# **Return of Organization Exempt From Income Tax**

Form **990** 

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

		of the Treasury		r Social Security number about Form 990 and its		-		-		Open to Inspect	
			ndar year, or tax year begi		/01 <b>, 2020</b> ,			<i>51111000.</i>	06/3	0 , <b>20</b> 21	.011
	0		e of organization	g 077	01, 2020,	ana chamg	_	D Employer ide			
<b>B</b> c	heck if ap		TRAL PARK CONSERVA	NCY. INC.							
	Addre	ss Doing	Business As					13-3022	855		
	chang		ber and street (or P.O. box if mail is	s not delivered to street address	s) F	Room/suite		E Telephone nu			
	+	-	EAST 60TH STREET					(212) 31		0	
	Termi	City	or town, state or province, country,	and ZIP or foreign postal code	)			(,		-	
	Amen	ded NEV	V YORK, NY 10022	0 1			- 1,	G Gross receipt	s \$	310,385	.222
	return Applic	ation <b>F</b> Name	e and address of principal officer:	STEPHEN SPINE	T.T.T		_	H(a) Is this a grou	•		XN
	pendi	ng	EAST 60TH STREET,					subordinates' <b>H(b)</b> Are all subordi	?	$\vdash$	N
_	Тах-ех	empt status:	X 501(c)(3) 501(c) (	) <b> </b>	4947(a)(1) oi	527				ee instructions)	
			CENTRALPARKNYC.ORG	) (IIISert IIO.)	4347 (a)(1) O	321	─	H(c) Group exemp	·		
			X Corporation Trust	Association Other	<u> </u>	I Year of f		n: 1980 <b>M</b>			· NY
	art I	Summary		Association Other		L Teal Of I	omatic	WI. 1700 WI	otate of i	egai domicile	
			be the organization's mission	or most significant activities	SEE SC	HEDIILE O	) . TN	CLUDING 1	VOTES	ON THE	
ø	'		IEER CENTER RECONST								
ğ		PROJECT.									
Governance	2		if the organization	discontinued its operation	e or disposed	of more than	25%	of its not assets			
Š	3			•	•				3		52.
	4	Number of in	iting members of the governing dependent voting members of	the governing body (Part )	/L line 1h)				4		50.
ies	5		of individuals employed in cal						5		376.
Activities &	6								6	1	,929.
Act	_	Total uprolete	of volunteers (estimate if neces	SSaly)					7a		8,221
			ed business revenue from Part						7b	01	7,221
	D	net unrelated	l business taxable income from	1 FOITH 990-1, IIIIe 34				Prior Year	70	Current Y	 /ear
	8	Contributions	and grants (Part VIII line 1h)				-	39,856,61	5	134,489	
Jue	9	Program con	and grants (Part VIII, line 1h) ice revenue (Part VIII, line 2g)		COPY	FOR		L3,141,32		14,46	
Revenue			come (Part VIII, column (A), lir		PUBLIC INS	SPECTION		L1,694,43		22,93	
å	11		e (Part VIII, column (A), lines 5					-26,44			6,916
	12		e - add lines 8 through 11 (mus					54,665,93		172,70	
			imilar amounts paid (Part IX, co					413,68			8,164
	14		to or for members (Part IX, col					-,	0.		
			er compensation, employee ber				3	36,163,28	0.	34,51	3,840
Expenses			fundraising fees (Part IX, colum					398,03			2,000
ber			sing expenses (Part IX, column		403,391.						, , , , ,
ñ	l .		es (Part IX, column (A), lines 1	· //			3	36,285,40	9.	46,14	б,533
	l .		es. Add lines 13-17 (must equa		25)			73,260,40		81,29	
	19		expenses. Subtract line 18 fro					-8,594,47		91,41	5,872
o s							Beginni	ing of Current Y	ear	End of Ye	ar
ets	20 21 22	Total assets (	Part X, line 16)				38	39,474,47	5.	502,46	7,688
Ass I Ba	21	,	s (Part X, line 26)				4	19,565,27	4.	22,48	8,813
E'E	22		fund balances. Subtract line 2				33	39,909,20	1.	479,978	3,875
Pa	rt II	Signature									
Und	der per	nalties of perjury	r, I declare that I have examined to be claration of preparer (other that	his return, including accompa an officer) is based on all inform	anying schedule mation of which	es and statement of preparer has	ents, an any kno	d to the best of owledge.	my kno	wledge and b	elief, it is
Sig	n	Signatur	re of officer <b>ELECTRO</b>	NICALLY FILE	:D WIT	H —		Date			
He	re		INITEDAL	NI DEVENUE	CEDV <i>UC</i>						
		Type or	print name and fitte	AL REVENUE S	SEKVIC	.t					
		Print/Type pre	·	Preparer's signature		Date		Check	if PTIN	N .	
Paic	i	WILLIAM	EPSTEIN			04/18/	2022		"	1307171	L
	parer	Firm's name	► EISNER ADVISORY	GROUP LLC		1 / - 3/				53108	
Use	Only	Firm's address		E NEW YORK, NY 1	.0017-270	)3				49-8700	
		, auduloss		,			1 '				

JSA 0E1065 1.000

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

X Yes

No

# Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

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

iling of this	form, visit www.irs.gov/e-file-providers/e-file-f	for-charities	-and-non-profits.								
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).								
•	ons required to file an income tax return othe orm 7004 to request an extension of time to f		, -	O-C filers), partnerships	, RE	MICs,	and trusts				
Гуре or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification nu	number (TIN)						
orint	CENTRAL PARK CONSERVANCY, INC			13-302285	5						
File by the lue date for	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.								
iling your	14 EAST 60TH STREET										
eturn. See nstructions.	City, town or post office, state, and ZIP code. For NEW YORK, NY 10022	·									
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0 7				
Application		Return	Application				Return				
s For		Code	Is For								
	Form 990-EZ	01	Form 990-T (corporat		07 08 09						
Form 990-Bl		02	Form 1041-A	n individual)	—						
Form 4720 ( Form 990-PF	,	03	Form 4720 (other tha Form 5227		10						
		05	Form 6069	11							
	m 990-T (sec. 401(a) or 408(a) trust)						12				
Telephone If the orga If this is for the whole Is the with the	e No. ► 212 310-6600  anization does not have an office or place of a Group Return, enter the organization's for e group, check this box  e names and TINs of all members the extensions.	business ir ur digit Gro f it is for pa ion is for.	Fax No. ▶ 212 31 at the United States, check the group, check the group, check the group is the group of the group.	ck this box		If t and a	this is				
	est an automatic 6-month extension of time u			$\frac{22}{2}$ , to file the exemp	t org	aniza	tion return				
2 If the ta	organization named above. The extension is calendar year 20 or tax year beginning 07/  ax year entered in line 1 is for less than 12 methange in accounting period	01 , 20 <u>20</u>	o, and ending	06/30 , eturn  Final retur		<u>21</u> .					
3a If this	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	), or 6069, enter the	tentative tax, less any							
nonrefu	undable credits. See instructions.				За	\$	0.				
	application is for Forms 990-PF, 990-T,										
	ted tax payments made. Include any prior yea				3b	\$	0.				
	e due. Subtract line 3b from line 3a. Include		ent with this form, if re-	quired, by using EFTPS							
	onic Federal Tax Payment System). See instru				3с		0.				
Caution: If you	u are going to make an electronic funds withdrawa	I (direct deb	it) with this Form 8868, se	e Form 8453-EO and Form	n 887	79-EO	for payment				
nstructions.											
or Privacy A	act and Paperwork Reduction Act Notice, see instr	ructions.			Forr	n <b>886</b> 8	<b>8</b> (Rev. 1-2020)				

Page 2 Form 990 (2020)

P	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briofly	escribe the organization's mission:	
٠	•	CHEDULE O, INCLUDING NOTES ON THE HARLEM MEER CENTER	
		TRUCTION AND \$93M OF REVENUE RELATED TO THE PROJECT.	
2	Did the	organization undertake any significant program services during the year which were not liste	ed on the
		rm 990 or 990-EZ?	
		describe these new services on Schedule O.	
3	Did the	organization cease conducting, or make significant changes in how it conducts, any	
		?	Yes X No
		describe these changes on Schedule O.	
4	expense	e the organization's program service accomplishments for each of its three largest programs. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of graexpenses, and revenue, if any, for each program service reported.	
4a	(Code:	) (Expenses \$ 24,744,990. including grants of \$ ) (Revenue \$	6,712,045. )
	DESIG	AND CONSTRUCTION IN CONNECTION WITH THE RESTORATION OF	·,
	CENTRA	L PARK AS AMERICA'S FOREMOST URBAN PUBLIC SPACE. THE	
	CONSE	VANCY HAS CARRIED OUT A RESTORATION MANAGEMENT PLAN FOR THE	
		AND MANAGED THE CAPITAL RESTORATION OF A NUMBER OF	
	SIGNIE	'ICANT LANDSCAPES AND FACILITIES.	
	(Code:	) (Expenses \$ 23,569,850. including grants of \$ ) (Revenue \$	7,682,793.
7 10	` _	OFFICIAL MANAGER OF CENTRAL PARK, THE CONSERVANCY IS	
		ISIBLE FOR THE DAY-TO-DAY MAINTENANCE OPERATION OF THE PARK.	
	ACTIV	TIES INCLUDE: LANDSCAPE MAINTENANCE, PLAYGROUND MAINTENANCE,	
	TREE (	ARE, TURF CARE, AND PRESERVATION OF HISTORIC MONUMENTS. THE	
	CONSE	VANCY HAS SET NEW STANDARDS IN EXCELLENCE IN PARK CARE. IT	
		ANSFORMED CENTRAL PARK INTO A MODEL FOR URBAN PARKS	
	WORLD	IIDE.	
40	(Codo:	) (Expenses \$ 3,482,939. including grants of \$ ) (Revenue \$	
40	(Code: _	) (Expenses \$3,482,939. including grants of \$) (Revenue \$	72,470.
		CCES IN CENTRAL PARK PROVIDING EDUCATION, RECREATION, AND	
		TEER PROGRAMS THAT SERVE THE COMMUNITY. IN ADDITION, THE	
		VANCY PROVIDES SERVICES AT THE FIVE FOLLOWING VISITOR	
	CENTE	S IN THE PARK: CHARLES A. DANA DISCOVERY CENTER, NORTH	
		RECREATION CENTER, BELVEDERE CASTLE, THE DAIRY VISITOR	
	CENTER	AND GIFT SHOP, AND CHESS AND CHECKERS HOUSE.	
_			
4c	-	ogram services (Describe on Schedule O.)	
_	(Expens	, ,	)
JSA		ogram service expenses ► 53,807,336.	
0E1	020 1.000	ADT 1161 4/10/2022 0.24.51 AM TO 20 7 10 200044	Form <b>990</b> (2020
	404	4BK L161 4/18/2022 9:24:51 AM V 20-7.19 306244	

