CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

1. General Information

For Fiscal Year Beginning	For Fiscal Year Beginning (mm/dd/yyyy) 11/01/2018 and Ending (mm/dd/yyyy) 10/31/2019					
Check if Applicable:						
Address Change	BATTERY PARK CITY PARKS CONSERVANCY CORP	13-3449909				
Name Change	Mailing Address:	NY Registration Number:				
Initial Filing	75 BATTERY PLACE	04-65-64				
Final Filing	City / State / ZIP:	Telephone:				
Amended Filing	NEW YORK, NY 10280	212 267-9700				
Reg ID Pending	Website:	Email:				
	WWW.BPCPARKS.ORG	INFO@BPCPARKS.ORG				
registration category:	Check your organization's registration category: 7A only EPTL only DUAL (7A & EPTL) X EXEMPT* Chariti					
2. Certification						
See instructions for certif	See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires					
two signatories.	two signatories.					
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.						

President or Authorized Officer:	sig.	BENJAMIN JONES PRESIDENT & CEO	21/2020
Chief Financial Officer or Treasurer:	Signature	Print Name and Title PAMELA FREDERICK TREASURER	Date 4/24/2020
/	Signature	Print Name and Title	Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

<u>3a. 7A filing exemption</u>: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 <u>and</u> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page			
for a checklist of	🗌 Yes	X No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer
schedules and			for fund raising activity in NY State? If yes, complete Schedule 4a.
attachments to			
complete your filing.	Yes	X No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	
next page to calculate your	Ŭ	J		Make a single check or money order
fee(s). Indicate fee(s) you				payable to:
are submitting here:	\$	\$	\$	"Department of Law"

CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

BATTERY PARK CITY PARKS CONSERVANCY CORPORATION

CHAR500 Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
Your organization is registered as DUAL and you marked <u>both</u> the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable

X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.

Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

____ Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.

Audit Report if you received total revenue and support greater than \$750,000

No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

\$0, if you checked the 7A exemption in Part 3a

\$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
50,000,000 sr more but less than \$50,000,000 with the second state and \$50,000,000 sr more but less than \$50,000,000
\$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH?

