

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2015

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CENTRAL PARK CONSERVANCY, INC. Doing Business As			D Employer identification number 13-3022855	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (212) 310-6600	
	14 EAST 60TH STREET City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022				
	F Name and address of principal officer: MR. DOUGLAS BLONSKY 14 EAST 60TH STREET NEW YORK, NY 10022			G Gross receipts \$ 142,103,146. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.CENTRALPARKNYC.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
				L Year of formation: 1980	
				M State of legal domicile: NY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 51.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 48.
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 490.
	6	Total number of volunteers (estimate if necessary)	6 2,455.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a -257,279.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b -257,529.	
Revenue	Revenue		
	8	Contributions and grants (Part VIII, line 1h)	50,004,309. 33,938,682.
	9	Program service revenue (Part VIII, line 2g)	9,186,267. 10,836,306.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,198,552. 4,680,384.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-309,525. -311,457.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	68,079,603. 49,143,915.
Expenses	Expenses		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	188,048. 749,801.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	31,102,769. 33,463,822.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	94,536. 224,244.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,770,971.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	33,028,214. 33,568,279.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	64,413,567. 68,006,146.	
19	Revenue less expenses. Subtract line 18 from line 12	3,666,036. -18,862,231.	
Net Assets or Fund Balances	Net Assets or Fund Balances		
	20	Total assets (Part X, line 16)	370,096,188. 330,587,867.
	21	Total liabilities (Part X, line 26)	11,120,503. 10,450,169.
22	Net assets or fund balances. Subtract line 21 from line 20	358,975,685. 320,137,698.	

Part II Signature Block

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

Sign Here	▶ Signature of officer		Date
	▶ Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CANDICE METH		02/14/2017		P01306891
	Firm's name ▶ EISNERAMPER LLP	Firm's EIN ▶ 13-1639826		Phone no. 212-949-8700	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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? [] Yes [X] No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

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

4a (Code:) (Expenses \$ 19,841,703. including grants of \$) (Revenue \$ 2,386,101.)

DESIGN AND CONSTRUCTION IN CONNECTION WITH THE RESTORATION OF CENTRAL PARK AS AMERICA'S FOREMOST URBAN PUBLIC SPACE. THE CONSERVANCY HAS CARRIED OUT A RESTORATION MANAGEMENT PLAN FOR THE PARK, AND MANAGED THE CAPITAL RESTORATION OF A NUMBER OF SIGNIFICANT LANDSCAPES AND FACILITIES.

4b (Code:) (Expenses \$ 23,420,068. including grants of \$) (Revenue \$ 8,207,720.)

AS THE OFFICIAL MANAGER OF CENTRAL PARK, THE CONSERVANCY IS RESPONSIBLE FOR THE DAY TO DAY MAINTENANCE OPERATION OF THE PARK. ACTIVITIES INCLUDE: LANDSCAPE MAINTENANCE, PLAYGROUND MAINTENANCE, TREE CARE, TURF CARE, AND PRESERVATION OF HISTORIC MONUMENTS. THE CONSERVANCY HAS SET NEW STANDARDS IN EXCELLENCE IN PARK CARE. IT HAS TRANSFORMED CENTRAL PARK INTO A MODEL FOR URBAN PARKS WORLDWIDE.

4c (Code:) (Expenses \$ 4,695,995. including grants of \$ 749,801.) (Revenue \$ 242,485.)

THE CONSERVANCY'S PUBLIC PROGRAMS TAKE ADVANTAGE OF THE INVALUABLE RESOURCES IN CENTRAL PARK PROVIDING EDUCATION, RECREATION, AND VOLUNTEER PROGRAMS THAT SERVE THE COMMUNITY. IN ADDITION, THE CONSERVANCY PROVIDES SERVICES AT THE FIVE FOLLOWING VISITOR CENTERS IN THE PARK: CHARLES A. DANA DISCOVERY CENTER, NORTH MEADOW RECREATION CENTER, BELVEDERE CASTLE, THE DAIRY VISITOR CENTER AND GIFT SHOP, AND CHESS AND CHECKERS HOUSE.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 3,991,043. including grants of \$) (Revenue \$)

4e Total program service expenses 51,948,809.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 19 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 20a through 38 regarding hospital facilities, financial statements, grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (51), 1b (48), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: STEPHEN SPINELLI 14 EAST 60TH STREET NEW YORK, NY 10022 212-310-6600

