART XII, LINE 2C: THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	