Part IV Checklist of Required Schedules Page 3

ı aı	Oneckist of Required Concadies		V	NI -
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_	3.7	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	_		
Ŭ	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
٠	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
. •	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2020) Page 4

Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
C	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			i
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		Х
31	conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		Х
37	related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	990	(2020
0E1030	1.000 4644BK L161 4/18/2022 9:24:51 AM V 20-7.19 306244	r-orm	330	(2020)

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 376			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 2	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		Х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		- 21
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		124		
	roo, other the amount of tax exempt interest roomed of accident attribute your [11]			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	1 Ja		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1.4.5		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	,		v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020) CENTRAL PARK CONSERVANCY, INC. 13-3022855 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI S

Sect	ion A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	52			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	50			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with			
	any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) mer				
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken or				
	the year by the following:	9			
а	The governing body?		8a	Χ	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach				
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (	Code	.)	
		-		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the fo	orm?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	d give			
	rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"			
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and appro-	val by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and dec				
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safegua				
	organization's exempt status with respect to such arrangements?		16b		
ect	ion 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 (1024 or 1024-A, if applicable), 990, an (3)s only) available for <u>public</u> inspection. Indicate <u>how</u> you made these available. Check all that apply.	d 990-T	(Sec	tion 5	01(c)
	X Own website Another's website X Upon request Other (explain on Schedule O	))			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of	inter	est p	olicy,
	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	d records	<b>&gt;</b>		

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	rson	e than of is both cor/trust employee	an	(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
(1)MS. ELIZABETH W. SMITH	35.00									
EX-OFFICIO (PRESIDENT & CEO)	0.	Х		Х				560,172.	0.	45,223.
(2)MR. STEPHEN SPINELLI	35.00									
CHIEF FINANCIAL OFFICER	0.			Х				468,958.	0.	57,253.
(3) MR. CHRISTOPHER NOLAN	35.00									
EX-OFFICIO (CP ADMINISTRATOR)	0.	Х		Х				438,526.	0.	57,015.
(4) MS. MARY CARACCIOLI	35.00									
CHIEF COMMUNICATIONS OFFICER	0.			Х				295,596.	0.	57,422.
(5)MS. RENEE PORTER	35.00									
VP OF FINANCE	0.			Х				257,480.	0.	43,653.
(6)MR. JOHN DILLON	35.00									
VP OF LANDSCAPE MANAGEMENT	0.				Х			232,028.	0.	54,779.
(7)MS. LANE N. ADDONIZIO	35.00									
VP OF PLANNING, DESIGN & CONST	0.					X		222,825.	0.	51,898.
(8)MS. ABIGAIL D. HEALY	35.00									
VP OF DEVELOPMENT	0.				X			217,460.	0.	53,975.
(9)MS. KATHRYN ORTIZ	35.00									
CONTROLLER	0.			X				227,539.	0.	39,567.
(10)MS. SANDRA E. HUBER	35.00								_	
VP OF PROGRAM & PROJECT MGMT	0.					X		209,451.	0.	38,659.
(11)MS. ANNA CAROLINE GREENLEAF	35.00									
VP FOR PARK OPERATIONS	0.					X		195,193.	0.	40,315.
(12)MS. LEAH CATHERINE DAY	35.00									
CHIEF OF STAFF & VP STR. INITI	0.					X		164,971.	0.	51,312.
(13) MS. SHEILA G. KENDALL	35.00					1,7		160 550	^	26 603
ASSOC. VP OF HUMAN RESOURCES	0.					X		169,558.	0.	36,683.
(14) MR. TIMOTHY HASSETT	0.						v	124 060	0.	20 470
FORMER CHIEF OF PARK OPERATION	U.						X	134,960.	0.	30,470.

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Pa	rt VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and H	ligl	hest Compensat	ed Employees (c	ontinue	ed)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than or is both a or/truste en or/truste e	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fr org and	(F) stimated nount of other pensation the anization drelated anization	on n
<u>15</u>	MS. JUDY HART ANGELO	1.00											
	GENERAL TRUSTEE	0.	Х						0.	0.			0
16	MS. ELIZABETH H. ATWOOD	1.00											
	GENERAL TRUSTEE	†ō.	Х						0.	0.			0
17	MS. JANE BAYARD	1.00											
	VICE CHAIR & GENERAL TRUSTEE	† <u>-</u> -	X		Х				0.	0.			0
18		1.00											
	GENERAL TRUSTEE	· · · · · · · · · · · · · · · · · · ·	X						0.	0.			0
19	HON. GALE A. BREWER	1.00							-				
===	EX-OFFICIO (MAN. BOR. PRES.)	0.	X						0.	0.			0
20	MRS. JUDITH M. CARSON	1.00								J .			
	GENERAL TRUSTEE	10.	X						0.	0.			0
21		1.00	21						0	Ŭ.			
	GENERAL TRUSTEE	1.00	X						0.	0.			0
22		1.00	21						0				
	GENERAL TRUSTEE	1.00	X						0.	0.			0
23		1.00	- 21						0.				
	GENERAL TRUSTEE	<del></del> 0.	X						0.	0.			0
24		1.00							0.	. 0.			
	MR. MARTIN COHEN GENERAL TRUSTEE	+							0.	0.			0
2		0.	X						0.	0.			
25		1.00								0			0
	GENERAL TRUSTEE	0.	X						0.	0.			0
	Sub-total								3,794,717.	0.	- (	558,2	
	Total from continuation sheets to Part VII, S	-							0.	0.			0.
	Total (add lines 1b and 1c)							<u> </u>	3,794,717.	0.		558,2	<u> </u>
2	Total number of individuals (including but not				d a	bove	e) who	re	ceived more than	\$100,000 of			
	reportable compensation from the organization	n 🕨	64	±									
												Yes	No
3	Did the organization list any former office												
	employee on line 1a? If "Yes," complete Sched	lule J for su	ch ina	lividu	ual						3	Х	
4	For any individual listed on line 1a, is the	sum of rep	ortab	ole c	com	per	sation	ar	nd other compens	sation from the			
	organization and related organizations gr	eater than	\$15	50,0	00?	. If	"Yes,	," (	complete Schedu	le J for such			
	individual										4	Х	
5	Did any person listed on line 1a receive or												
	for services rendered to the organization? If "Y	'es," comple	te Scl	hedu	ıle J	I for	such <sub>[</sub>	oer.	son		5		X

### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 ► 47

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

(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe	rson	e than o is both or/trust	an	Reportable compensation from	Reportable compensation from related	an	stimated nount of other pensatio	
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	om the anizatio d related anization	n d
26) DR. ANGELA DIAZ	1.00											
APPOINTED TRUSTEE (BOARD)	0.	Х						0 .	0.			0
27) MR. GLENN FUHRMAN	1.00											
GENERAL TRUSTEE	0.	X						0 .	0.			0
28) MR. BENNETT GOODMAN	1.00											•
GENERAL TRUSTEE	0.	Х						0 .	0.			0
29) MS. ALICE GOTTESMAN	1.00											0
GENERAL TRUSTEE	0.	X						0 .	0.			0
30) MR. NICHOLAS A. GRAVANTE, JR.	1.00	v							0.			0
APPOINTED TRUSTEE (MAYORAL)  31) MR. MICHAEL GROBSTEIN	1.00	X						0 .	. 0.			
TREASURER & GENERAL TRUSTEE	1.00	Х		Х				0.	0.			0
32) MRS. ANNE S. HARRISON	1.00			Λ				0.	0.			
GENERAL TRUSTEE	1.00	Х						0.	0.			0
33) MR. KENNETH H. HEITNER, ESQ.	1.00	21						0				
SECRETARY/COUNSEL/GEN. TRUSTEE	10.	Х		Х				0	0.			0
34) MS. JANE HELLER	1.00											
GENERAL TRUSTEE	† <sub>0</sub> .	Х						0.	0.			0
35) MS. DAMARIS HERNANDEZ	1.00											
APPOINTED TRUSTEE (MAYORAL)	0.	Х						0.	0.			0
36) MS. AMABEL JAMES	1.00											
GENERAL TRUSTEE	0.	Х						0 .	0.			0
1b Sub-total	•						<b></b>	0.	0.			0.
c Total from continuation sheets to Part VII, S							<b>&gt;</b>					
d Total (add lines 1b and 1c)							<b>&gt;</b>					
2 Total number of individuals (including but not reportable compensation from the organizatio		nose 64		d al	bov	e) who	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Х	
<b>4</b> For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,0	00?	' If	"Yes	s,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? <i>If "Y</i>										5		Х

#### **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

Form 990 (2020) Page 8

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

Name and title	Average hours per week (list any hours for related organizations	box,	unles	Pos heck ss pe	erson	e than of is both tor/trust employ	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	am com fr org	stimated nount of other ipensation om the anizatio	f on on
	below dotted line)	Individual trustee or director	ional trustee		Key employee	Highest compensated employee					d related anization	
37) MR. THOMAS L. KEMPNER, JR. BOARD CHAIR & GENERAL TRUSTEE	1.00	v		v				0	0			
38) MR. JONATHAN KORNGOLD	1.00	X		X				0.	0.			
GENERAL TRUSTEE	1.00	Х						0.	0.			0
39) MS. JILL LAFER	1.00											
APPOINTED TRUSTEE (MAYORAL)	0.	Х						0.	0.			0
40) MS. SHELLY LAZARUS	1.00											
GENERAL TRUSTEE	0.	X						0 .	0.			0
41) MRS. CAROL SUTTON LEWIS	1.00											
GENERAL TRUSTEE	0.	X						0 .	0.	<u> </u>		0
42) MR. ROBERT C. LIEBER	1.00											
APPOINTED TRUSTEE (MAYORAL)	0.	X						0 .	0.	<u> </u>		0
43) MR. JAY P. MANDELBAUM	1.00											0
GENERAL TRUSTEE	0.	X						0 .	0.	<del></del>		0
44) MS. NELLE P. MILLER	1.00	77							0			0
GENERAL TRUSTEE  45) MRS. GILLIAN MINITER	1.00	X						0 .	0.			0
GENERAL TRUSTEE	1.00	Х						0.	0.			0
46) MR. CHARLES A. MYERS	1.00	Λ.						0.	0.			
APPOINTED TRUSTEE (MAYORAL)	1.00	Х						0.	0.			0
47) MR. CLARENCE NESBITT	1.00							0	0.			
GENERAL TRUSTEE	10.	Х						0.	0.			0
4h Cub total							_	0.	0.			0.
c Total from continuation sheets to Part VII, S	Section A		• •	• •	• •							
d Total (add lines 1b and 1c)	_						•					
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 of			
reportable compensation from the organizatio	n 🕨	64	1			•						
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	X	
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	0,0	00?	) It	"Yes	3,"	complete Schedu	le J for such		v	
<ul> <li>individual</li> <li>Did any person listed on line 1a receive or for services rendered to the organization? If "Y</li> </ul>	accrue coi	mpen	sati	on f	fron	n any	un	related organization	on or individual	5	X	Х