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)MS. JUDY HART ANGELO GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
(2)MS. ELIZABETH H. ATWOOD GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
(3)MS. JANE BAYARD VICE CHAIR & GENERAL TRUSTEE	1.00 0.	X		X				0.	0.	0.
(4)MR. JEFF T. BLAU GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
(5)MR. DOUGLAS BLONSKY PRESIDENT & CEO & PARK ADMIN.	35.00 0.	X		X			623,221.	0.	40,521.	
(6)HON. GALE A. BREWER EX-OFFICIO (MAN. BOR. PRES.)	1.00 0.	X						0.	0.	0.
(7)MRS. JUDITH M. CARSON GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
(8)MR. RICHARD CASHIN GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
(9)MS. SUZANNE COCHRAN GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
(10)MS. KELLY C. COFFEY GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
(11)MR. MARTIN COHEN GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
(12)MS. NORMA T. DANA GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
(13)MR. RICHARD GILDER GENERAL TRUSTEE THRU 10/2015	1.00 0.	X						0.	0.	0.
(14)MR. BENNETT GOODMAN GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MR. NICHOLAS A. GRAVANTE, JR. APPOINTED TRUSTEE (MAYORAL)	1.00 0.	X						0.	0.	0.
(16) MR. MICHAEL GROBSTEIN TREASURER & GENERAL TRUSTEE	1.00 0.	X		X				0.	0.	0.
(17) MRS. ANNE S. HARRISON GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
(18) MR. KENNETH H. HEITNER, ESQ. SECRETARY/COUNSEL/GEN. TRUSTEE	1.00 0.	X		X				0.	0.	0.
(19) MRS. JANE HELLER GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
(20) MS. AMABEL JAMES GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
(21) MR. THOMAS L. KEMPNER, JR. BOARD CHAIR & GENERAL TRUSTEE	1.00 0.	X		X				0.	0.	0.
(22) MR. JONATHAN KORNGOLD GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
(23) MRS. SHEILA LABRECQUE GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
(24) MS. JILL LAFER APPOINTED TRUSTEE (MAYORAL)	1.00 0.	X						0.	0.	0.
(25) MRS. CAROL SUTTON LEWIS GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
1b Sub-total								623,221.	0.	40,521.
c Total from continuation sheets to Part VII, Section A								2,655,331.	0.	358,866.
d Total (add lines 1b and 1c)								3,278,552.	0.	399,387.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 38

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 58

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MR. ROBERT C. LIEBER APPOINTED TRUSTEE (MAYORAL)	1.00 0.	X						0.	0.	0.
(27) MR. JAY P. MANDELBAUM GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
(28) MRS. KAREN T. MAY EX-OFFICIO / WOMEN'S COMMITTEE	1.00 0.	X						0.	0.	0.
(29) MRS. LENI MAY GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
(30) MR. EUGENE MERCY, JR. GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
(31) MRS. GILLIAN MINITER GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
(32) MR. CHARLES A. MYERS APPOINTED TRUSTEE (MAYORAL)	1.00 0.	X						0.	0.	0.
(33) MRS. AMELIA OGUNLESI GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
(34) MR. JOHN PAULSON GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
(35) MS. DEBORAH ROBERTS GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
(36) MR. JOE L. ROBY GENERAL TRUSTEE	1.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 38

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) MR. ERIC RUDIN ----- GENERAL TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(38) MS. JACQUELINE SACKLER ----- GENERAL TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(39) MRS. SIGRID SCHAFER ----- GENERAL TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(40) MRS. DONNA SCHWARTZ ----- GENERAL TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(41) MR. NORMAN C. SELBY ----- GENERAL TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(42) MR. ALFRED J. SHUMAN ----- GENERAL TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(43) HON. MITCHELL J. SILVER ----- EX-OFFICIO (COMMISSIONER)	1.00 ----- 0.	X						0.	0.	0.
(44) MR. A.J.C. SMITH ----- GENERAL TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(45) MR. DONALD G. SMITH ----- GENERAL TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(46) MS. ELIZABETH W. SMITH ----- GENERAL TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(47) MR. JOHN STEINHARDT ----- GENERAL TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 38

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) MS. ERANA M. STENNETT GENERAL TRUSTEE	1.00 0.	X					0.	0.	0.	
(49) MR. JOHN STOSSEL GENERAL TRUSTEE	1.00 0.	X					0.	0.	0.	
(50) MR. STUART SUBOTNICK GENERAL TRUSTEE	1.00 0.	X					0.	0.	0.	
(51) MRS. PATSY C. TARR GENERAL TRUSTEE	1.00 0.	X					0.	0.	0.	
(52) MS. MARY WALLACH GENERAL TRUSTEE	1.00 0.	X					0.	0.	0.	
(53) MR. STEPHEN SPINELLI CFO AND VP OF ADMINISTRATION	35.00 0.			X			351,515.	0.	45,074.	
(54) MR. CHRISTOPHER NOLAN VP FOR PLANNING, DESIG & CONST	35.00 0.			X			314,634.	0.	44,241.	
(55) MS. JANE MCINTOSH VP FOR PHILANTHROPY	35.00 0.			X			255,594.	0.	39,061.	
(56) MS. TERRI COPPERSMITH VP FOR VISITOR EXPERIENCE	35.00 0.			X			282,653.	0.	38,311.	
(57) MS. KATHRYN ORTIZ CONTROLLER	35.00 0.			X			195,801.	0.	35,481.	
(58) MR. FRANK LOCASTRO VP FOR OPERATIONS MANAGEMENT	35.00 0.			X			234,112.	0.	46,548.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 38

