



**CENTRAL PARK CONSERVANCY, INC.**

**FORM 990**

**COPY FOR PUBLIC INSPECTION**

**YEAR ENDED JUNE 30, 2022**



**EISNERAMPER**

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2022

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**PREPARED FOR:**

CENTRAL PARK CONSERVANCY, INC.  
717 FIFTH AVENUE, 5TH FL  
NEW YORK, NY 10022

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**PREPARED BY:**

EISNER ADVISORY GROUP LLC  
733 THIRD AVENUE  
NEW YORK, NY 10017-2703

EFILE FAX: 646-885-4434  
EFILE EMAIL: CORPORATETAX@EISNERAMPER.COM

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

\*\* PUBLIC DISCLOSURE COPY \*\*

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

Form sections B through M: B Check if applicable, C Name of organization, D Employer identification number, E Telephone number, G Gross receipts, H(a) Is this a group return, H(b) Are all subordinates included, H(c) Group exemption number, I Tax-exempt status, J Website, K Form of organization, L Year of formation, M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission, 2-7a Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature and Preparer information: Sign Here (Signature of officer, Date), Paid (Preparer's name, Date, PTIN), Preparer Use Only (Firm's name, address, EIN, Phone no.).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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 filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  CENTRAL PARK CONSERVANCY, INC.	Taxpayer identification number (TIN)  13-3022855
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 717 FIFTH AVENUE, 5TH FL	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10022	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

STEPHEN SPINELLI, CFO

- The books are in the care of ▶ 717 FIFTH AVENUE 5TH FL - NEW YORK, NY 10022

Telephone No. ▶ 212-310-6600

Fax No. ▶ 212 310-6654

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until MAY 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning JUL 1, 2021, and ending JUN 30, 2022.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 28,173,689. including grants of \$ 5,000. ) (Revenue \$ 11,504,119. ) DESIGN AND CONSTRUCTION IN CONNECTION WITH THE RESTORATION OF CENTRAL PARK AS AMERICA'S FOREMOST URBAN PUBLIC SPACE. THE CONSERVANCY HAS CARRIED OUT A RESTORATION MANAGEMENT PLAN FOR THE PARK, AND MANAGED THE CAPITAL RESTORATION OF A NUMBER OF SIGNIFICANT LANDSCAPES AND FACILITIES.

4b (Code: ) (Expenses \$ 27,552,902. including grants of \$ 117,702. ) (Revenue \$ 2,435,570. ) AS THE OFFICIAL MANAGER OF CENTRAL PARK, THE CONSERVANCY IS RESPONSIBLE FOR THE DAY-TO-DAY MAINTENANCE OPERATION OF THE PARK. ACTIVITIES INCLUDE: LANDSCAPE MAINTENANCE, PLAYGROUND MAINTENANCE, TREE CARE, TURF CARE, AND PRESERVATION OF HISTORIC MONUMENTS. THE CONSERVANCY HAS SET NEW STANDARDS IN EXCELLENCE IN PARK CARE. IT HAS TRANSFORMED CENTRAL PARK INTO A MODEL FOR URBAN PARKS WORLDWIDE.

4c (Code: ) (Expenses \$ 4,405,241. including grants of \$ 242,584. ) (Revenue \$ 151,058. ) THE CONSERVANCY'S PUBLIC PROGRAMS TAKE ADVANTAGE OF THE INVALUABLE RESOURCES IN CENTRAL PARK PROVIDING EDUCATION, RECREATION, AND VOLUNTEER PROGRAMS THAT SERVE THE COMMUNITY. IN ADDITION, THE CONSERVANCY PROVIDES SERVICES AT THE FIVE FOLLOWING VISITOR CENTERS IN THE PARK: CHARLES A. DANA DISCOVERY CENTER, NORTH MEADOW RECREATION CENTER, BELVEDERE CASTLE, THE DAIRY VISTOR CENTER AND GIFT SHOP, AND CHESS AND CHECKERS HOUSE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,799,112. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 62,930,944.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational activities.