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

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

Form 990 (2020) Page **8** 

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

(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	·			Reportable	Reportable		stimated				
	hours per week (list any	,				e than c is both		compensation	compensation from	ar	nount of other	f
	hours for					or/trust		from the	related organizations	com	pensati	on
	related	or o	Ins	Officer	€ €	Hig	Former	organization	(W-2/1099-MISC)		om the	
	organizations below dotted	ividu	tituti	icer	em	hest	mer	(W-2/1099-MISC)			janizatio d related	
	line)	tor	ona		Key employee	ee					anization	
		Individual trustee or director	Institutional trustee		ee	npei				·		
		ď	stee			Highest compensated employee						
						<u>a</u>						
48) MRS. AMELIA OGUNLESI	1.00											_
GENERAL TRUSTEE	0.	X						0	0.			0
49) MS. YESIM PHILIP	1.00											_
EX-OFFICIO/WOMEN'S COMM. PRES	0.	Х						0	0.			0
50) MR. JOE L. ROBY	1.00											_
GENERAL TRUSTEE	0.	X						0	0.			0
51) MR. ERIC RUDIN	1.00											_
GENERAL TRUSTEE	0.	X						0	0.			0
52) MRS. SIGRID SCHAFER	1.00											_
GENERAL TRUSTEE	0.	X						0	0.			0
53) MR. RICHARD G. SCHNEIDMAN	1.00											_
GENERAL TRUSTEE	0.	X						0	0.			0
54) MS. LAUREEN E. SEEGER	1.00											_
GENERAL TRUSTEE	0.	X						0	0.			0
55) MS. LIZ HILTON SEGEL	1.00											_
GENERAL TRUSTEE	0.	X						0	0.			0
56) MR. NORMAN C. SELBY	1.00											
GENERAL TRUSTEE	0.	X						0	0.			0
57) MR. ALFRED J. SHUMAN	1.00											_
GENERAL TRUSTEE	0.	X						0	0.			0
58) HON. MITCHELL J. SILVER	1.00											_
EX-OFFICIO(PARKS COMMISSIONER)	0.	X						0	. 0.			0
1b Sub-total								0.	0.			0.
c Total from continuation sheets to Part VII, S	_											
d Total (add lines 1b and 1c)							<u> </u>					
2 Total number of individuals (including but not				d a	bov	e) who	o re	ceived more than	\$100,000 of			
reportable compensation from the organizatio	n 🕨	64	4									
											Yes	No
3 Did the organization list any former office												
employee on line 1a? If "Yes," complete Sched	lule J for sud	ch ind	livid	ual						3	X	
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole d	com	per	satio	n ai	nd other compens	sation from the			
organization and related organizations gr	eater than	\$15	50,0	00?	P It	"Yes	5,"	complete Schedu	le J for such			
individual										4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y	'es," comple	te Scl	hedu	ıle J	J for	such	per	son		5		X
Section B. Independent Contractors												

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

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

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

(A)	(B)			10	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe d a d	ition more	e than o is both or/truste	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Est am	timated ount of other pensati	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anization related nization	on d
9) MR. JOHN STEINHARDT	1.00											
GENERAL TRUSTEE	0.	X						0	0.			
GENERAL TRUSTEE	1.00	Х						0	0.			
GENERAL TRUSTEE	1.00	X						0	0.			
2) MR. STUART SUBOTNICK GENERAL TRUSTEE	1.00	Х						0	0.			
3) MR. JEFF TARR, JR. GENERAL TRUSTEE	1.00	X						0	0.			
APPOINTED TRUSTEE (BOARD)	1.00	X						0	0.			
(55) MR. BARRY WOLF  GENERAL TRUSTEE	1.00	X						0	0.			
66) MS. NANAR N. YOSELOFF	1.00							0	. 0.			
GENERAL TRUSTEE	0.	Х						0	0.			
1h Sub total							_	0.	0.			C
1b Sub-total	Section A						<b>&gt;</b>					
d Total (add lines 1b and 1c) 2 Total number of individuals (including but no	t limited to t	hose	liste				re	ceived more than	\$100,000 of			
reportable compensation from the organization	on ►	64	1								Yes	No
3 Did the organization list any <b>former</b> off employee on line 1a? If "Yes," complete Sche										3	Х	
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	50,0	00?	lf	"Yes	," (	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue co	mpen	sati	on f	fron	n any	uni	related organization	on or individual	5		Х
Section B. Independent Contractors	.,											
Complete this table for your five highest concompensation from the organization. Report												

(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	nse or note to ar	ny line in this Part V	/III <b></b>		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
בַ פֿ	C	Fundraising events 1c	3,807,186.				
fts, r A	d	Related organizations 1d					
ig ig	e	Government grants (contributions) 1e					
ns, Sir	f	All other contributions, gifts, grants,					
itio er S		and similar amounts not included above . 1f	130,682,397.				
ibu	_	Noncash contributions included in	130,002,337.				
d ct	g	lines 1a-1f 1g	\$ 1,649,197.				
Co	h	Total. Add lines 1a-1f		134,489,583.			
	-"	Total. Add iiii 63 Ta-11	Business Code	131/103/3031			
ø.		PROGRAM FEES	713990	58,770.	58,770.		
ξ	2a	GARDEN PERMIT FEES	713990	13,700.	13,700.		
Ser	b		713990		7,682,793.		
Z e	С	CONTRACT REVENUE		7,682,793.			
gra Re	d	PROJECT REVENUE	713990	6,712,045.	6,712,045.		
Program Service Revenue	е						
ъ.	f	All other program service revenue		14 465 200			
	g	Total. Add lines 2a-2f		14,467,308.			
	3	Investment income (including dividends,	_	7 462 102			7 462 102
	_	other similar amounts)	_	7,463,182.			7,463,182.
	4	Income from investment of tax-exempt bon		0.			10.504
	5	Royalties	(ii) Personal	19,534.			19,534.
			(II) Feisoriai				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c		_			
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 153,334,000					
ne	b	Less: cost or other basis					
evenue		and sales expenses <b>7b</b> 136,800,578					
Re	С	Gain or (loss)					
_	d	Net gain or (loss)	<u> </u>	15,469,420.			15,469,420.
Other	8a	Gross income from fundraising					
J		events (not including \$3,807,186.					
		of contributions reported on line					
		1c). See Part IV, line 18	614,950.				
	b	Less: direct expenses 8b	800,865.				
	С	Net income or (loss) from fundraising events	<u> </u>	-185,915.			-185,915.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities	<u> </u>	0.			
	10a	Gross sales of inventory, less					
		returns and allowances10a	192,198.				
	b	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory.		114,828.			114,828.
ns			Business Code				
eo ne	11a	DAMAGES REIMBURSEMENT	900099	20,248.			20,248.
llar en	b	K-1 PASS-THROUGH GAINS	525990	848,221.		848,221.	
Sev	С						
Miscellaneous Revenue	d	All other revenue					
	е	Total. Add lines 11a-11d		868,469.			
	12	Total revenue. See instructions	<u> ▶</u>	172,706,409.	14,467,308.	848,221.	22,901,297.

# 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												
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses								
1	Grants and other assistance to domestic organizations												
	and domestic governments. See Part IV, line 21	288,164.	288,164.										
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	2,679,967.	673,071.	1,790,589.	216,307.								
6	Compensation not included above to disqualified												
	persons (as defined under section 4958(f)(1)) and	0											
	persons described in section 4958(c)(3)(B)	0.	15 050 200	2 054 522	0 500 200								
7	Other salaries and wages	23,993,438.	17,278,309.	3,954,733.	2,760,396.								
8	Pension plan accruals and contributions (include	1 200 000	004 055	064 500	142 510								
	section 401(k) and 403(b) employer contributions)	1,302,889.	894,877.	264,500.	143,512.								
9	Other employee benefits	4,478,555.	3,060,399.	958,599. 359,952.	459,557.								
10	Payroll taxes	2,058,991.	1,433,262.	359,952.	265,777.								
	Fees for services (nonemployees):	_											
а	Management	73,182.		73,182.									
	Legal	131,200.		131,200.									
	Accounting	260,354.		260,354.									
	Lobbying	342,000.		200,334.	342,000.								
	Professional fundraising services. See Part IV, line 17.	8,558,347.		8,558,347.	342,000.								
	Investment management fees	0,330,347.		0,330,347.									
g	Other. (If line 11g amount exceeds 10% of line 25, column	9,402,207.	5,841,100.	2,321,283.	1,239,824.								
40	(A) amount, list line 11g expenses on Schedule O.) ATCH 3	414,992.	20,249.	274,736.	120,007.								
	Advertising and promotion	2,426,342.	2,032,223.	51,018.	343,101.								
13	Office expenses	0.	2,032,223.	31,010.	313,101.								
14	Information technology	0.											
15	Royalties	1,904,884.	1,103,383.	192,738.	608,763.								
16	Occupancy	29,295.	22,988.	3,984.	2,323.								
	Travel		,	5,7551									
10	for any federal, state, or local public officials	0.											
19	Conferences, conventions, and meetings	164,627.	77,666.	79,313.	7,648.								
	Interest	0.			<u>`</u>								
21	Payments to affiliates	0.											
22	Depreciation, depletion, and amortization	1,237,645.	1,004,415.	136,213.	97,017.								
		590,789.	352,480.	56,740.	181,569.								
	Other expenses. Itemize expenses not covered												
	above (List miscellaneous expenses on line 24e. If												
	line 24e amount exceeds 10% of line 25, column												
	(A) amount, list line 24e expenses on Schedule O.)												
а	CONSTRUCTION AND DESIGN	14,730,194.	14,730,194.										
b	FIELD SUPPLIES	2,040,903.	1,518,838.	167,230.	354,835.								
С	LANDSCAPE	1,846,359.	1,846,359.										
d	PRINTING AND PUBLICATIONS	278,098.	59,732.	59,398.	158,968.								
е	All other expenses	2,057,115.	1,569,627.	385,701.	101,787.								
25	Total functional expenses. Add lines 1 through 24e	81,290,537.	53,807,336.	20,079,810.	7,403,391.								
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and												
	fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)	0.											