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) MS. LAURA HALL VP FOR DEV, WC & SPECIAL EVENT	35.00 0.			X				264,573.	0.	33,919.
(60) MR. RUSSELL FREDERICKS CHIEF OF OPERATIONS	35.00 0.					X		178,159.	0.	16,478.
(61) MS. ABIGAIL D. HEALY ASSOC VP FOR DEVELOPMENT	35.00 0.					X		144,663.	0.	14,828.
(62) MS. BETH M. HASKELL ASSOC VP OF INFORMATION TECH.	35.00 0.					X		144,448.	0.	14,937.
(63) MS. SHEILA G. KENDALL ASSOC VP OF HUMAN RESOURCES	35.00 0.					X		145,887.	0.	15,094.
(64) MS. LANE N. ADDONIZIO ASSOC VP FOR PLANNING	35.00 0.					X		143,292.	0.	14,894.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 38

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	5,130,409.			
	d Related organizations	1d				
	e Government grants (contributions) . .	1e				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	28,808,273.			
	g Noncash contributions included in lines 1a-1f: \$		602,993.			
	h Total. Add lines 1a-1f			33,938,682.		
Program Service Revenue		Business Code				
	2a PROGRAM FEES	713990	156,285.	156,285.		
	b GARDEN RENTAL FEES	713990	86,200.			86,200.
	c CONTRACT REVENUE	713990	8,207,720.	8,207,720.		
	d PROJECT REVENUE	713990	2,386,101.	2,386,101.		
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f			10,836,306.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).		3,048,151.			3,048,151.
	4 Income from investment of tax-exempt bond proceeds .		0.			
	5 Royalties		8,798.			8,798.
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)			0.		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		92,960,000.				
	b Less: cost or other basis and sales expenses			91,327,767.		
	c Gain or (loss)			1,632,233.		
d Net gain or (loss)			1,632,233.		-257,279.	1,889,512.
8a Gross income from fundraising events (not including \$ 5,130,409. of contributions reported on line 1c). See Part IV, line 18	a	587,010.				
b Less: direct expenses	b	1,301,074.				
c Net income or (loss) from fundraising events.			-714,064.			-714,064.
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities.			0.			
10a Gross sales of inventory, less returns and allowances	a	714,017.				
b Less: cost of goods sold	b	330,390.				
c Net income or (loss) from sales of inventory.			383,627.			383,627.
Miscellaneous Revenue		Business Code				
11a RECYCLING		900099	3,187.			3,187.
b DAMAGES - REIMBURSEMENT		900099	6,995.			6,995.
c _____						
d All other revenue						
e Total. Add lines 11a-11d			10,182.			
12 Total revenue. See instructions.			49,143,915.	10,750,106.	-257,279.	4,712,406.