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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (54), 1b (53), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MS. ELIZABETH W. SMITH EX-OFFICIO (PRESIDENT/CEO)	35.00 0.00	X		X				703,227.	0.	36,575.
(2) MR. STEPHEN SPINELLI CHIEF FINANCIAL OFFICER	35.00 0.00			X				539,461.	0.	54,803.
(3) MR. CHRISTOPHER NOLAN EX-OFF/CLA (CP ADMIN) THRU 2/22/22	35.00 0.00	X		X				510,401.	0.	54,985.
(4) MS. MARY CARACCIOLI CHIEF COMMUNICATIONS & ENGAGEMENT OF	35.00 0.00			X				329,765.	0.	57,311.
(5) MR. DAMON BENNETT CHIEF OF PARK OPER. THRU 6/22/21	35.00 0.00					X		333,592.	0.	35,400.
(6) MS. LANE ADDONIZIO VICE PRESIDENT FOR PLANNING CAPITAL	35.00 0.00					X		310,043.	0.	42,351.
(7) MS. RENEE PORTER VICE PRESIDENT FOR FINANCE	35.00 0.00			X				302,646.	0.	42,184.
(8) MS. SUZANNE PENNASILICO VICE PRESIDENT FOR PEOPLE & CULTURE	35.00 0.00				X			296,654.	0.	45,910.
(9) MR. JOHN DILLION VICE PRESIDENT OF LANDSCAPE MANAGEME	35.00 0.00				X			277,541.	0.	58,282.
(10) MS. ANDREA BUTEAU VICE PRESIDENT OF VISITOR EXPERIENCE	35.00 0.00					X		271,691.	0.	61,136.
(11) MS. ABIGAIL HEALY VICE PRESIDENT FOR DEVELOPMENT & CAM	35.00 0.00				X			271,094.	0.	58,159.
(12) MS. LEAH DAY VANHORN CHIEF OF STAFF & VICE PRESIDENT OF S	35.00 0.00					X		264,456.	0.	55,803.
(13) MS. KATHRYN ORTIZ CONTROLLER THRU 12/18/21	35.00 0.00					X		278,406.	0.	31,676.
(14) MS. GEORGIA SIAMPALITI CHIEF OF STRATEGIC PHILANTHROPY	35.00 0.00			X				85,615.	0.	23,876.
(15) MR. ROGER MOSIER CHIEF OF PARK OPER. AS OF 1/30/22	35.00 0.00			X				0.	0.	0.
(16) MS. JUDY HART ANGELO GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) MS. ELIZABETH H. ATWOOD GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MS. JANE BAYARD VICE CHAIR & GENERAL TRUSTEE	1.00 0.00	X		X				0.	0.	0.
(19) MR. JEFF T. BLAU GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) MRS. JUDITH M. CARSON GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) MR. RICHARD CASHIN GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) MS. KELLY C. COFFEY GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) MR. MARTIN COHEN GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) MR. ANDREW DAVIS GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) DR. ANGELA DIAZ APPOINTED TRUSTEE (BOARD)	1.00 0.00	X						0.	0.	0.
(26) MS. SUSAN M. DONOGHUE EX-OFFICIO (NYC PARKS & REC COMMISSI	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								4,774,592.	0.	658,451.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								4,774,592.	0.	658,451.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **71**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
JOHN CIVETTA & SONS, INC 1123 BRONX RIVER AVE, BRONX, NY 10472	CONSTRUCTION	5,587,379.
E W HOWELL CO LLC, 245 NEWTON ROAD SUITE 600, PLAINVIEW, NY 11803	CONSTRUCTION	3,035,549.
MITCHELL GIURGOLA ARCHITECTS LLP, 630 NINTH AVENUE SUITE 711, NEW YORK, NY 10036	CONSTRUCTION	1,580,740.
ALMSTEAD TREE & SHRUB CARE COMPANY 58 BEECHWOOD AVENUE, NEW ROCHELLE, NY 10801	TREE CARE SERVICE	1,473,211.
GRACIANO CORPORATION 209 SIGMA DRIVE, PITTSBURGH, PA 15238	CONSTRUCTION	1,099,832.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **60**