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## Part X Balance Sheet

Pa	art X				
		Check if Schedule O contains a response or note to any line in this P			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	3,993,659.	1	1,278,082.
	2	Savings and temporary cash investments	82,783,300.	2	101,597,662.
	3	Pledges and grants receivable, net	18,892,182.	3	56,536,022.
	4	Accounts receivable, net	8,517,591.	4	7,188,658.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	200,009.	8	159,776.
ğ	9	Prepaid expenses and deferred charges	1,150,263.	9	1,661,848.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 14,063,215.			
	b	Less: accumulated depreciation	3,281,062.	10c	2,407,113.
	11	Investments - publicly traded securities	51,732,310.	11	93,799,982.
	12	Investments - other securities. See Part IV, line 11	214,825,380.	12	233,203,576.
	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	4,098,719.	15	4,634,969.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	389,474,475.	16	502,467,688.
	17	Accounts payable and accrued expenses	6,313,006.	17	9,838,103.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	31,864,186.	19	1,251,696.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%	_		_
Liabilities		controlled entity or family member of any of these persons	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	5,374,163.	24	5,504,903.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	6 012 010		F 004 111
		of Schedule D	6,013,919.	25	5,894,111.
	26	Total liabilities. Add lines 17 through 25	49,565,274.	26	22,488,813.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
and	27	Net assets without donor restrictions	89,247,878.	27	107,037,769.
Ba	28	Net assets with donor restrictions.	250,661,323.	28	372,941,106.
pu		Organizations that do not follow FASB ASC 958, check here ▶	230,001,323.	20	3,2,311,100.
ß		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
} SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
et /	32	Total net assets or fund balances	339,909,201.	32	479,978,875.
ž	33	Total liabilities and net assets/fund balances	389,474,475.	33	502,467,688.
_			•		Form <b>990</b> (2020)

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Part						$\overline{}$			
	Check if Schedule O contains a response or note to any line in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	72,7	06,4	109.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		81,2					
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	39,9 48,7					
5	- 1.01 about 0 1.11 about 0 4.11 about 0 4.1								
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 on Schedule O)	9		_	73,7	703.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))	10	4	79,9	78,8	375.			
Part	XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in						
	Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	npiled	lor						
	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?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a						
	separate basis, consolidated basis, or both:								
	Separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of						
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, ex	xplain	on						
	Schedule O.								
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the						
	Single Audit Act and OMB Circular A-133?			3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und								
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	udits		3b					

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **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.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

CEN	ITRA	L PARK	CONSERVANCY	, INC.				13-30228	55
Pa	't l	Reasor	n for Public Cha	rity Status. (All	organizations must	complet	te this p	art.) See instructions	3.
The	orga	nization is	not a private fou	ndation because it	t is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1	Ŏ,	A church,	convention of chi	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school o	described in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)	
3	$\equiv$				rganization described	-			
4	$\equiv$	-		•	conjunction with a hos				(iii). Enter the
			name, city, and st	· ·	•				. ,
5		-	-		a college or universit	ty owne	d or ope	erated by a governme	ental unit described i
		section 17	70(b)(1)(A)(iv). (C	Complete Part II.)	_				
6		A federal,	state, or local go	overnment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An organi	zation that norma	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general publi
		described	in section 170(b)	)(1)(A)(vi). (Compl	lete Part II.)				
8		A commu	nity trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricul	tural research or	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	in conjunction with a	land-grant college
		or univers	ity or a non-land-	grant college of a	griculture (see instruct	tions). E	nter the	name, city, and state o	f the college or
		university:							
10		receipts fr support fro acquired b	om activities rela om gross investm by the organization	ited to its exempt for the income and up on after June 30, 1	ore than 331/3 % of its functions, subject to conrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (les Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	n 331/3 % of its
11	$\equiv$	_	_	-	usively to test for publi	-			
12		_	-	-	usively for the benefit	-			
					ions described in sect				
		7		=	escribes the type of s			· ·	_
а				· ·	l, supervised, or contr	-		= ::	
			<del>-</del>		regularly appoint or e		ajority of	the directors or truste	es of the
				-	te Part IV, Sections A				(-) hhi
b					ed or controlled in co				
					organization vested in	the sam	e persor	is that control of man	age the supported
_		1 -			, Sections A and C.	م ما اممه		n with and functional	مانين المحمد معمد ما يبينانا
С			=		ng organization opera				ny integrated with,
		1	<del>-</del>		ns). You must comple				tad arganization(a)
d			=	- :	porting organization of	•			= ::
			=	-	nization generally mus omplete Part IV, Sect	-		· ·	a an allenliveness
е		1 '	·		a written determination				I Type III
-			•		tionally integrated sup			• • • • • • • • • • • • • • • • • • • •	і, туре ііі
f	Ente						nganiza	iiori.	
a					orted organization(s).				
			orted organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	• •		· ·		(described on lines 1-10		ur governing	support (see	other support (see
					above (see instructions))	Yes	No	instructions)	instructions)
/A\									
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	ıl								

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	64,871,412.	51,819,161.	44,316,472.	39,856,615.	134,489,583.	335,353,243.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	248,063.	248,063.	217,055.	217,055.	124,031.	1,054,267.
4	Total. Add lines 1 through 3	65,119,475.	52,067,224.	44,533,527.	40,073,670.	134,613,614.	336,407,510.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						98,482,650.
6	Public support. Subtract line 5 from line 4						237,924,860.
	tion B. Total Support	4 > 0040	# \ 004=	4 ) 0040	( 1) 2010		
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	65,119,475. 5,362,647.	52,067,224. 6,196,301.	44,533,527. 5,795,324.	4,994,455.	134,613,614. 7,482,716.	336,407,510. 29,831,443.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	21,461.	-328,932.	-1,275,361.	-40,271.	848,221.	-774,882.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	1,654.		66,006.	9,264.	20,248.	97,172.
11	Total support. Add lines 7 through 10						365,561,243.
12	Gross receipts from related activities, etc. (s	see instructions)				12	68,632,372.
13	<b>First 5 years.</b> If the Form 990 is for organization, check this box and <b>stop here</b>	<u> </u>		, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ►
Sec	tion C. Computation of Public Sup					T T	
14	Public support percentage for 2020 (li		-			14	65.08%
15	Public support percentage from 2019					15	79.25 <b>%</b>
16a	331/3% support test - 2020. If the or						
_	box and <b>stop here.</b> The organization q						
b	331/3% support test - 2019. If the org						
47-	this box and <b>stop here.</b> The organization	•		-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets			=	•	-	upported
h	organization						and line
b		-					
	15 is 10% or more, and if the organizin Part VI how the organization meets					-	-
	organization			•	•		
18	Private foundation. If the organization						
10	instructions						
							····

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

16 Public support percentage from 2019 Schedule A, Part III, line 15	Sec	tion A. Public Support				<u> </u>	,	
1 dills, grams, contributions, and membership fees received. The one include any various grants 7) 2 Gross receipts from admissions, membandine sold or services performed, or facilities furnished in any activity that is related to the organization's time exempt perspose - or unrelated trade or business under section 513 - or any unrelated trade or business under section 513 - or appended on its behalf - or expended on			(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
2 Gross receipts from activities that are not an universal experiment or findlines furnished in any activity that is related to the organization's tax essent purpose .  3 Gross receipts from activities that are not an universal experiment or findlines and activities that are not an universal experiment or activities that are not an universal experiment of the organization without charge or activities on the state of scale and activities on	_							
2 Gross receipts from activities that are not an universal experiment or findlines furnished in any activity that is related to the organization's tax essent purpose .  3 Gross receipts from activities that are not an universal experiment or findlines and activities that are not an universal experiment or activities that are not an universal experiment of the organization without charge or activities on the state of scale and activities on		received. (Do not include any "unusual grants.")						
turnished in any activity purpose	2							
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#### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

  2 Did the organization have any supported organization that does not have an IRS determination of status
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Page 5 Schedule A (Form 990 or 990-EZ) 2020

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
2004	detail in Part VI.	11c		
secu	on B. Type I Supporting Organizations		Voc	No
			163	140
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Socti	on C. Type II Supporting Organizations	2		
Jecu	on c. Type ii Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations	tviiotii	2001	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below.	uucu	oris).	
a b	The organization satisfied the Activities rest. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	e instr	uction	s).
				No
2	Activities Test. <i>Answer lines 2a and 2b below.</i>			
а	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? If "Yes," then in <b>Part VI identify</b>			
	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.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	<b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
•	-	20		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s						
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain	in in <b>Part VI</b> ). <b>See</b>					
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Se	ection 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							
Se	ection 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):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
С	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
_ е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e							
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Se	ection C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functional		ited Type III supporting	organization					
-	(see instructions).								

Schedule A (Form 990 or 990-EZ) 2020

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed				
	organizations, in excess of income from activity			2			
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations						
4	4 Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required - p		5				
6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in <b>Part VI</b> ). See instructions.						
9	9 Distributable amount for 2020 from Section C, line 6						
10	Line 8 amount divided by line 9 amount			10			
		(i)	(ii)		(iii)		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

		<u> </u>		<u> </u>		
				-	ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOM	Ξ		-		
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
RECYCLING	1,654.					1,654.
DAMAGES REIMBURSEMENT			66,006.	9,264.	20,248.	95,518.
TOTALS	1,654.		66,006.	9,264.	20,248.	97,172.

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service
Name of the organization

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

**Employer identification number** 

CENTRAL PARK CONSERVANCY, INC. 13-3022855 Organization type (check one): Filers of: Section: X 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** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization CENTRAL PARK CONSERVANCY, INC.

Employer identification number

			13-3022055
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$ 38,446,250.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$ \$ 23,446,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$\$ 23,446,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$\$.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for

noncash contributions.)

Name of organization CENTRAL PARK CONSERVANCY, INC.

Employer identification number 13-3022855

art II	Noncash Property	(see instructions)	). Use duplicate c	opies of Part II if ac	Iditional space is needed.
--------	------------------	--------------------	--------------------	------------------------	----------------------------

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

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) 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. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

#### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

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

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

	e organization answered "Yes," (See separate instructions), thei	on Form 990, Part IV, line 5 (Proxy	rax) (See separate in	istructions) or Form 990-1	EZ, Part V, line 35c (Prox
•	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	e of organization			Employer ide	ntification number
CEN	TRAL PARK CONSERVANC	CY, INC.		13-3022	2855
Par	t I-A Complete if the o	organization is exempt under	section 501(c) or i	is a section 527 organ	nization.
1	Provide a description of the	organization's direct and indirect p	oolitical campaign ac	ctivities in Part IV. (See in	nstructions for
	definition of "political campa	ign activities")			
		xpenditures (See instructions)			
3		campaign activities (See instructio			
Par	<u>-</u>	organization is exempt under s			
1		ise tax incurred by the organizatio			
2		ise tax incurred by organization m			
3	=	a section 4955 tax, did it file Form	-		
					Yes No
	If "Yes," describe in Part IV.				
Par	•	organization is exempt under			).
1		xpended by the filing organization		•	
2		g organization's funds contributed			
		es			
3		enditures. Add lines 1 and 2. Ent		•	
_	line 17b			▶\$	
4		e Form 1120-POL for this year?			
5		and employer identification numb s. For each organization listed, en			
		ributions received that were prom			
		nd or a political action committee (l			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(1)	(1)		filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization. If
					none, enter -0
(4)					
(1)			-		
(2)					
(2)			-		
(3)					
(3)			-		
(4)					
(7)			1		
(5)					
(0)			1		
(6)					
(-)			1		