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	749,801.	749,801.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,271,837.	578,592.	944,553.	748,692.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	23,598,103.	18,459,065.	2,524,606.	2,614,432.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,523,072.	1,071,252.	229,582.	222,238.
9 Other employee benefits	4,040,731.	2,956,736.	594,808.	489,187.
10 Payroll taxes	2,030,079.	1,537,162.	203,487.	289,430.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	101,000.		101,000.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	224,244.			224,244.
f Investment management fees	2,566,825.		2,566,825.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,757,007.	1,399,616.	311,737.	1,045,654.
12 Advertising and promotion	60,145.	28,384.	3,631.	28,130.
13 Office expenses	4,235,325.	3,345,308.	34,542.	855,475.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	1,662,359.	964,161.	166,235.	531,963.
17 Travel	47,474.	26,912.	4,786.	15,776.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	234,520.	167,554.	26,215.	40,751.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,163,849.	780,130.	303,283.	80,436.
23 Insurance	378,834.	219,724.	37,883.	121,227.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSTRUCTION AND DESIGN -----	14,167,760.	14,167,760.		
b EQUIPMENT AND MAINTENANCE -----	1,422,440.	1,083,712.	133,339.	205,389.
c LANDSCAPE -----	2,424,109.	2,424,109.		
d PRINTING AND PUBLICATIONS -----	364,359.	153,274.	43,738.	167,347.
e All other expenses -----	1,982,273.	1,835,557.	56,116.	90,600.
25 Total functional expenses. Add lines 1 through 24e	68,006,146.	51,948,809.	8,286,366.	7,770,971.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,606,934.	1	7,429,079.
	2 Savings and temporary cash investments	38,160,794.	2	17,755,838.
	3 Pledges and grants receivable, net	30,850,905.	3	25,781,871.
	4 Accounts receivable, net	5,915,260.	4	7,801,958.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	274,427.	8	340,437.
	9 Prepaid expenses and deferred charges	797,859.	9	1,007,209.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,901,322.		
	b Less: accumulated depreciation	10b 7,928,825.	4,277,560.	10c 3,972,497.
	11 Investments - publicly traded securities	133,000,836.	11	112,004,540.
	12 Investments - other securities. See Part IV, line 11	148,849,277.	12	152,015,434.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	2,362,336.	15	2,479,004.
16 Total assets. Add lines 1 through 15 (must equal line 34)	370,096,188.	16	330,587,867.	
Liabilities	17 Accounts payable and accrued expenses	7,417,446.	17	6,373,613.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	245,880.	19	400,000.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,457,177.	25	3,676,556.
	26 Total liabilities. Add lines 17 through 25	11,120,503.	26	10,450,169.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	88,109,291.	27	78,835,063.
	28 Temporarily restricted net assets	180,218,201.	28	148,823,419.
	29 Permanently restricted net assets	90,648,193.	29	92,479,216.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	358,975,685.	33	320,137,698.
34 Total liabilities and net assets/fund balances	370,096,188.	34	330,587,867.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	49,143,915.
2	Total expenses (must equal Part IX, column (A), line 25)	2	68,006,146.
3	Revenue less expenses. Subtract line 2 from line 1	3	-18,862,231.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	358,975,685.
5	Net unrealized gains (losses) on investments	5	-19,815,211.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-160,545.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	320,137,698.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization CENTRAL PARK CONSERVANCY, INC.	Employer identification number 13-3022855
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 88.06%; 15 Public support percentage from 2014 Schedule A, Part II, line 14 89.02%; 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2015, 2014. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2014 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2015, 2014. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - ORGANIZATIONS RECEIVING ANY UNUSUAL GRANTS FOR 2012

<u>NAME OF CONTRIBUTOR</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>EXPLANATION</u>
JOHN PAULSON	10/22/2012	50,000,000.	EXTRAORDINARY GIFT
PAULSON FAMILY FOUNDATION	10/22/2012	50,000,000.	EXTRAORDINARY GIFT
TOTAL		<u>100,000,000.</u>	

ATTACHMENT 2

SCHEDULE A, PART II - OTHER INCOME

<u>DESCRIPTION</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>TOTAL</u>
RECYCLING					3,187.	3,187.
DAMAGES REIMBURSEMENT-FILM SHO	2,750.				6,995.	9,745.
MISCELLANEOUS	70.	371.				441.
TOTALS	<u>2,820.</u>	<u>371.</u>			<u>10,182.</u>	<u>13,373.</u>

Schedule of Contributors

2015

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization CENTRAL PARK CONSERVANCY, INC.	Employer identification number 13-3022855
---	---

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

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

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

Name of organization **CENTRAL PARK CONSERVANCY, INC.**

Employer identification number
13-3022855

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,940,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CENTRAL PARK CONSERVANCY, INC.**

Employer identification number

13-3022855

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

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

Name of organization **CENTRAL PARK CONSERVANCY, INC.**

Employer identification number
13-3022855

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

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

CENTRAL PARK CONSERVANCY, INC.

13-3022855

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

JSA 5E1268 1.000

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 29.1300 %
b Permanent endowment 21.9800 %
c Temporarily restricted endowment 48.8900 %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- (i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LIMITED PARTNERSHIPS	152,015,434.	FMV
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	152,015,434.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED GIFT ANNUITY LIABILITY	774,746.
(3) DEFERRED COMPENSATION PLAN 457B	1,367,864.
(4) DEFERRED COMPENSATION	1,533,946.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,676,556.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	27,618,610.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-19,815,211.
b	Donated services and use of facilities	2b	686,886.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-160,545.
e	Add lines 2a through 2d	2e	-19,288,870.
3	Subtract line 2e from line 1	3	46,907,480.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,566,825.
b	Other (Describe in Part XIII.)	4b	-330,390.
c	Add lines 4a and 4b	4c	2,236,435.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	49,143,915.