SEE PART VII, SECTION A CONTINUATION SHEETS

<b>Part VII</b> Section A. <b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MR. BEN ELLENCWEIG GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(28) MR. GLENN FUHRMAN GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(29) MR. BENNETT GOODMAN GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(30) MS. ALICE GOTTFESMAN GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(31) MR. NICHOLAS A. GRAVANTE, JR. APPOINTED TRUSTEE (MAYORAL)	1.00 0.00	X						0.	0.	0.
(32) MR. MICHAEL GROBSTEIN TREASURER & GENERAL TRUSTEE	1.00 0.00	X		X				0.	0.	0.
(33) MRS. ANNE S. HARRISON GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(34) MR. KENNETH H. HEITNER, ESQ. SECRETARY AND GENERAL COUNSEL & GENE	1.00 0.00	X		X				0.	0.	0.
(35) MRS. JANE HELLER GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) MS. DAMARIS HERNANDEZ APPOINTED TRUSTEE (MAYOR)	1.00 0.00	X						0.	0.	0.
(37) MS. AMABEL JAMES GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(38) DR. SANDYE JOHNSON APPOINTED TRUSTEE (BOARD)	1.00 0.00	X						0.	0.	0.
(39) MR. THOMAS L. KEMPNER, JR. BOARD CHAIR & GENERAL TRUSTEE	1.00 0.00	X		X				0.	0.	0.
(40) MR. JONATHAN KORNGOLD GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(41) MS. JILL LAFER APPOINTED TRUSTEE (MAYORAL)	1.00 0.00	X						0.	0.	0.
(42) MS. SHELLY LAZARUS GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(43) MRS. CAROL SUTTON LEWIS GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(44) HON. MARK LEVINE EX-OFFICIO (MAN. BOR. PRES.)	1.00 0.00	X						0.	0.	0.
(45) MR. ROBERT C. LIEBER APPOINTED TRUSTEE (MAYORAL)	1.00 0.00	X						0.	0.	0.
(46) MR. JAY P. MANDELBAUM GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>									
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MS. NELLE P. MILLER GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(48) MRS. GILLIAN MINITER GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(49) MR. CHARLES MYERS APPOINTED TRUSTEE (MAYORAL)	1.00 0.00	X						0.	0.	0.
(50) MR. CLARENCE NESBITT GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(51) MRS. AMELIA OGUNLESI GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(52) MS. ILA PALIWAL GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(53) MS. YESIM PHILIP EX-OFFICIO TRUSTEE/WOMEN'S COMMITTEE	1.00 0.00	X						0.	0.	0.
(54) MR. JOE L. ROBY GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(55) MR. ERIC RUDIN GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(56) MRS. SIGRID SCHAFFER GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(57) MR. RICHARD G. SCHNEIDMAN GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(58) MS. LAUREEN E. SEEGER GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(59) MS. LIZ HILTON SEGEL GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(60) MR. NORMAN C. SELBY GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(61) MR. ALFRED J. SHUMAN GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(62) MR. JOHN STEINHARDT GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(63) MS. ERANA M. STENNETT GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(64) MR. JOHN STOSSEL GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(65) MR. JEFF TARR, JR. GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(66) MR. HARRY D. TAYLOR GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) MR. BARRY WOLF GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(68) MS. NANAR YOSELOFF GENERAL TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	7,618,736.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	5,428,018.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	106,967,535.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,924,584.				
	<b>h Total.</b> Add lines 1a-1f			120,014,289.			
Program Service Revenue	<b>2 a</b> PROJECT REVENUE	Business Code					
		713990	11,504,119.	11,504,119.			
	<b>b</b> CONTRACT REVENUE	713990	2,435,570.	2,435,570.			
	<b>c</b> PROGRAM FEES	713990	86,058.	86,058.			
	<b>d</b> GARDEN PERMIT FEES	713990	65,000.	65,000.			
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			14,090,747.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			2,306,465.		2,306,465.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			51,775.		51,775.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				289,869,716.			
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		278,958,682.			
<b>c</b> Gain or (loss)	<b>7c</b>		10,911,034.				
<b>d</b> Net gain or (loss)			10,911,034.		10,911,034.		
<b>8 a</b> Gross income from fundraising events (not including \$ 7,618,736. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		425,350.				
		<b>b</b> Less: direct expenses	<b>8b</b>	2,292,374.			
		<b>c</b> Net income or (loss) from fundraising events			-1,867,024.		-1,867,024.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
		<b>b</b> Less: direct expenses	<b>9b</b>				