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

Schedule C (Form 990 or 990-EZ) 2020

SUII	edule C (FUIII 990 01 990-EZ) 2020	CHIVITUI	J 1111CIC C	ONDERCOME, I	.110.	13 3	022033	raye 🚣
Pa	Complete if the org section 501(h)).	ganizatio	n is exen	npt under sectio	n 501(c)(3) and	filed Form 5768 (ele	ction under	
A			-	affiliated group (an excess lobbying exp		ach affiliated group mem	nber's name,	
В	Check ▶ if the filing organiz	zation che	cked box A	and "limited contr	ol" provisions app	oly.		
			ing Expend			(a) Filing	(b) Affilia	ated
	(The term "expendit					organization's totals	group to	tals
	Total lobbying expenditures to i							
	Total lobbying expenditures to i		-					
	Total lobbying expenditures (ad							
	Other exempt purpose expendit							
	Total exempt purpose expendit	•		,				
t	Lobbying nontaxable amount.	Enter the	amount 1	rom the following	table in both			
	columns.	) a. (b) ia.	The Johnson					
	If the amount on line 1e, column (a				is:			
	Not over \$500,000  Over \$500,000 but not over \$1,000			amount on line 1e. us 15% of the excess	over \$500,000			
	Over \$1,000,000 but not over \$1,5			us 10% of the excess				
	Over \$1,500,000 but not over \$1,5			us 5% of the excess				
	Over \$17,000,000		\$1,000,000 pi		σνει ψ1,000,000.			
	Grassroots nontaxable amount							
_	Subtract line 1g from line 1a. If	-						
i	Subtract line 1f from line 1c. If a							
j	If there is an amount other th					tion file Form 4720		
	reporting section 4911 tax for t	his year?					Yes	No
		4	-Year Aver	aging Period Unde	er Section 501(h)			
	(Some organizations tha	t made a	section 50	1(h) election do no	ot have to compl	ete all of the five colun	nns below.	
		See t	he separa	e instructions for	lines 2a through	2f.)		
		Lobby	ying Exper	nditures During 4-Y	ear Averaging Pe	riod		
	Calendar year (or fiscal year beginning in)	(a)	2017	<b>(b)</b> 2018	(c) 2019	<b>(d)</b> 2020	(e) To	tal
2a	Lobbying nontaxable amount							
	Lobbying ceiling amount (150% of line 2a, column (e))							
	: Total lobbying expenditures							
	Grassroots nontaxable amount							
	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2020

	dule C (Form 990 or 990-EZ) 2020	T (''				Page 3
Pal	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).			m 5768		
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed			a)	(b)		
	cription of the lobbying activity.	Yes	No	Δ	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?		X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X				
С	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		X			
е	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?	X	Λ			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	_ A	Х			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X	Λ		260	,354
i	Other activities?					,354
j	Total. Add lines 1c through 1i		х		200	, 334
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		х			
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)		ection		
. а	501(c)(6).	(6)(3)	, 01 3	CCLIOII		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3	
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	·	•
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"	OR (k	) Par	't III-A, li	ne 3, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	unts (	of			
	political expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
b	Carryover from last year			2b		
С	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ne			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	-	- 1			
_	and political expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures (See instructions)			5		
	** Supplemental Information  ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d arou	ın lint	\. Dort II	A linco	1 and
	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	u grot	ıp iist	), rait 11-7	٦, ١١١١٦٥	ı anu
_ (0	so mondonolo,, and rare is b, into 1.7400, complete the part of any additional information.					

Part IV Supplemental Information (continued)

### **SCHEDULE D** (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CEI	TRAL PARK CONSERVANCY, INC.		13-3022855
Pa	t I Organizations Maintaining Donor Adv		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6	6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono	advisors in writing that the assets	held in donor advised
	funds are the organization's property, subject to th	e organization's exclusive legal contro	ol? Yes No
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		7
4	Complete if the organization answered		<i>I</i> .
1	Purpose(s) of conservation easements held by the		atta e att a litera de alle terre entre et la colonia
	Preservation of land for public use (for example		ation of a historically important land area
	Protection of natural habitat	Preserva	ation of a certified historic structure
2	Preservation of open space	ald a qualified conservation contribut	tion in the form of a concernation
2	Complete lines 2a through 2d if the organization heasement on the last day of the tax year.	ela a qualified conservation contribut	Held at the End of the Tax Year
_	Total number of conservation easements		
a	Total acreage restricted by conservation easement		
b	Number of conservation easements on a certified		
d	Number of conservation easements included in (	* *	
u	historic structure listed in the National Register		
3	Number of conservation easements modified, tra		
•	tax year >	moremen, released, examigationed, er	terminated by the erganization during the
4	Number of states where property subject to conse	ervation easement is located	
5	Does the organization have a written policy re		spection, handling of
	violations, and enforcement of the conservation ea		-
6	Staff and volunteer hours devoted to monitoring, insp		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforc	cing conservation easements during the year
	<b>&gt;</b> \$		
8	$\label{eq:conservation} \textbf{Does each conservation easement reported on line}$		section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text	<u> </u>	inancial statements that describes the
Da	organization's accounting for conservation easeme		Other Cimiler Assets
Г	organizations Maintaining Collections Complete if the organization answered		
4 -			
1a	If the organization elected, as permitted under F. of art, historical treasures, or other similar asset	ets held for public exhibition, educa	ation, or research in furtherance of public
	service, provide in Part XIII the text of the footnote	to its financial statements that descri	bes these items.
b	If the organization elected, as permitted under F art, historical treasures, or other similar assets he provide the following amounts relating to these ite	eld for public exhibition, education, oms:	or research in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
	following amounts required to be reported under F	ASB ASC 958 relating to these items	:
a	Revenue included on Form 990, Part VIII, line 1.		
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2020 Page 2

Pa	rt III Organizations Maintaini	ing Collections of	Art, Historical Tre	asures, o	Other	Similar Assets (d	continu	ed)	
3									
	collection items (check all that apply):								
а	Public exhibition	blic exhibition d Loan or exchange program							
b	Scholarly research		e Other						
С	Preservation for future generations								
4	Provide a description of the organ	nization's collections	and explain how	they further	the or	ganization's exemp	t purpo:	se in	Part
	XIII.								
5	During the year, did the organization					_			_
	assets to be sold to raise funds rath		ained as part of the	organization	's collec	ction?	Yes		No
Pa	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.								
12	Is the organization an agent, trus	too custodian or o	ther intermediary for	or contribut	ione or	other assets not			
ıa	included on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement i	n Part XIII and come	olete the following tal	nle:			163		] 140
b	ii 1es, explain the arrangement	ii i ait Xiii aila coiii	siete the following tai	JIG.		Amount			
С	Beginning balance			1c		7 till Galle			
	Additions during the year								
e	Distributions during the year								
f	Ending balance								
2a	Did the organization include an am	nount on Form 990,	Part X, line 21, for e		ustodial	account liability?	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the explanation	has been p	rovided	on Part XIII			1
Pa	rt V Endowment Funds.							·	
	Complete if the organiza	ation answered "Ye	es" on Form 990, F	Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years back	(e) Fou		
1 a	Beginning of year balance	224,229,313.	230,975,313.			220,430,313.		189,159,313.	
b	Contributions	22,513,000.	5,097,000.			5,708,000.			000.
С	Net investment earnings, gains,								
	and losses	63,539,000.	-2,508,000.			18,018,000.			000.
d	Grants or scholarships								
е	Other expenditures for facilities	0 500 000	0 005 000			0 000 000	00 8 30		000
	and programs	9,588,000.	9,335,000.	9,133	,000.	8,332,000.	8,	392,	000.
f	Administrative expenses	200 (02 212	224 220 212	220 075	212	225 024 212	220,430,313		212
g	End of year balance	300,693,313.				235,824,313.	220,	430,	313.
2	Provide the estimated percentage	of the current year	end balance (line 1g	column (a))	held as	•			
a	Board designated or quasi-endown Permanent endowment > 17.0		_%						
	Term endowment ► 56.9400								
С	The percentages on lines 2a, 2b, a	-	1000/						
22	Are there endowment funds not in			are hold an	d admir	sistered for the			
Ja	organization by:	the possession of the	ie organization that	are neid an	u aumii	iistered for the		Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate						3b		
4	Describe in Part XIII the intended of	· ·	•						
	rt VI Land, Buildings, and Equ	uipment.							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.									
	Description of property	(a) Cost or (inves		or other basis ther)		cumulated (c	i) Book va	alue	
1a	Land	,	, (3	- /					
b	Buildings								
С	Leasehold improvements		2,5	47,683.	1,9	66,991.	5	80,6	592.
d	Equipment		11,5	515,532.	9,6	89,111.	•		
_е	Other								
	I. Add lines 1a through 1e. (Column		n 990. Part X. colum	n (B), line 10	Oc.)	<b></b>	2,4	07,1	13.

Schedule D (Form 990) 2020			Page .		
Part VII Investments - Other Securities.	"Ves" on Form 990	Part IV line 11h See Form 990 I	Part X line 12		
(a) Description of security or category (including name of security)	(b) Book value	Part IV, line 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end-of-year market value			
(1) Financial derivatives		Cook of one of year market	· varao		
(2) Closely held equity interests					
(3) Other					
(A) LIMITED PARTNERSHIPS	233,203,576.	FMV			
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	233,203,576.				
Part VIII Investments - Program Related.  Complete if the organization answered	"Vos" on Form 990	Part IV line 11c See Form 990 F	Part Y line 13		
(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year market			
<u>(1)</u>					
(2)					
<u>(3)</u>					
(4)					
(5)					
<u>(6)</u>					
(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. I	Part X. line 15.		
· · · · · · · · · · · · · · · · · · ·	scription	, ,	(b) Book value		
<u>(1)</u>			(,		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)	<u></u>			
Part X Other Liabilities.					
Complete if the organization answered line 25.	"Yes" on Form 990	), Part IV, line 11e or 11f. See Form	1 990, Part X,		
1. (a) Descrip	tion of liability		(b) Book value		
(1) Federal income taxes					
(2) DEFERRED GIFT ANNUITY LIABILITY			993,367		
(3) DEFERRED COMPENSATION PLAN 457B			3,001,752.		
(4) LONG TERM DEFERRED COMPENSATION			1,145,336.		
(5) ACCRUED WAGES			753,656		
(6)					
(7)					
(8)					
(9)			F 004 333		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			5,894,111.		