- NET WORTH for fee purposes is calculated on:
- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Form Supervised to the treaser Under section 501(c), 527, or 4047(a)(1) of the Internal Revenue Code (except private foundations) b Co to www.seq.w/form000 for instructions and the latest information. 2018 One to Public Inspection A for the 2018 calendar year, or tax year beginning NOV 1, 2018 and ending OCT 31, 2019 Demosition BATTERY PARK CITY PARKS CONSERVANCY CORPORATION Doing business as Number of organization and street (or P.D. box) if mail is not delivered to street address) Demosities in the foundation BATTERY PARK CITY PARKS CONSERVANCY CORPORATION Doing business as Number and street (or P.D. box) if mail is not delivered to street address) Roomsaile E Telephone number (212) 267-9700 (212) 267-9700 (212) 267-9700 (212) 267-9700 (212) conservent street (or P.D. box) if mail is not delivered to street address) Roomsaile E Telephone number (212) 267-9700 (212) conservent street (210) to this or group contun- for subconcess center) Yes [X] No I make street (or P.D. box) if mail is not delivered to street address) Roomsaile E Telephone number (212) 267-9700 (212) conservent street (210) conservent street (~	00	Return of Organization Exempt Fr	om I	ncome Tax	OMB No. 1545-0047
Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>	Forr	n y	90				" 2018
AF or the 2018 calendar year, or tax year beginning NOV 1, 2018 and ending OCT 31, 2019 A For the 2018 calendar year, or tax year beginning NOV 1, 2018 and ending OCT 31, 2019 B Trick 4.					-		
A For the 2016 calendary year, or tax year beginning NOV 1, 2018 and ending OCT 31, 2019 B coded J B coded J Construction D Employer identification number D Employer identification number B coded J Construction D Employer identification number D Employer identification number Construction D Employer identification number D Employer identification number Construction D Employer identification number D Employer identification number Construction D Employer identification number D Employer identification number Construction D Employer identification number D Employer identification number Construction D Employer identification number D Employer identification number Tax-exempt status X 501(6)(3) S01(c) (I I (mettino) 4947(a)(1) or 522 I rax-exempt status X 501(6)(3) S01(c) (I I (mettino) 4947(a)(1) or 522 I rax-exempt status Constatus S01(c) (I I I I I I I I I I I I I I I I I I					-	•	
B B CHarro of organization Despite/Jeter CONSERVANCY CORPORATION 13-3449909 Constant Deing Dusiness as 13-3449909 Constant Poing Dusiness as 12-3700 Constant Poing Dusiness as 13-3449909 Constant Poing Dusiness as 13-3449909 Constant Poing Dusiness as 12-3700 Constant Poing Dusiness as Poing Dusiness as Constant Poing Dusiness as Poing Dusiness as Particle Poing Dusiness as Poing Dusiness as Poing Dusiness as Particle Poing Dusiness as Poing Dusiness as Poing Dusiness as Particle Poing Dusiness as Poing Dusiness as Poing Dusiness as Particle Poing Dusiness as Poing Dusiness as Poing Dusiness as Particle Poing Dusiness as Poing Dusiness as Poing Dusiness as Particle Poing Dusines Poing Dusiness as	AF	or th	e 2018 calend				- ·
application BATTERY PARK CITY PARKS CONSERVANCY CORPORATION 13-3449909 Date Date Date CONSERVANCY CORPORATION Date Construction <						1	ation number
Generation CONSERVANCY CORPORATION 13-3449909 Doing business as Doing business as Room/suite E Telephone number The second of the second of the second address Room/suite E Telephone number The second of the second of the second of the second address Room/suite E Telephone number The second of the sec	D a	pplicab	le:	•			
Bits Doing Dusiness as 13-3449909 Introduction Introduction Introduction Introduction Introduction Introduction Introduction Introduction Introduction Introduction Introduction Introduction Introduction Introduction Introduction Introduction Introduction Introduction Introduction Introduction Introduction Introduction Intr		Addre					
Image: Section of the sectin of the section of th		Name				1 13-34	49909
Image: Street of the second secon		Initial			oom/cuita		49909
Second Secon		_ Final	1 75 B		00m/Suite		267-9700
NEW YORK, NY 10280 H(a) Is this a group return for subordinates? Yes X No Approx FName and address of principal officer, BENJAMIN JONES SAME AS C ABOVE H(a) Is this a group return for subordinates? Yes X No 1 Taxexxempt status: X Soft(x) 501(c)(.) (insert no.) 4947(a)(1) or 527 J Wobste: WWW. BPCPARKS.ORG H(b) Areal isochrome romotod? H(c) Group exemption number > K Form of organization: X Coopration Tust Association Other L vaar of formation: 1887 [M State of legal dominatic:NY Part I] 2 Wobste: NWW. BPCPARKS.ORG It the organization's mission or most significant activities: BATTERY PARK CITY PARK 2082 [M State of legal dominatic:NY Part I] 2 Check this box If the organization's mission or most significant activities: BATTERY PARK CITY PARK CITY PARKS 2 Check this box If the organization is continued its operations or disposed of more than 25% of its net assets. 3 3 Number of voluting members of the governing body (Part VI, line 1a) 4 7 4 Total number of voluting members of the governing body (Part VI, line 2a) 5 0 6 Total number of voluting members of the governing body (Part VI, line 1a) 1, 150, 000. 1, 125, 000. 9 Program service revenue (Part VIIII, line 1h		termi					