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

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

1	Total expenses and losses per audited financial statements	1	66,456,597.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	686,886.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	686,886.
3	Subtract line 2e from line 1	3	65,769,711.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,566,825.
b	Other (Describe in Part XIII.)	4b	-330,390.
c	Add lines 4a and 4b	4c	2,236,435.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	68,006,146.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V

ENDOWMENTS: THE CONSERVANCY ENDOWMENT FUNDS ARE AVAILABLE TO SUPPORT THE FOLLOWING PURPOSES: HORTICULTURE, MAINTENANCE, PRESERVATION, VISITOR SERVICES AND PUBLIC PROGRAMS, EDUCATION, AND GENERAL PROGRAMS OF THE CONSERVANCY.

SCHEDULE D, PART X

INCOME TAX UNCERTAINTIES:

THE CONSERVANCY FOLLOWS ASU NO. 2009-06, IMPLEMENTATION GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND DISCLOSURE AMENDMENTS FOR NONPUBLIC ENTITIES (ASU 2009-06), IN CONJUNCTION WITH ITS ADOPTION OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (NOW INCLUDED IN ACCOUNTING STANDARDS CODIFICATION (ASC) SUBTOPIC 740-10, INCOME TAXES - OVERALL). THE CONSERVANCY RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE CONSERVANCY'S EXEMPT PURPOSE IS SUBJECT TO TAX. THE CONSERVANCY DID NOT HAVE ANY MATERIAL UNRELATED BUSINESS INCOME TAX LIABILITIES FOR THE YEARS ENDING JUNE 30, 2016 AND 2015.

SCHEDULE D, PART XI, LINE 2D

OTHER REVENUE (LOSS):

CHANGE IN SPLIT INTEREST (\$160,545).

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART XI AND PART XII, LINE 4B

OTHER EXPENSES:

COST OF GOODS SOLD INCLUDED IN EXPENSES FOR FINANCIAL STATEMENT REPORTING

THAT HAVE BEEN INCLUDED IN REVENUE FOR FORM 990, PART VIII, LINE 10B:

\$330,390.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CENTRAL PARK CONSERVANCY, INC.

Employer identification number

13-3022855

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		49,221,936.
(2) NORTH AMERICA			INVESTMENTS		8,032,537.
(3) EUROPE			INVESTMENTS		13,627,476.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					70,881,949.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					70,881,949.

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

Schedule F (Form 990) 2015

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ _____

3 Enter total number of other organizations or entities. ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 3

FOREIGN INVESTMENTS: THE ORGANIZATION MAINTAINS INVESTMENTS IN FOREIGN PARTNERSHIPS SUCH AS CENTRAL AMERICA/CARIBBEAN, NORTH AMERICA, AND EUROPE. ALL RELATED FILINGS FOR THESE INVESTMENTS ARE COMPLETED AND FILED ON A TIMELY BASIS.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

CENTRAL PARK CONSERVANCY, INC.

Employer identification number

13-3022855

Part I

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

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

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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				5,628,892.	224,244.	5,404,648.

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

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL,
KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		FLO LUNCHEON (event type)	FALL GALA (event type)	2. (total number)	(add col. (a) through col. (c))		
Revenue	1	Gross receipts	3,597,020.	1,200,201.	920,198.	5,717,419.	
	2	Less: Contributions	3,175,820.	1,155,551.	799,038.	5,130,409.	
	3	Gross income (line 1 minus line 2)	421,200.	44,650.	121,160.	587,010.	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	514,269.	519,704.	267,101.	1,301,074.	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶					1,301,074.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶					-714,064.

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
M & R STRATEGIC SERVICE, 1901 L STREET N.N., SUITE 800 WASHINGTON, DC 20036	PROF FUNDRAISER		X	5,628,892.	224,244.	5,404,648.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CENTRAL PARK CONSERVANCY, INC.

Employer identification number

13-3022855

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NYC DEPARTMENT OF PARKS AND RECREATION 830 5TH AVENUE NEW YORK, NY 10065	13-6400434	GOV'T AGENCY	631,534.				PROGRAM SUPPORT
(2) THE PUBLIC THEATER 425 LAFAYETTE STREET NEW YORK, NY 10033	13-1844852	501(C)(3)	50,000.				PROGRAM SUPPORT
(3) BLACK ROCK FOREST CONSORTIUM 129 CONTINENTAL ROAD CORNWALL, NY 12518	13-3536463	501(C)(3)	21,236.				PROGRAM SUPPORT
(4) NEW YORKERS FOR PARKS 457 MADISON AVENUE NEW YORK, NY 10022	13-6167879	501(C)(3)	10,900.				PROGRAM SUPPORT
(5) CITY PARKS ALLIANCE 121 AVENUE OF THE AMERICAS	80-0015566	501(C)(3)	10,000.				PROGRAM SUPPORT
(6) ASLA 148 W 37TH ST #13 NEW YORK, NY 10018	16-6050922	501(C)(3)	8,000.				PROGRAM SUPPORT
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6.