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

Page 4 Schedule D (Form 990) 2020

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	213,448,381.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		40.000.040
е	Add lines 2a through 2d	2e	49,222,949.
3	Subtract line 2e from line 1	3	164,225,432.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.  8,558,347.		
a	investment expenses not included on Form 350, Fait Viii, line 75	-	
b	Other (Describe in art Air.)	4c	8,480,977.
С 5	Add lines <b>4a</b> and <b>4b</b>	5	172,706,409.
Part		_	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	73,378,707.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	_	F.CO. 147
е	Add lines 2a through 2d	2e	569,147.
3	Subtract line 2e from line 1	3	72,809,560.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.  8,558,347.		
a	investment expenses not included on 1 onn 930, 1 art viii, line 75	-	
b	Other (Describe III att XIII.)	4c	8,480,977.
С 5	Add lines <b>4a</b> and <b>4b</b>	5	81,290,537.
	XIII Supplemental Information.		· · · · · · · · · · · · · · · · · · ·
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F		
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	•
SEE	PAGE 5		

#### Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, QUESTION 4

#### **ENDOWMENTS:**

THE CONSERVANCY'S ENDOWMENT CONSISTS OF 91 INDIVIDUAL FUNDS ESTABLISHED FOR THE FOLLOWING PURPOSES: HORTICULTURE, MAINTENANCE, PRESERVATION, VISITOR SERVICES AND PUBLIC PROGRAMS, EDUCATION, AND GENERAL PROGRAMS OF THE CONSERVANCY, AS WELL AS BOARD DESIGNATED ENDOWMENT.

SCHEDULE D, PART X, QUESTION 2

INCOME TAX UNCERTAINTIES:

THE CONSERVANCY FOLLOWS THE PROVISIONS OF ASC TOPIC 740, IMPLEMENTATION GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND DISCLOSURE AMENDMENTS FOR NONPUBLIC ENTITIES (ASC TOPIC 740), IN CONJUNCTION WITH ITS ADOPTION OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (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 ENDED JUNE 30, 2021 AND 2020.

SCHEDULE D, PART XI, LINE 2D

OTHER REVENUE (LOSS):

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS

(\$73,703).

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# Part XIII Supplemental Information (continued)

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

OTHER:

COST OF GOODS SOLD INCLUDED IN EXPENSES FOR FINANCIAL STATEMENT REPORTING THAT HAVE BEEN INCLUDED IN REVENUE FOR FORM 990, PART VIII, LINE 10B: \$77,370.

CENTRAL PARK CONSERVANCY, INC.

### **SCHEDULE F** (Form 990)

# **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CEN'	TRAL PARK CONSERVANCY,	INC.			13-30228	55
Par	General Information o Form 990, Part IV, line 14b		Outside the	United States. Comple	ete if the organization a	nswered "Yes" on
1	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	ganization main eligibility for t	he grants or	assistance, and the selec	-	Yes No
2	For grantmakers. Describe in Foutside the United States.  Activities per Region. (The follow	_		-	-	d other assistance
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1)	EUROPE	0.	0.	INVESTMENTS		43,033,911.
(2)	CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		37,821,901.
(3)	NORTH AMERICA	0.	0.	INVESTMENTS		12,700,710.
(4)	SUB-SAHARAN AFRICA	0.	0.	INVESTMENTS		12,622,296.
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Subtotal Total from continuation sheets to Part I					106,178,818.
С	Totals (add lines 3a and 3b)	l				106,178,818.

Schedule F (Form 990) 2020 Page 2

Part II	Grants and Other Assist Part IV, line 15, for any re							ed "Yes" on	Form 990,
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 noncash assistance	(h) Description of noncash 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)									
exer	er total number of recipient org mpt 501(c)(3) organization by the	ne IRS, or for which t	he grantee or counsel has	provided a sec	ction 501(c)(3) equiv				

Schedule F (Form 990) 2020

# 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 Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (h) Method of (f) Amount of (g) Description valuation (book, FMV, recipients cash grant cash noncash of noncash disbursement assistance assistance appraisal, other) (1) (2) (3) \_(4) (5) (6) (7) (8) (9) (10)(11) (12)(13)(14)(15)(16) (17) (18)

Schedule F (Form 990) 2020
Part IV Foreign Forms

ган	l oreign rollins			
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)	X	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; don't file with Form 990)		Yes	X 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	X 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	X 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)	X	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; don't file with Form 990)		Yes	X No

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 Page **5** 

# Part V Supplem

Supplemental Information
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 CONSERVANCY MAINTAINS INVESTMENTS IN FOREIGN PARTNERSHIPS SUCH AS

CENTRAL AMERICA/CARIBBEAN, EUROPE, NORTH AMERICA, AND SUB-SAHARAN AFRICA.

AMOUNTS REPORTED IN COLUMN (F) ARE ON THE ACCRUAL BASIS. ALL RELATED

FILINGS FOR THESE INVESTMENTS ARE COMPLETED AND FILED ON A TIMELY BASIS.

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

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

OMB No. 1545-0047 Open to Public

Name of the organization

CENTRAL PARK CONSERVANCY, INC.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Inspection Employer identification number

13-3022855

	Form 990-EZ filers are not re						
1	Indicate whether the organization rai	sed funds through		following	activities. Check a	all that apply.	
а	X Mail solicitations	е		itation of	non-government g	rants	
b	X Internet and email solicitations	f X Solicitation of government grants					
С	Phone solicitations	g	X Spec	cial fundra	ising events		
d	X In-person solicitations						
2a	Did the organization have a written of	r oral agreement w	ith any inc	dividual (ir	cludina officers. d	irectors, trustees.	
	or key employees listed in Form 990						X Yes No
b	If "Yes," list the 10 highest paid indi	viduals or entities	(fundraise	rs) pursua	int to agreements	under which the	fundraiser is to be
	compensated at least \$5,000 by the	organization.					
			(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	r control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
	or officey (tartatation)		contrib	utions?	nom donvity	col. (i)	organization
			Yes	No			
1		PROF					
T	HE HARRINGTON AGENCY	FUNDRAISER		X	6,488,738.	342,000.	6,146,738.
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶	6,488,738.	342,000.	6,146,738.
3	List all states in which the organiza	tion is registered of	or licensed	l to solicit	contributions or	has been notified	it is exempt from
	registration or licensing.						
	K,AZ,AR,CA,CO,CT,DC,FL,GA						
	Y,ME,MD,MA,MI,MN,MS,MO,NH		ND,OH,				
OK,C	R,PA,RI,SC,TN,UT,VA,WV,WI	1					
-							
-							
-							

Page 2 Schedule G (Form 990 or 990-EZ) 2020

Pa	rt l	Fundraising Events. Completed more than \$15,000 of fundrate events with gross receipts great the second sec	aising event contribut			
		<u> </u>	(a) Event #1 FLO LUNCHEON (event type)	(b) Event #2 WC ANNUAL MTG (event type)	(c) Other events  1.	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	2,941,101.	225,500.	1,255,535.	4,422,136
Re		Less: Contributions	2,851,101.	218,000.	738,085.	3,807,186
	3	Gross income (line 1 minus line 2)	90,000.	7,500.	517,450.	614,950
	4	Cash prizes				
		Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	426,437.	50,336.	324,092.	800,865
	11	Direct expense summary. Add lin Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)	<u> </u>	800,865 -185,915
Pa	rt I	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect [	4	Rent/facility costs				
<u> </u>	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
		Direct expense summary. Add lin	-			
	8	Net gaming income summary. Su	ubtract line / from line	1, column (d)	<u></u>	
9 8	ı	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:		in each of these state	es?	Yes No
10a		Were any of the organization's gamin			uring the tax year?	Yes No

Sched	ule G (Form 990 or 990-EZ) 2020 Page <b>3</b>
11 12	Does the organization conduct gaming activities with nonmembers? Yes No  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:
а	The organization's facility
b	An outside facility
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?
b	revenue?
С	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 a b	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or apport in the organizations are proportionally as a support activities during the toxy year.
Part	or spent in the organization's own exempt activities during the tax year ► \$  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).
SCHI	EDULE G, PART I, LINE 1
THE	HARRINGTON AGENCY IS A DIGITAL AGENCY THAT PROVIDES CONSULTING
SERV	ICES TO THE CONSERVANCY WITH RESPECT TO ITS MEMBERSHIP PROGRAMS.
PROI	FESSIONAL FUNDRAISERS FEES ARE BASED ON SPECIFIC SCOPES OF WORK AND
ARE	NOT CONTINGENT ON FUNDRAISING RESULTS.

# SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service
Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Schedule I (Form 990) 2020

Employer identification number

CENTRAL PARK CONSERVANCY, INC.						13-302285	55
Part I General Information on Grants an	d Assistanc	e					
1 Does the organization maintain records to s	ubstantiate th	e amount of the	grants or assista	nce, the grantees	deligibility for the grant	s or assistance, and	
the selection criteria used to award the grant	ts or assistand	e?					X Yes No
2 Describe in Part IV the organization's proceed	dures for mor	nitoring the use o	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations an	d Domestic Gov	vernments. Com	polete if the organiz	ation answered "Y	es" on Form 990.
Part IV, line 21, for any recipient the		_					
	1			· ·	·		(1) D
(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 noncash assistance	(h) Purpose of grant or assistance
(1) NYC DEPARTMENT OF PARKS AND RECREATION							
830 5TH AVENUE NEW YORK, NY 10065	13-6400434	NYC PARKS & REC	62,031.				PROGRAM SUPPORT
(2) THE PUBLIC THEATRE							
425 LAFAYETTE STREET NEW YORK, NY 10033	13-1844852	501(C)(3)	48,133.				PROGRAM SUPPORT
(3) CENTRAL PARK MEDICAL UNIT INC.							
P.O. BOX 440 NEW YORK, NY 10028	11-2516283	501(C)(3)	25,000.				PROGRAM SUPPORT
(4) CITY PARKS ALLIANCE, INC.							
1777 CHURCH STREET, NW WASHINGTON, DC 20036	80-0015566	501(C)(3)	10,000.				PROGRAM SUPPORT
(5) CENTENNIAL PARK CONSERVANCY							
PO BOX 196340 NASHVILLE, TN 37219	58-1609026	501(C)(3)	25,000.				PROGRAM SUPPORT
(6) DENVER PARK TRUST							
PO BOX 102325 DENVER, CO 80250	84-2574134	501(C)(3)	25,000.				PROGRAM SUPPORT
(7) DETROIT 300 CONSERVANCY							
1 CAMPUS MARTIUS, SUITE 380	30-0002873	501(C)(3)	25,000.				PROGRAM SUPPORT
(8) FRIENDS OF MOSHOLU PARKLAND, INC							
3400 RESERVOIR OVAL NORWOOD, NY 10467	46-3343164	501(C)(3)	6,250.				PROGRAM SUPPORT
(9) HUDSON RIVER PARK FRIENDS INC							
128 DELAWARE DRIVE NARROWSBURG, NY 12764	13-4112913	501(C)(3)	6,250.				PROGRAM SUPPORT
(10) MARINE PARK ALLIANCE CORP							
3221 AVENUE S BROOKLYN, NY 11234	46-3291341	501(C)(3)	6,250.				PROGRAM SUPPORT
(11) NEIGHBORSPACE							
445 N. SACRAMENTO BLVD CHICAGO, IL 60612	36-4105593	501(C)(3)	25,000.				PROGRAM SUPPORT
(12) THE FRIENDS OF GOVERNORS ISLAND							
10 SOUTH STREET, SLIP 7 NEW YORK, NY 10004	45-4317911	501(C)(3)	6,250.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations list	ted in the line 1 tal	ble			12.
3 Enter total number of other organizations lis	ted in the line	1 table	<u></u>	<u></u>	<u> </u>	<b>.</b> . <b>&gt;</b>	

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

Schedule I (Form 990) (2020)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2:

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. A NUMBER OF CAPACITY BUILDING GRANTS WERE

AWARDED TO OTHER PARK ORGANIZATIONS AS PART OF THE CONSERVANCY'S

INSTITUTE FOR URBAN PARKS. THESE GRANTS ARE SUPPORTED BY

DONOR-RESTRICTED FUNDING AND MUST BE USED EXCLUSIVELY FOR THIS PURPOSE.