		<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		946,791.				
		<b>b</b> Less: cost of goods sold	<b>10b</b>	399,839.			
		<b>c</b> Net income or (loss) from sales of inventory			546,952.		546,952.
Miscellaneous Revenue	<b>11 a</b> DAMAGE REIMBURSEMENT	Business Code					
		900009	686,520.			686,520.	
	<b>b</b> K-1 PASS-THROUGH GAINS	525990	481,915.		481,915.		
	<b>c</b>						
	<b>d</b> All other revenue	900009	569,376.			569,376.	
<b>e Total.</b> Add lines 11a-11d			1,737,811.				
<b>12 Total revenue.</b> See instructions			147,792,049.	14,090,747.	481,915.	13,205,098.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	365,286.	365,286.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	4,113,552.	993,192.	2,654,932.	465,428.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	26,197,691.	19,033,334.	4,135,771.	3,028,586.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,666,194.	1,115,896.	358,882.	191,416.
<b>9</b> Other employee benefits .....	5,461,672.	3,652,356.	1,214,671.	594,645.
<b>10</b> Payroll taxes .....	2,337,338.	1,597,125.	432,667.	307,546.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	125,422.		125,422.	
<b>c</b> Accounting .....	114,962.		114,962.	
<b>d</b> Lobbying .....	265,640.		265,640.	
<b>e</b> Professional fundraising services. See Part IV, line 17	461,633.			461,633.
<b>f</b> Investment management fees .....	6,956,771.		6,956,771.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	9,705,271.	6,140,862.	1,810,905.	1,753,504.
<b>12</b> Advertising and promotion .....	920,088.	9,005.	792,278.	118,805.
<b>13</b> Office expenses .....	3,040,928.	2,284,389.	65,554.	690,985.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	2,225,615.	1,290,631.	222,923.	712,061.
<b>17</b> Travel .....	50,962.	39,861.	3,874.	7,227.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	400,197.	147,851.	229,993.	22,353.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,063,429.	891,367.	82,864.	89,198.
<b>23</b> Insurance .....	855,437.	401,585.	234,638.	219,214.
<b>24</b> 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.)				
<b>a</b> CONSTRUCTION & DESIGN	17,052,579.	17,052,579.		
<b>b</b> LANDSCAPE	2,930,637.	2,930,637.		
<b>c</b> FIELD SUPPLIES	2,060,327.	1,340,347.	271,648.	448,332.
<b>d</b> PRINTING & PUBLICATIONS	362,844.	127,527.	78,025.	157,292.
<b>e</b> All other expenses	4,751,684.	3,517,114.	352,009.	882,561.
<b>25</b> Total functional expenses. Add lines 1 through 24e	93,486,159.	62,930,944.	20,404,429.	10,150,786.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,278,082.	<b>1</b>	3,977,057.
	<b>2</b> Savings and temporary cash investments .....	101,597,662.	<b>2</b>	86,927,044.
	<b>3</b> Pledges and grants receivable, net .....	56,536,022.	<b>3</b>	48,444,745.
	<b>4</b> Accounts receivable, net .....	7,188,658.	<b>4</b>	10,723,913.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	159,776.	<b>8</b>	198,336.
	<b>9</b> Prepaid expenses and deferred charges .....	1,661,848.	<b>9</b>	2,110,755.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 14,494,287.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 12,784,214.		
	<b>11</b> Investments - publicly traded securities .....	2,407,113.	<b>10c</b>	1,710,073.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	93,799,982.	<b>11</b>	162,404,698.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	233,203,576.	<b>12</b>	203,955,296.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	4,634,969.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	502,467,688.	<b>15</b>	4,104,397.	
		<b>16</b>	524,556,314.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	9,838,103.	<b>17</b>	15,371,133.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,251,696.	<b>19</b>	120,745.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	5,504,903.	<b>24</b>	137,440.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	5,894,111.	<b>25</b>	4,951,452.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	22,488,813.	<b>26</b>	20,580,770.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	107,037,769.	<b>27</b>	143,184,580.
	<b>28</b> Net assets with donor restrictions .....	372,941,106.	<b>28</b>	360,790,964.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	479,978,875.	<b>32</b>	503,975,544.
<b>33</b> Total liabilities and net assets/fund balances .....	502,467,688.	<b>33</b>	524,556,314.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	147,792,049.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	93,486,159.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	54,305,890.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	479,978,875.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-30,242,973.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-66,248.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	503,975,544.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