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

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

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

USE OF GRANT FUNDS:

THE CONSERVANCY PROVIDES ASSISTANCE TO A SMALL NUMBER OF MISSION RELATED ORGANIZATIONS IT PARTNERS WITH. THE GRANTS ARE DETERMINED AND ADMINISTERED IN CONFORMANCE WITH OUR COLLABORATIVE NON-PROFIT SUPPORT POLICY.

PART II, LINE 1:

THE CONSERVANCY MADE A GRANT TO THE CITY OF NEW YORK TO PROVIDE FUNDING FOR SALARIES AND BENEFITS FOR THE CITY TO HIRE ADDITIONAL PARK ENFORCEMENT OFFICERS TO BE DEPLOYED IN CENTRAL PARK.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL PARK CONSERVANCY, INC.

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

13-3022855

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. **7** Yes No

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. **8** Yes No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2015

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	MR. DOUGLAS BLONSKY PRESIDENT & CEO & PARK ADMIN.	(i)	483,221.	140,000.	0.	33,529.	6,992.	663,742.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	MR. STEPHEN SPINELLI CFO AND VP OF ADMINISTRATION	(i)	310,307.	41,208.	0.	33,362.	11,712.	396,589.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	MR. CHRISTOPHER NOLAN VP FOR PLANNING, DESIG & CONST	(i)	272,824.	41,810.	0.	31,508.	12,733.	358,875.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	MS. JANE MCINTOSH VP FOR PHILANTHROPY	(i)	234,444.	21,150.	0.	33,250.	5,811.	294,655.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	MS. TERRI COPPERSMITH VP FOR VISITOR EXPERIENCE	(i)	263,928.	18,725.	0.	33,037.	5,274.	320,964.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	MS. KATHRYN ORTIZ CONTROLLER	(i)	195,801.	0.	0.	29,446.	6,035.	231,282.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	MR. FRANK LOCASTRO VP FOR OPERATIONS MANAGEMENT	(i)	218,355.	15,757.	0.	32,383.	14,165.	280,660.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	MS. LAURA HALL VP FOR DEV, WC & SPECIAL EVENT	(i)	242,523.	22,050.	0.	33,292.	627.	298,492.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	MR. RUSSELL FREDERICKS CHIEF OF OPERATIONS	(i)	178,159.	0.	0.	10,289.	6,189.	194,637.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	MS. ABIGAIL D. HEALY ASSOC VP FOR DEVELOPMENT	(i)	144,663.	0.	0.	8,309.	6,519.	159,491.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	MS. BETH M. HASKELL ASSOC VP OF INFORMATION TECH.	(i)	144,448.	0.	0.	8,416.	6,521.	159,385.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	MS. SHEILA G. KENDALL ASSOC VP OF HUMAN RESOURCES	(i)	145,887.	0.	0.	8,603.	6,491.	160,981.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	MS. LANE N. ADDONIZIO ASSOC VP FOR PLANNING	(i)	143,292.	0.	0.	8,369.	6,525.	158,186.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

Complete this part to 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, PART I QUESTION 3

THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE WHICH IS COMPRISED OF INDEPENDENT MEMBERS OF THE GOVERNING BOARD ENGAGED INDEPENDENT EXPERT COMPENSATION CONSULTANTS TO EVALUATE EXECUTIVE COMPENSATION LEVELS AND ESTABLISH PEER GROUP BASED BENCHMARKS RELATED TO THE ORGANIZATION'S MISSION. TRUSTEES ROUTINELY EVALUATE MANAGEMENT PERFORMANCE AND COMPENSATION TO ENSURE THAT THE COMPENSATION PROCESS IS APPROPRIATE AND DESIGNED TO ATTRACT AND RETAIN THE BEST TALENT IN THE INDUSTRY. THE COMMITTEE DOCUMENTS COMPENSATION DETERMINATIONS IN THE COMMITTEE MINUTES.

SCHEDULE J, PART I, QUESTION 7

LONG-TERM COMPENSATION PROGRAM: THE CONSERVANCY'S CURRENT SENIOR MANAGEMENT TEAM HAS BEEN CRITICAL TO ITS SUCCESS TO DATE. RETAINING THIS TEAM AND PROVIDING FOR THE ATTRACTION AND DEVELOPMENT OF FUTURE LEADERS REQUIRES, AMONG OTHER THINGS, A COMPENSATION PROGRAM THAT: (I) ALIGNS PAY WITH PERFORMANCE AGAINST THE CONSERVANCY'S STRATEGIC PLAN AND OVERALL OBJECTIVES; AND (II) PROVIDES A PAY PACKAGE THAT IS COMPETITIVE WITH ORGANIZATIONS THAT HAVE SIMILAR PROFILES. CONSEQUENTLY, THE CONSERVANCY'S COMPENSATION PROGRAM IS DESIGNED TO: (I) MOTIVATE CURRENT HIGH

Part III Supplemental Information

Complete this part to 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.