PART II, LINE 1: THE CONSERVANCY MADE A GRANT TO THE CITY OF NEW YORK TO

Schedule I (Form 990) (2020)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	
<u>.</u>	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	<b>(b)</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. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CENTRAL PARK CONSERVANCY, INC.

Employer identification number

13-3022855

Part	Questions Regarding Compensation			
	<del>-</del>		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	If any of the bound on the Asian charled did the conscient follows a written relies around a consent.			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X   Compensation committee   Written employment contract   X   Independent compensation consultant   X   Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
_	11 1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:	0-		Х
a	The organization?	6a		X
b	Any related organization?	6b		Λ
-				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<u> </u>		
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
MS. ELIZABETH W. SMITH	(i)	560,172.	0.	0.	34,311.	10,912.	605,395.	0.	
1 EX-OFFICIO (PRESIDENT & CEO)	(ii)	0.	0.	0.	0.	0.	0.	0.	
MR. STEPHEN SPINELLI	(i)	468,958.	0.	0.	34,008.	23,245.	526,211.	0.	
2 <sup>CHIEF</sup> FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
MR. CHRISTOPHER NOLAN	(i)	438,526.	0.	0.	33,771.	23,244.	495,541.	0.	
3 EX-OFFICIO (CP ADMINISTRATOR)	(ii)	0.	0.	0.	0.	0.	0.	0.	
MS. MARY CARACCIOLI	(i)	295,596.	0.	0.	34,177.	23,245.	353,018.	0.	
4 <sup>CHIEF</sup> COMMUNICATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
MR. JOHN DILLON	(i)	232,028.	0.	0.	31,534.	23,245.	286,807.	0.	
5 <sup>VP</sup> OF LANDSCAPE MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
MS. ABIGAIL D. HEALY	(i)	217,460.	0.	0.	30,731.	23,244.	271,435.	0.	
6 <sup>VP</sup> OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
MS. LANE N. ADDONIZIO	(i)	222,825.	0.	0.	30,848.	21,050.	274,723.	0.	
7 <sup>VP</sup> OF PLANNING, DESIGN & CONST	(ii)	0.	0.	0.	0.	0.	0.	0.	
MS. KATHRYN ORTIZ	(i)	227,539.	0.	0.	31,105.	8,462.	267,106.	0.	
8 <sup>CONTROLLER</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.	
MS. SANDRA E. HUBER	(i)	209,451.	0.	0.	30,197.	8,462.	248,110.	0.	
9 OF PROGRAM & PROJECT MGMT	(ii)	0.	0.	0.	0.	0.	0.	0.	
MS. ANNA CAROLINE GREEN	(i)	195,193.	0.	0.	29,403.	10,912.	235,508.	0.	
10 <sup>VP</sup> FOR PARK OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
MS. LEAH CATHERINE DAY	(i)	164,971.	0.	0.	28,058.	23,254.	216,283.	0.	
11 CHIEF OF STAFF & VP STR. INITI	(ii)	0.	0.	0.	0.	0.	0.	0.	
MS. SHEILA G. KENDALL	(i)	169,558.	0.	0.	28,222.	8,461.	206,241.	0.	
12 ASSOC. VP OF HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.	
MS. RENEE PORTER	(i)	257,480.	0.	0.	32,741.	10,912.	301,133.	0.	
13 <sup>VP OF FINANCE</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.	
MR. TIMOTHY HASSETT	(i)	134,960.	0.	0.	25,356.	5,114.	165,430.	0.	
14 FORMER CHIEF OF PARK OPERATION	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2020

#### Part | Supplemental Information

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

SCHEDULE J, PART I QUESTION 3

THE COMPENSATION AND MANAGEMENT DEVELOPMENT GROUP OF THE EXECUTIVE

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

SCHEDULE J, PART I, QUESTION 4B

THE COMMITTEE MINUTES.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

THERE IS A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR CERTAIN OFFICERS OF THE CONSERVANCY. CONTRIBUTIONS TO THE PLAN MADE BY THE CONSERVANCY DURING CALENDAR YEAR 2020 TOTALED \$351,000.

SCHEDULE J, PART I, QUESTION 7

LONG-TERM COMPENSATION PROGRAM:

Schedule J (Form 990) 2020

#### Part | Supplemental Information

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

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 PERFORMANCE; (II) RECOGNIZE CAPABILITIES AND EXPERIENCE; AND (III) PROVIDE LONG-TERM INCENTIVES TO RETAIN KEY MANAGEMENT.

SCHEDULE J, PART II, COLUMN B(II)

DUE TO COVID-19, THERE WERE NO BONUSES PAID TO THE EXECUTIVE TEAM.

### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

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

Par	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	Method of noncash contr			
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		119.	1,649,197.	COMPARABLE	E SA	LES	
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 ►()							
	Other ►()							
29	Number of Forms 8283 received							
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29	Ι,		
	5						Yes	No
30a	During the year, did the organizat				- 1			
	28, that it must hold for at least the	-				200		Х
	to be used for exempt purposes for		olding period?			30a		
	If "Yes," describe the arrangement i		tanaa mallan that maanina					
31	Does the organization have a			-		24	Х	
22-	contributions?					31		
s∠a	Does the organization hire or use	-	<del>-</del>	· · · · · · · · · · · · · · · · · · ·	1	322		Х
<b>L</b>	contributions?					32a		- 21
	If "Yes," describe in Part II.	amount in a	valuma (a) for a tuna of are	norty for which column (a)	vic obooked			
33	If the organization didn't report an	amount in C	column (c) for a type of pro	perty for which column (a)	is checked,			

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

Schedule M (Form 990) 2020

Schedule M (Form 990) (2020) Page **2** 

Part II Supplem

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS ARE BASED ON THE NUMBER OF DONORS.

# SCHEDULE O (Form 990 or 990-EZ)

#### 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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

13-3022855

CENTRAL PARK CONSERVANCY, INC.

FORM 990, PART I, LINE 1 AND PART III, LINE 1
ORGANIZATION'S MISSION:

THE CENTRAL PARK CONSERVANCY OVERSEES ALL ASPECTS OF THE CARE,

MAINTENANCE AND RESTORATION OF NEW YORK'S MOST ICONIC PUBLIC SPACE,

CENTRAL PARK. THIS WORK ALLOWS THE PARK'S 843-ACRES TO SERVE AS SOURCE

OF RESPITE AND RELAXATION, IMPACTING THE PHYSICAL AND MENTAL WELL-BEING

OF CITY RESIDENTS, AND ALL OF THE 40-MILLION PEOPLE WHO VISIT THE PARK

EACH YEAR.

THE MISSION OF THE CENTRAL PARK CONSERVANCY IS TO PRESERVE AND CELEBRATE CENTRAL PARK AS A SANCTUARY FROM THE PACE AND PRESSURE OF CITY LIFE, ENHANCING THE ENJOYMENT AND WELLBEING OF ALL.

OUR GUIDING PRINCIPLE IS THAT CENTRAL PARK IS A MASTERPIECE OF LANDSCAPE ARCHITECTURE CREATED TO PROVIDE A PROFOUNDLY DEMOCRATIC SPACE AND GREEN RESPITE FOR THE CITY AND ALL ITS PEOPLE AND TO ESTABLISH NEW YORK AS ONE OF THE GREAT CITIES OF THE WORLD, THE CONSERVANCY HONORS ITS COMMITMENT TO THIS ICONIC PUBLIC SPACE BY APPLYING ITS DEEP EXPERTISE IN URBAN PARK MANAGEMENT; BY PARTNERING WITH THE COMMUNITY AND THE CITY OF NEW YORK; AND BY MARSHALLING ALL OF THE RESOURCES NECESSARY FOR THE PARK'S LONG-TERM CARE. THE CONSERVANCY'S WORK IS FOUNDED ON THE BELIEF THAT CITIZEN LEADERSHIP AND PRIVATE PHILANTHROPY ARE KEY TO ENSURING THAT THE PARK AND ITS ESSENTIAL PURPOSE ENDURE.

Employer identification number

13-3022855

FORM 990, PART I, LINE 8 AND 13, AND SCHEDULE A, PART II, LINES 1E AND 7E, PART VI, EXCESS CONTRIBUTIONS AND SCHEDULE B, PART LINES 1-4: HARLEM MEER OUTDOOR CENTER:

IN FEBRUARY 2019, THE CONSERVANCY ENTERED INTO PLEDGE AGREEMENTS WITH FOUR DONORS TO PROVIDE \$100 MILLION (COLLECTIVELY) IN FUNDING TO BE PAID OVER A FIVE-YEAR PERIOD FOR THE CONSTRUCTION, OPERATION AND MANAGEMENT OF A NEW POOL AND ICE RINK. THE PLEDGE AGREEMENTS CONTAINED PROVISIONS THAT THE CONSERVANCY VIEWED AS CONDITIONAL PROMISES. PLEDGE PAYMENTS RECEIVED PRIOR TO MEETING CONDITIONAL PROMISES WERE RECORDED AS DEFERRED REVENUE IN THE AMOUNT OF \$21 MILLION AND \$15 MILLION FOR FISCAL YEARS 2020 AND 2019, RESPECTIVELY.

IN FISCAL-YEAR 2021, THE CONSERVANCY MET THE DONOR-IMPOSED CONDITIONS TO RECOGNIZE PLEDGED CONTRIBUTIONS FOR THE HARLEM MEER OUTDOOR CENTER AS REVENUE IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. FOR HARLEM MEER OUTDOOR CENTER, THE CONSERVANCY RECOGNIZED \$93 MILLION ADJUSTED FOR NET PRESENT VALUE AND CHANGES IN INVESTMENT. APPROXIMATELY \$6 MILLION IN REVENUE WAS RECOGNIZED IN PREVIOUS YEARS FOR THE HARLEM MEER OUTDOOR CENTER PLANNING EXPENSES.