Sector SAME AS C ABOVE for subordinates ? Yes X No Intervention status: [X] Sol1(c)() ≤01(c)() < (insertine) 4947(a)(1) or for subordinates robust? Yes X No J Website: ▶ WWW.BPCPARKS.ORG H(c) Group exemption number ▶ J Website: ▶ WWW.BPCPARKS.ORG H(c) Group exemption number ▶ I Briefly describe the organization's mission or most significant activities: BATTERY PARK CITY PARKS CONSERVANCY CORPORATION'S (BPCPC) MISSION IS TO MANAGE, MAINTAIN, 2 Check this box ▶ if the organization is continued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 7 4 Number of independent voting members of the governing body (Part VI, line 2a) 5 0 0 6 Total number of inductal sengatoria in another of working members of the governing body (Part VI, line 2a) 5 0 0 9 Program service revenue (Part VIII, column (C), line 12 7a 0 0 0 0 1 Determediated business taxable income from Part VIII, column (A), lines 3 0 0 0 0 0 0 0 0 0 0 0		Amer	ded NTETAT				
generating SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tack-exempt status: X 501(c)(3) 501(c) (1) (insert no.) 4947(a)(1) or 527 Website: WWW. SECPARKS. ORG H(b) Are all subordinates included? Yes No K Form of organization: X Corporation Trust Association Other ► L Year of formation: 1987 M State of legal demicile: NY Part I Summary Conservation: Turust Association Other ► L Year of formation: 1987 M State of legal demicile: NY Part II Summary Conservation: Turust Association Other ► L Year of formation: 1987 M State of legal demicile: NY Part II Summary Total number of volume members of the governing body (Part V, line 1b) 4 7 4 7 6 1422 7 Total number of individuals employed in celendar year 2018 (Part V, line 2a) 5 0 6 1422 7 Total number of individuals employed in celendar year 2018 (Part V, line 2a) 7 0 0 0 0 0 0 0 0		Appli					
I Tax exempt status: 301(c)(3) 601(c) () ◀ (insert.no.) 44947(a)(1) or 527 I website: ▶ WWW. BPCPARKS.ORG H(c) Group exemption number ▶ K form of organization: 30 corporation Trust Association Other ▶ L Year of formation: 19.87 M State of legal domicile: NY Part I Summary 1 Briefly describe the organization's mission or most significant activities: BATTERY PARK CITY PARKS CONSERVANCY CORPORATION'S (BPCPC) MISSION IS TO MANAGE, MAINTAIN, 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part V, line 1a) 3 7 4 Number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 6 Total number of undividuals employed in calendar year 2018 (Part V, line 2a) 6 1.422 7a Total number of volunteers (estimate if necessary) 6 1.1252,000. 1.1252,000. 7b Net unrelated business travable income from Form 900T, line 33 Prior Year Current Year 9 Program service revenue (Part VIII, column (A), lines 3.4, and 7d) 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		tion					= $=$
J Website: WWW.BPCPARKS.ORG H(c) Group exemption number K Form of organization: X [Corporation] Trust] Association] Other L Year of formation: 1987] M State of legal domicile: NY Part I Summary I Briefly describe the organization's mission or most significant activities: BATTERY PARK CITY PARKS CONSERVANCY CORPORATION'S (BPCPC) MISSION IS TO MANAGE, MAINTAIN, 3 3 3 2 Check this box) in the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 7 4 Number of independent voting members of the governing body (Part VI, line 2a) 6 142 6 142 7 0 0 7 Total number of undividuals employed in calendar year 2018 (Part VI, line 2a) 7 0 0 6 1442 7 7 0	<u> </u>						
K Form of organization; X Corporation Trust Association Other L Year of formation; 1987 M state of legal domicile; NY 9 I Briefly describe the organization's mission or most significant activities: BATTERY PARK CITY PARKS CONSERVANCY CORPORATION'S (BPCPC) MTSSION IS TO MANAGE, MAINTAIN, 3 7 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) 3 7 4 Number of voting members of the governing body (Part VI, line 2a) 6 1422 5 Total number of volunteers (estimate if necessary) 6 1442 7 a 0. 0. 0. 9 Prior Year Current Year 0. 0. 0. 9 Prior Year Current Year 0. 0. 0. 0. 0. 10 Investment income (Part VIII, line 2g) 1.150.000. 1.125.000. 1.125.000. 0. 0. 0. 10 Investment income (Part VIII, column (A)					52.	- '	
Part I Summary 1 Briefly describe the organization's mission rmost significant activities: BATTERY PARK CITY PARKS CONSERVANCY CORPORATION'S (BPCPC) MISSION IS TO MANAGE, MAINTAIN, 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 77 5 Total number of individuals employed in calendary year 2018 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7 Total number of volunteers (estimate if necessary) 7a 7a Total numelated business revenue from Part VIII, column (C), line 12 7a 9 Program service revenue (Part VIII, line 1h) 0 0 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0 0 10 Investment income (Part VIII, column (A), lines 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 0 12 Total revenue - add lines 8 through 11 (must equal Part VII, column (A), lines 510) 0 0 0 13 Grants and sim							