PERFORMANCE; (II) RECOGNIZE CAPABILITIES AND EXPERIENCE; AND (III) PROVIDE LONG-TERM INCENTIVES TO RETAIN KEY MANAGEMENT. THE CONSERVANCY'S COMPENSATION PROGRAM INCLUDES: (I) BASE SALARY; (II) ANNUAL PERFORMANCE AWARDS; AND (III) A LONG-TERM INCENTIVE COMPENSATION PLAN ("PLAN") - THE PROGRAM IS TIED TO LONG-TERM STRATEGIC AND RETENTION OBJECTIVES. ALL INCENTIVE PAYMENTS ASSOCIATED WITH THE PLAN ARE DEFERRED FOR FOUR YEARS TO ENSURE PERFORMANCE AND RETENTION MILESTONES ARE MET. THE PLAN WAS ADOPTED BY THE BOARD IN 2010. THE PLAN PAYMENTS ARE REFLECTED IN BASE COMPENSATION.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization

CENTRAL PARK CONSERVANCY, INC.

Employer identification number

13-3022855

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2015

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MARVIN SCHWARTZ	SPOUSE-D SCHWARTZ TRUSTEE	153,977.	INVESTMENT MANAGEMENT FEES		X
(2) JOHN PAULSON	TRUSTEE	603,854.	INVESTMENT MANAGEMENT FEES		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CENTRAL PARK CONSERVANCY, INC.

Employer identification number

13-3022855

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	63 .	602,993 .	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

JSA

5E1298 1.000

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

CENTRAL PARK CONSERVANCY, INC.

Employer identification number

13-3022855

FORM 990, PART I, LINE 1 AND PART III, LINE 1

ORGANIZATION'S MISSION:

THE MISSION OF CENTRAL PARK CONSERVANCY IS TO RESTORE, MANAGE, AND ENHANCE CENTRAL PARK IN PARTNERSHIP WITH THE PUBLIC. CENTRAL PARK CONSERVANCY ASPIRES TO BUILD A GREAT ORGANIZATION THAT SETS THE STANDARD FOR AND SPREADS THE PRINCIPLES OF WORLD-CLASS PARK MANAGEMENT - EMPHASIZING ENVIRONMENTAL EXCELLENCE - TO IMPROVE THE QUALITY OF OPEN SPACE FOR THE ENJOYMENT OF ALL. CENTRAL PARK CONSERVANCY IS COMMITTED TO SUSTAINING THIS OPERATING MODEL TO PROVIDE A LEGACY FOR FUTURE GENERATIONS OF PARK USERS.

FORM 990, PART III, LINE 4D

PROGRAM SERVICES:

THE CENTRAL PARK CONSERVANCY INSTITUTE FOR URBAN PARKS IS THE EDUCATIONAL ARM OF THE CENTRAL PARK CONSERVANCY. THE INSTITUTE DEVELOPS PROGRAMS DESIGNED TO FOSTER A DEEPER APPRECIATION FOR URBAN PARKS AND SHARES THE CONSERVANCY'S WORLD-CLASS MANAGEMENT AND STEWARDSHIP PRACTICES. THROUGH THE INSTITUTE FOR URBAN PARKS, THE CENTRAL PARK CONSERVANCY IS TRAINING AND TEACHING URBAN PARK PROFESSIONALS AND PARK STEWARDS, GLOBALLY, AND LOCALLY. THE CENTRAL PARK CONSERVANCY IS HELPING OTHER NYC PARKS' THROUGHOUT THE FIVE BOROUGHES TO SHARE OUR BEST PRACTICES IN URBAN PARK MANAGEMENT.

Name of the organization CENTRAL PARK CONSERVANCY, INC.	Employer identification number 13-3022855
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FORM 990, SECTION A, PART VI, LINE 2

BOARD RELATIONSHIPS:

A RELATIONSHIP QUESTIONNAIRE IS DISTRIBUTED TO THE CONSERVANCY'S BOARD OF TRUSTEES ON AN ANNUAL BASIS. THE FOLLOWING TRUSTEES DISCLOSED INTER-BOARD RELATIONSHIPS DURING FISCAL-YEAR 2016:

1. MRS. JANE HELLER HAS A BUSINESS RELATIONSHIP WITH MS. JUDY HART ANGELO, MRS. LENI MAY & MS. JACQUELINE SACKLER.
2. MR. JOE ROBY HAS A BUSINESS RELATIONSHIP WITH HAMILTON JAMES, HUSBAND OF BOARD MEMBER AMABEL JAMES.
3. MRS. DONNA SCHWARTZ HAS A FAMILY RELATIONSHIP WITH ONE OF THE CONSERVANCY'S PORTFOLIO MANAGERS, MR. MARVIN SCHWARTZ.
4. MR. JEFF BLAU HAS A BUSINESS RELATIONSHIP WITH MR. NICHOLAS GRAVANTE, JR., MRS. JANE HELLER & MR. ROBERT LIEBER.