Name of the organization  ${\tt CENTRAL\ PARK\ CONSERVANCY,\ INC.}$ 

Employer identification number

13-3022855

FORM 990, PART I, LINE 21 AND PART X, LINES 1,2,3,17,19 AND PART XI, LINE 1:

HARLEM MEER OUTDOOR CENTER:

IN FISCAL-YEAR 2021, THE CONSERVANCY HAS MET THE DONOR-IMPOSED CONDITIONS TO FULLY RECOGNIZE PLEDGED CONTRIBUTIONS IN ACCORDANCE WITH GAAP;

- \$93 MILLION IN CONTRIBUTIONS RECEIVABLE: TOTAL DONOR PLEDGES,
  LESS PLANNING EXPENSES INCURRED TO DATE
  - \$47 MILLION IN CASH AND SHORT-TERM INVESTMENTS: RECLASSED

    FROM DEFERRED REVENUE AND IS AVAILABLE FOR USE, RESTRICTED

    TO THE PROJECT
  - \$42 MILLION CONTRIBUTIONS RECEIVABLE: REMAINING DUE FROM DONORS

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 BOROUGHS TO SHARE OUR BEST PRACTICES IN URBAN PARK MANAGEMENT.

FORM 990, PART VI, SECTION A, 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 2021:

- 1. MRS. JANE HELLER HAS A BUSINESS RELATIONSHIP WITH MS. JUDY HART ANGELO AND MRS. LENI MAY.
- 2. MR. JOE ROBY HAS A BUSINESS RELATIONSHIP WITH HAMILTON JAMES, HUSBAND OF BOARD MEMBER AMABEL JAMES.
- 3. MR. JEFF BLAU HAS A BUSINESS RELATIONSHIP WITH MR. ROBERT LIEBER AND MR. HENRY KRAVIS. MR. JEFF BLAU'S FIRM IS A MEMBER OF WOLLMAN PARK PARTNERS LLC.
- 4. MS. NANAR YOSELOFF HAS A BUSINESS RELATIONSHIP WITH THOMAS L. KEMPNER, JR.

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

REVIEW OF FORM 990:

ON MARCH 30, 2022, EISNER ADVISORY GROUP LLC, MET WITH THE CONSERVANCY'S CHAIRMAN, TREASURER, SECRETARY-GENERAL COUNSEL, CHAIRMAN OF THE AUDIT COMMITTEE, CHAIRMAN OF THE FINANCE COMMITTEE AND MANAGEMENT TO REVIEW THE FORM 990. THE CENTRAL PARK CONSERVANCY'S FORM 990 WAS PREPARED BY EISNER ADVISORY GROUP LLC, THE INDEPENDENT TAX PREPARER, BASED ON INFORMATION PROVIDED BY THE ORGANIZATION'S FINANCE AND MANAGEMENT PERSONNEL.

SUBSEQUENTLY, THE 990 WAS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILING THE RETURN WITH THE IRS.

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

CONFLICT-OF-INTEREST, RELATED PARTY TRANSACTION AND ETHICS POLICY:

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, PART VI, SECTION B, LINE 15

COMPENSATION:

THE COMPENSATION AND MANAGEMENT DEVELOPMENT GROUP OF THE EXECUTIVE

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'S PERFORMANCE AND COMPENSATION TO ENSURE THAT THE COMPENSATION

PROCESS IS APPROPRIATE AND DESIGNED TO ATTRACT AND RETAIN THE BEST TALENT

IN THE INDUSTRY. THE GROUP DOCUMENTS COMPENSATION DETERMINATIONS IN ITS

MEETING 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: CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS (\$73,703).

COVID-19 AND PAYROLL PROTECTION PROGRAM (PPP) LOAN
(A) COVID-19:

COVID 19 HAS CONTINUED TO IMPACT THE OPERATIONS OF THE CONSERVANCY, WHICH PERFORMS AN 'ESSENTIAL' FUNCTION FOR THE CITY OF NEW YORK (AS DEFINED BY NYS EXECUTIVE ORDER 202.6) BY MAINTAINING CENTRAL PARK. THE PARK HAS REMAINED OPEN THROUGHOUT THE CRISIS, DURING WHICH USE HAS CONTINUED AT A HIGH LEVEL AS THE PARK HAS CONTINUED TO BE A REFUGE VITAL TO THE HEALTH OF NEW YORKERS. FAILURE TO MAINTAIN THE PARK AT CURRENT LEVELS COULD NEGATIVELY IMPACT THE CONSERVANCY'S SIGNIFICANT INVESTMENT AND MAY CAUSE IRREPARABLE REPUTATIONAL DAMAGE WITH ITS DONORS AND THE PUBLIC.

IN MARCH 2020, STATE AND LOCAL GOVERNMENTS IN NEW YORK DECLARED A STATE
OF EMERGENCY AND ISSUED A CIVIL ORDER OF SHUTDOWN. THE RESTRICTIONS
IMPOSED BY THESE ORDERS RESULTED IN THE CLOSURE OF ALL CONCESSIONS IN
CENTRAL PARK AND IMPOSED PROHIBITIONS ON LARGE PUBLIC GATHERINGS, WHICH
FORCED THE CONSERVANCY TO CANCEL ALL ITS SPRING AND SUMMER FUNDRAISING

EVENTS.

THESE RESTRICTIONS CONTINUED IN FY 2021 CAUSING A REDUCTION IN CONCESSIONS AND OTHER REVENUE (GIFT SHOPS, RETAIL STORES, AND TOURS).

CONCESSIONS REMAINED CLOSED THROUGH OCTOBER AND WERE NOT REOPENED UNTIL NOVEMBER 2020 AT LIMITED CAPACITY. CONTRIBUTION REVENUE WAS IMPACTED DUE TO SOCIAL DISTANCING RESTRICTIONS THAT LIMITED THE SCALE OF EVENT BASED FUNDRAISING AND OPERATIONS CONTRACT PAYMENT TO THE CONSERVANCY DECREASED DUE TO CHANGES IN THE MANAGEMENT AGREEMENT WITH THE CITY OF NEW YORK.

THE CONSERVANCY VOLUNTARILY IMPLEMENTED THE FOLLOWING BUDGET AUSTERITY

MEASURES: (A) A HIRING FREEZE WAS IMPLEMENTED; (B) ALL EMPLOYEE SALARIES WERE FROZEN; (C) EXECUTIVE COMPENSATION WAS REDUCED; AND (D) NON PERSONNEL OPERATING COSTS (INCLUDING CONTRACTED SERVICES AND CONSULTING SERVICES) WERE LIMITED. NOTWITHSTANDING IMPLEMENTATION OF THE FOREGOING AUSTERITY MEASURES, THE CONSERVANCY CONTINUED TO MAINTAIN CENTRAL PARK AT PRE PANDEMIC LEVELS AS REQUIRED UNDER ITS MANAGEMENT AGREEMENT WITH THE CITY OF NEW YORK AND THE DEPARTMENT OF PARKS AND RECREATION AND CONTINUED TO PROVIDE OPERATIONAL SUPPORT AND PERFORM MAINTENANCE WORK IN UNDER RESOURCED NYC PARKS IN ALL FIVE BOROUGHS ACROSS NYC, INCURRING ADDITIONAL EXPENSES TO HELP MAINTAIN THESE PARKS AT PRE COVID LEVELS.

THE COVID 19 PANDEMIC HAS NEGATIVELY AFFECTED NATIONAL, STATE, AND LOCAL ECONOMIES AND GLOBAL FINANCIAL MARKETS. WHILE THE FINANCIAL IMPACT ON THE CONSERVANCY CANNOT BE QUANTIFIED AT THIS TIME, WE DO NOT ANTICIPATE THAT THE PANDEMIC WILL HAVE A MATERIAL ADVERSE EFFECT ON THE CURRENT AND

Employer identification number 13-3022855

FUTURE FINANCIAL PROFILE AND OPERATING PERFORMANCE OF THE CONSERVANCY.

THE CONSERVANCY CONTINUES TO MONITOR THE COURSE OF THE PANDEMIC AND IS

PREPARED TO TAKE ADDITIONAL MEASURES TO PROTECT THE HEALTH OF NEW YORKERS

AND PROMOTE THE CONTINUITY OF THE CONSERVANCY'S MISSION.

#### (B) PAYROLL PROTECTION PROGRAM (PPP) LOAN:

FORM 990, PART X, LINE 24:

ON APRIL 10, 2020, THE CONSERVANCY RECEIVED LOAN PROCEEDS IN THE AMOUNT OF \$5.3 MILLION UNDER THE PAYCHECK PROTECTION PROGRAM ("PPP"). THE PPP, ESTABLISHED AS PART OF THE CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY ACT ("CARES ACT"), PROVIDES FOR LOANS TO QUALIFYING BUSINESSES FOR AMOUNTS UP TO 2.5 TIMES OF THE AVERAGE MONTHLY PAYROLL EXPENSES OF THE QUALIFYING BUSINESS.

THE CONSERVANCY USED THE PROCEEDS FOR QUALIFYING PAYROLL COSTS CONSISTENT WITH THE PPP GUIDANCE. AFTER THE JUNE 30, 2021 REPORTING PERIOD, THE CONSERVANCY'S PAYROLL PROTECTION PROGRAM (PPP) LOAN AND RELATED ACCRUED INTEREST WERE FULLY AUTHORIZED FOR FORGIVENESS BY THE SMALL BUSINESS ADMINISTRATION.

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,

Name of the organization Employer identification number CENTRAL PARK CONSERVANCY, INC. 13-3022855 ATTACHMENT 2

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
E W HOWELL CO LLC 245 NEWTON ROAD SUITE 600 PLAINVIEW, NY 11803	CONSTRUCTION	4,333,972.
GRACIANO CORPORATION 209 SIGNMA DRIVE PITTSBURGH, PA 15238	CONSTRUCTION	4,036,218.
MITCHELL GIURGOLA ARCHITECTS LLP 630 NINTH AVENUE SUITE 711 NEW YORK, NY 10036	CONSTRUCTION	2,723,105.
KELCO CONSTRUCTION INC. 25 NEWTON PLACE HAUPPAUGE, NY 11788	CONSTRUCTION	2,535,659.
ALMSTEAD TREE & SHRUB CARE COMPANY 58 BEECHWOOD AVENUE NEW ROCHELLE, NY 10801	TREE CARE SERVICE	1,590,319.

# ATTACHMENT 3

### FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
DESCRIPTION .	<u> </u>	DERVICE EXI:	- AND GENERAL	
CONSULTING FEES	8,537,656.	5,821,105.	2,170,556.	545,995.
MAILING SERVICES	224,031.		14,196.	209,835.
OTHER SERVICES	640,520.	19,995.	136,531.	483,994.
TOTALS	9,402,207.	5,841,100.	2,321,283.	1,239,824.