**g Provide the following information about the supported organization(s).**

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	51,819,161.	44,316,472.	39,856,615.	134,489,583.	120,014,289.	390,496,120.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...	248,063.	217,055.	217,055.	124,031.	0.	806,204.
<b>4 Total.</b> Add lines 1 through 3 .....	52,067,224.	44,533,527.	40,073,670.	134,613,614.	120,014,289.	391,302,324.
<b>5</b> 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) .....						130,091,711.
<b>6 Public support.</b> Subtract line 5 from line 4.						261,210,613.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	52,067,224.	44,533,527.	40,073,670.	134,613,614.	120,014,289.	391,302,324.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	6,196,301.	5,795,324.	4,994,455.	7,482,716.	2,358,240.	26,827,036.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...	-328,932.	-1,275,361.	-40,271.	848,221.	481,915.	-314,428.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		66,006.	9,264.	20,248.	1,255,896.	1,351,414.
<b>11 Total support.</b> Add lines 7 through 10						419,166,346.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	69,359,251.

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	62.32 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	65.08 %

**16a 33 1/3% support test - 2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**b 33 1/3% support test - 2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**17a 10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....

**b 10% -facts-and-circumstances test - 2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021



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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

DAMAGE REIMBURSEMENT

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 66,006.

2019 AMOUNT: \$ 9,264.

2020 AMOUNT: \$ 20,248.

2021 AMOUNT: \$ 686,520.

OTHER REVENUE

2021 AMOUNT: \$ 569,376.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990 or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

Name of the organization

CENTRAL PARK CONSERVANCY, INC.

Employer identification number

13-3022855

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 50,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 20,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 5,428,018.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ► **Complete if the organization is described below.** ► **Attach to Form 990 or Form 990-EZ.**  
 ► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>CENTRAL PARK CONSERVANCY, INC.</b>	Employer identification number <b>13-3022855</b>
---------------------------------------------------------------	-----------------------------------------------------

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ► \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....															
<b>d</b> Other exempt purpose expenditures .....															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		265,640.
<b>j</b> Total. Add lines 1c through 1i			265,640.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

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

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

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for conservation contribution details (2a-2d), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art collections and a table for revenue and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	300,693,000.	224,229,313.	230,975,313.	235,824,313.	220,430,313.
b Contributions	33,535,000.	22,513,000.	5,097,000.	4,985,000.	5,708,000.
c Net investment earnings, gains, and losses	-22,471,000.	63,539,000.	-2,508,000.	-701,000.	18,018,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	10,290,000.	9,588,000.	9,335,000.	9,133,000.	8,332,000.
f Administrative expenses					
g End of year balance	301,467,000.	300,693,313.	224,229,313.	230,975,313.	235,824,313.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  32.6000 %
  - b Permanent endowment  24.1300 %
  - c Term endowment  43.2700 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                                                     | Yes | No |
|---------------------------------------------------------------------------------------------------------------------|-----|----|
| (i) Unrelated organizations                                                                                         |     | X  |
| (ii) Related organizations                                                                                          |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,324,210.	2,071,525.	252,685.
d Equipment		12,170,077.	10,712,689.	1,457,388.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,710,073.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) LIMITED PARTNERSHIPS	203,955,296.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	203,955,296.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED GIFT ANNUITY LIABILITY	938,512.
(3) DEFERRED COMPENSATION PLAN 457B	2,754,321.
(4) LONG TERM DEFERRED COMPENSATION	309,665.
(5) ACCRUED WAGES	948,954.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,951,452.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	111,525,851.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-30,242,973.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	599,955.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-66,248.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-29,709,266.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	141,235,117.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	6,956,771.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-399,839.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	6,556,932.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	147,792,049.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	87,529,182.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	599,955.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	599,955.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	86,929,227.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	6,956,771.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-399,839.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	6,556,932.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	93,486,159.