FORM 990, SECTION A, PART VI, LINE 11A

REVIEW OF FORM 990:

THE CENTRAL PARK CONSERVANCY'S FORM 990 WAS PREPARED BY EISNERAMPER, LLP, THE INDEPENDENT TAX PREPARER, BASED ON INFORMATION PROVIDED BY THE ORGANIZATION'S FINANCE AND MANAGEMENT PERSONNEL. ON FEBRUARY 7, 2017, EISNERAMPER LLP MET WITH THE CONSERVANCY'S CHAIRMAN, CHAIRMAN OF THE AUDIT COMMITTEE, CHAIRMAN OF THE FINANCE COMMITTEE, GENERAL COUNSEL AND MANAGEMENT TO REVIEW THE FORM 990. SUBSEQUENTLY, THE 990 WAS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILING THE RETURN WITH THE IRS.

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

CONFLICT OF INTEREST POLICY:

Name of the organization CENTRAL PARK CONSERVANCY, INC.	Employer identification number 13-3022855
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THE CENTRAL PARK CONSERVANCY RATIFIES THE CONFLICT OF INTEREST POLICY ANNUALLY. EACH TRUSTEE, OFFICER, AND KEY EMPLOYEE IS REQUIRED TO SIGN A COPY OF THE POLICY AND PROVIDE A CERTIFIED ACKNOWLEDGEMENT THAT THEY HAVE READ AND DISCLOSED ANY CONFLICTS. COPIES OF THESE SIGNED POLICIES ALONG WITH TRUSTEE DISCLOSURES ARE KEPT ON FILE AT THE CENTRAL PARK CONSERVANCY'S OFFICES.

FORM 990, SECTION B, PART VI, LINE 15

COMPENSATION:

THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE WHICH IS COMPRISED OF INDEPENDENT MEMBERS OF THE GOVERNING BOARD ENGAGED INDEPENDENT EXPERT COMPENSATION CONSULTANTS TO EVALUATE EXECUTIVE COMPENSATION LEVELS AND ESTABLISH PEER GROUP BASED BENCHMARKS RELATED TO THE ORGANIZATION'S MISSION. TRUSTEES ROUTINELY EVALUATE MANAGEMENT PERFORMANCE AND COMPENSATION TO ENSURE THAT THE COMPENSATION PROCESS IS APPROPRIATE AND DESIGNED TO ATTRACT AND RETAIN THE BEST TALENT IN THE INDUSTRY. THE COMMITTEE DOCUMENTS COMPENSATION DETERMINATIONS IN THE COMMITTEE MINUTES.

FORM 990, SECTION C, PART VI, LINE 19

GOVERNING DOCUMENTS:

THE BY LAWS, ANNUAL REPORTS, AUDITED FINANCIAL STATEMENTS, IRS FORM 990 DOCUMENTS, CONFLICT OF INTEREST POLICY AND PRIVACY POLICY OF THE CENTRAL PARK CONSERVANCY ARE ALL AVAILABLE ONLINE AT WWW.CENTRALPARKNYC.ORG.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

Name of the organization CENTRAL PARK CONSERVANCY, INC.	Employer identification number 13-3022855
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CHANGE IN SPLIT INTEREST (\$160,545).

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

DC, FL, GA, IL, KS, KY, ME, MD, MA, MI,

MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MSM EMPIRE CONSTRUCTION CORP. 128 ROSELLE STREET MINEOLA, NY 11501	CONSTRUCTION	2,885,335.
FGI CORP. 1901 AMETHYST STREET BRONX, NY 10462	CONSTRUCTION	2,827,284.
PADILLA CONSTRUCTION SERVICE INC. 299 MAIN STREET WESTBURY, NY 11590	CONSTRUCTION	2,766,139.
PRESTIGE PAVERS OF NYC INC. 162 48A 14TH AVENUE WHITESTONE, NY 10462	CONSTRUCTION	2,475,269.
ALMSTEAD TREE CO. 58 BEECHWOOD AVENUE NEW ROCHELLE, NY 10801	TREE SERVICES	1,538,649.