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

THE CONSERVANCY'S ENDOWMENT CONSISTS OF 92 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.

PART X, LINE 2:

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

**Part XIII** Supplemental Information (continued)

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, 2022 AND 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-66,248.
----------------------------------------------	----------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD INCLUDED IN EXPENSES FOR FINANCIAL  
 STATEMENT REPORTING THAT HAVE BEEN INCLUDED IN REVENUE  
 FOR FORM 990, PART VIII, LINE 10B: -399,839.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD INCLUDED IN EXPENSES FOR FINANCIAL  
 STATEMENT REPORTING THAT HAVE BEEN INCLUDED IN REVENUE  
 FOR FORM 990, PART VIII, LINE 10B: -399,839.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
EUROPE	0	0	INVESTMENTS		39,664,158.
CENTRAL AMERICA / CARIBBEAN	0	0	INVESTMENTS		34,672,168.
NORTH AMERICA	0	0	INVESTMENTS		9,832,108.
SUB-SAHARAN AFRICA	0	0	INVESTMENTS		12,292,921.
<b>3 a</b> Subtotal .....	0	0			96,461,355.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			96,461,355.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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



**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V 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.

PART I, LINE 3:

AMOUNTS REPORTED ON THE ACCRUAL METHOD OF ACCOUNTING.

FOREIGN INVESTMENTS:

THE CONSERVANCY MAINTAINS INVESTMENTS IN FOREIGN PARTNERSHIPS SUCH AS

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

ALL RELATED FILINGS FOR THESE INVESTMENTS ARE COMPLETED AND FILED ON A

TIMELY BASIS.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THE HARRINGTON AGENCY - 329 DICKINSON AVENUE, SWARTHMORE,	PROF FUNDRAISER		X	7,401,766.	461,633.	6,904,133.
<b>Total</b>				7,401,766.	461,633.	6,904,133.

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

AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MO, MT  
NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, SC, SD, TX, UT, VA, VT, WA, WV, WY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FLO LUNCHEON (event type)	40TH ANNIVERSARY (event type)	2 (total number)	
Revenue	<b>1</b> Gross receipts .....	3,896,412.	2,846,892.	1,300,782.	8,044,086.
	<b>2</b> Less: Contributions .....	3,621,612.	2,821,692.	1,175,432.	7,618,736.
	<b>3</b> Gross income (line 1 minus line 2) .....	274,800.	25,200.	125,350.	425,350.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	891,793.	816,741.	583,840.	2,292,374.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				2,292,374.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-1,867,024.	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: THE HARRINGTON AGENCY

(I) ADDRESS OF FUNDRAISER: 329 DICKINSON AVENUE, SWARTHMORE, PA 19081

PART I, LINE 2B, COLUMN (V):

THE HARRINGTON AGENCY IS A DIGITAL AGENCY THAT PROVIDES CONSULTING

SERVICES TO THE CONSERVANCY WITH RESPECT TO ITS MEMBERSHIP PROGRAMS.

PROFESSIONAL FUNDRAISERS FEES ARE BASED ON SPECIFIC SCOPES OF WORK AND



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
NYC DEPARTMENT OF PARKS & RECREATION - 830 5TH AVENUE - NEW YORK, NY 10065	13-6400434	NYC PARKS AND REC	69,569.	0.			PROGRAM SUPPORT
THE PUBLIC THEATER 425 LAFAYETTE STREET NEW YORK, NY 10003	13-1844852	501(C)(3)	48,133.	0.			PROGRAM SUPPORT
NEW YORKERS FOR PARKS 55 BROAD STREET, 23RD FLOOR NEW YORK, NY 10004	13-6167879	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CENTRAL PARK MEDICAL UNIT INC. P.O. BOX 440 NEW YORK, NY 10028	11-2516283	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CIVIC CENTER CONSERVANCY 1410 GRANT ST. STE C205 DENVER, CO 80203	20-2214279	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
NATIONAL ASSOCIATION FOR OLMSTED PARKS - 1200 18TH STREET, NW, SUITE 700 - WASHINGTON, DC 20036	13-3052765	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 14.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2021



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARBORETUM FOUNDATION 2300 ARBORETUM DRIVE EAST SEATTLE, WA 98112	91-0613583	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
THE PROVIDENCE FOUNDATION 30 EXCHANGE TERRACE PROVIDENCE, RI 02903	23-7423032	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
TULSA COMMUNITY FOUNDATION 7030 S. YALE AVE., SUITE 600 TULSA, OK 74136	73-1554474	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CITY PARKS ALLIANCE, INC 1777 CHURCH STREET, NW WASHINGTON, DC 20036	80-0015566	501(C)(3)	22,585.	0.			PROGRAM SUPPORT
US/ICOMOS 1701 PENNSYLVANIA AVENUE NY, SUITE WASHINGTON, DC 20006	23-7366110	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
FRIENDS OF MORNINGSIDE PARK P.O. BOX 250228 NEW YORK, NY 10025	13-3155238	501(C)(3)	8,333.	0.			PROGRAM SUPPORT
PROSPECT PARK ALLIANCE 95 PROSPECT PARK WEST BROOKLYN, NY 11215	11-2843763	501(C)(3)	8,333.	0.			PROGRAM SUPPORT
QUEENS BOTANICAL GARDEN 4350 MAIN STREET FLUSHING, NY 11355	11-1635083	501(C)(3)	8,333.	0.			PROGRAM SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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 IV** Supplemental Information

PART II, LINE 1

THE CONSERVANCY MADE GRANTS TO THE CITY OF NEW YORK TO PROVIDE FUNDING

FOR SALARIES AND BENEFITS FOR THE CITY TO HIRE ADDITIONAL PARK

ENFORCEMENT OFFICERS TO BE DEPLOYED IN CENTRAL PARK.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MS. ELIZABETH W. SMITH EX-OFFICIO (PRESIDENT/CEO)	(i)	548,057.	155,170.	0.	34,311.	2,264.	739,802.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MR. STEPHEN SPINELLI CHIEF FINANCIAL OFFICER	(i)	364,160.	74,414.	100,887.	34,085.	20,718.	594,264.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MR. CHRISTOPHER NOLAN EX-OFF/CLA (CP ADMIN) THRU 2/22/22	(i)	357,125.	73,161.	80,115.	34,094.	20,891.	565,386.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MS. MARY CARACCIOLI CHIEF COMMUNICATIONS & ENGAGEMENT OF	(i)	289,557.	40,208.	0.	34,560.	22,751.	387,076.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MR. DAMON BENNETT CHIEF OF PARK OPER. THRU 6/22/21	(i)	333,592.	0.	0.	26,231.	9,169.	368,992.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MS. LANE ADDONIZIO VICE PRESIDENT FOR PLANNING CAPITAL	(i)	220,543.	49,500.	40,000.	34,030.	8,321.	352,394.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MS. RENEE PORTER VICE PRESIDENT FOR FINANCE	(i)	249,248.	53,398.	0.	34,017.	8,167.	344,830.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MS. SUZANNE PENNASILICO VICE PRESIDENT FOR PEOPLE & CULTURE	(i)	246,654.	50,000.	0.	34,164.	11,746.	342,564.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MR. JOHN DILLION VICE PRESIDENT OF LANDSCAPE MANAGEME	(i)	227,041.	50,500.	0.	33,831.	24,451.	335,823.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MS. ANDREA BUTEAU VICE PRESIDENT OF VISITOR EXPERIENCE	(i)	226,691.	45,000.	0.	33,052.	28,084.	332,827.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MS. ABIGAIL HEALY VICE PRESIDENT FOR DEVELOPMENT & CAM	(i)	217,696.	53,398.	0.	33,437.	24,722.	329,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MS. LEAH DAY VANHORN CHIEF OF STAFF & VICE PRESIDENT OF S	(i)	219,456.	45,000.	0.	33,052.	22,751.	320,259.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MS. KATHRYN ORTIZ CONTROLLER THRU 12/18/21	(i)	278,406.	0.	0.	31,329.	347.	310,082.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 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 THE COMMITTEE MINUTES.

PART I, LINE 4B:

THERE IS A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR CERTAIN OFFICERS OF THE CONSERVANCY. CONTRIBUTIONS TO THE PLAN MADE BY THE CONSERVANCY DURING CALENDAR YEAR 2021 TOTALED \$451,000.

SCHEDULE J, PART I, QUESTION 7

LONG-TERM COMPENSATION PROGRAM:

THE CONSERVANCY'S CURRENT SENIOR MANAGEMENT TEAM HAS BEEN CRITICAL TO

**Part III Supplemental Information**

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

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.

PART VII, LINE 15

ROGER MOSIER, CHIEF OF PARK OPERATIONS, BEGAN HIS EMPLOYMENT WITH

CENTRAL PARK CONSERVANCY ON JANUARY 30, 2022. BECAUSE HIS TERM OF

EMPLOYMENT DID NOT COMMENCE IN CALENDAR YEAR 2021, HIS COMPENSATION IS

NOT REPORTED ON THIS 990. ROGER MOSIER'S 2022 COMPENSATION WILL BE

REPORTED ON NEXT YEARS FORM 990.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	83	1,924,584.	COMPARABLE SALES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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



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

SCHEDULE M, PART I, COLUMN (B)

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

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

CENTRAL PARK CONSERVANCY, INC.

Employer identification number

13-3022855

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

**ORGANIZATION'S MISSION:**

THE 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 A  
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.

**HARLEM MEER CENTER:**

IN FEBRUARY 2019, THE CONSERVANCY ENTERED INTO PLEDGE AGREEMENTS WITH  
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

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

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 FISCAL-YEAR 2021, THE CONSERVANCY MET THE DONOR-IMPOSED CONDITIONS TO FULLY RECOGNIZE PLEDGED CONTRIBUTIONS IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. AS OF JUNE 30, 2022, \$21.4 MILLION OF CONTRIBUTIONS RECEIVABLE WERE REMAINING TO BE COLLECTED FROM DONORS.

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

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

EXPENSES \$ 2,799,112. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

## RELATIONSHIPS DURING FISCAL-YEAR 2022:

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 DR. ANGELA DIAZ, JONATHAN

KORNGOLD, ROBERT C. LIEBER, NELLE P. MILLER, ERIC RUDIN, JEFF TARR, JR., E.

JOHN ROSENWALD, JR., AND HENRY R. KRAVIS. MR. JEFF BLAU'S FIRM IS A MEMBER

OF WOLLMAN PARK PARTNERS LLC.

4. MS. NANAR YOSELOFF'S HUSBAND, ANTHONY YOSELOFF, HAS A BUSINESS

RELATIONSHIP WITH THOMAS L. KEMPNER, JR.

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

## REVIEW OF FORM 990:

ON APRIL 19, 2023, EISNER ADVISORY GROUP LLC, MET WITH THE CONSERVANCY'S

CHAIR, TREASURER, SECRETARY AND GENERAL COUNSEL, CHAIR OF THE AUDIT

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

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

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, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MS, MO  
MT, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TX, UT, VA, WA, WV, WY

FORM 990, PART VI, SECTION C, 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 IX, LINE 11G, OTHER FEES:

OTHER FEES:

PROGRAM SERVICE EXPENSES

6,140,862.

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------------------------------------------------------------	----------------------------------------------

MANAGEMENT AND GENERAL EXPENSES 1,810,905.

FUNDRAISING EXPENSES 1,753,504.

TOTAL EXPENSES 9,705,271.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 9,705,271.

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -66,248.

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. IN AUGUST 2021, THE CONSERVANCY'S

PAYROLL PROTECTION PROGRAM (PPP) LOAN OF \$5.3 MILLION RELATED INTEREST

OF \$67,000 WERE FULLY AUTHORIZED FOR FORGIVENESS BY THE SMALL BUSINESS

ADMINISTRATION (THE "SBA"). IN AUGUST 2022, THE CONSERVANCY RECOGNIZED

A TOTAL OF \$5.4 MILLION OF SBA LOAN FORGIVENESS AS EXTINGUISHMENT OF

DEBT.