1 Briefly describe the organization's mission or most significant activities: BATTERY PARK CITY PARKS CONSERVANCY CORPORATION'S (BPCPC) MISSION IS TO MANAGE, MAINTAIN, 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) if the organization discontinued its operations or disposed of more than 25% of its net assets. 4 Number of individuals employed in calendar year 2018 (Part VI, line 1a) if a total number of volunteers (estimate if necessary) 6 6 Total number of volunteers (estimate if necessary) 6 142 7 Total number of volunteers (estimate if necessary) 6 142 7 Total number of volunteers (estimate if necessary) 6 142 7 Total number of volunteers (estimate if necessary) 6 142 7 Total number of volunteers (estimate if necessary) 6 0 0 7 Total number of volunteers (estimate if necessary) 6 122 7a 0 0 0 0 0 0 0 0 0 0 0 0 0 0				\mathbf{X} Corporation \square Trust \square Association \square Other \blacktriangleright	L Year	r of formation: 1987 M	State of legal domicile: NY
CONSERVANCY CORPORATION'S (BPCPC) MISSION IS TO MANAGE, MAINTAIN, 2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 1442 7a Total number of volunteers (estimate if necessary) 6 1442 7a Total number of volunteers (estimate if necessary) 7 0. 7a Total number of volunteers (estimate if necessary) 7 0. 7a Total numelated business revenue from Part VIII, column (C), line 12 7 0. 9 Program service revenue (Part VIII, line 1h) 0. 0. 0. 9 Program service revenue (Part VIII, line 2g) 1,150,000. 1,125,000. 0. 10 Investment income (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 5-10) 0. 0. 0. 0. 0. 0. <td>Ра</td> <td>ru</td> <td></td> <td></td> <td></td> <td></td> <td>~</td>	Ра	ru					~
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 6 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 1422 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business revenue from Form 990-T, line 38 7b 0. 9 Program service revenue (Part VIII, line 1h) 0. 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue (Part VII, column (A), lines 1-3) 0. 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0. 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 0. 16 Professional fundraising genese (Part IX, column (A), line 25) 0. 0. 0. 0.	θ	1					
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 6 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 1422 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 38 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 0. 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 0. 0. 12 Total revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 0. 0. 12 Total revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0.	anc						•
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 6 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 1422 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 38 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 0. 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 0. 0. 12 Total revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 0. 0. 12 Total revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0.	rna	2	Check this bo	★ ► if the organization discontinued its operations or disposed	d of more		ets.
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 6 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 1422 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 38 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 0. 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 0. 0. 12 Total revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 0. 0. 12 Total revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0.	ove	3					7
b Net unrelated business taxable income from Form 990-T, line 38 Tb U. Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 1, 150, 000. 1, 125, 000. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 16a Professional fundraising expenses (Part IX, column (D), line 25) 0. 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1, 194, 8655. 1, 175, 644. 1, 194, 8655. 1, 175, 644. 19 Revenue less expenses. Subtract line 18 from line 12 -44, 8655. -50, 644. -44, 8655. -50, 644. 19 Revenue less expenses. Subtract line 18 from lin		4					
b Net unrelated business taxable income from Form 990-T, line 38 Tb U. Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 1, 150, 000. 1, 125, 000. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 16a Professional fundraising expenses (Part IX, column (D), line 25) 0. 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1, 194, 8655. 1, 175, 644. 1, 194, 8655. 1, 175, 644. 19 Revenue less expenses. Subtract line 18 from line 12 -44, 8655. -50, 644. -44, 8655. -50, 644. 19 Revenue less expenses. Subtract line 18 from lin	es {	5					-
b Net unrelated business taxable income from Form 990-T, line 38 Tb U. Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 1, 150, 000. 1, 125, 000. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 16a Professional fundraising expenses (Part IX, column (D), line 25) 0. 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1, 194, 8655. 1, 175, 644. 1, 194, 8655. 1, 175, 644. 19 Revenue less expenses. Subtract line 18 from line 12 -44, 8655. -50, 644. -44, 8655. -50, 644. 19 Revenue less expenses. Subtract line 18 from lin	viti	6	Total number	of volunteers (estimate if necessary)			
b Net unrelated business taxable income from Form 990-T, line 38 Tb U. Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 1, 150, 000. 1, 125, 000. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 16a Professional fundraising expenses (Part IX, column (D), line 25) 0. 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1, 194, 8655. 1, 175, 644. 1, 194, 8655. 1, 175, 644. 19 Revenue less expenses. Subtract line 18 from line 12 -44, 8655. -50, 644. -44, 8655. -50, 644. 19 Revenue less expenses. Subtract line 18 from lin	∖cti	7 a	Total unrelated	business revenue from Part VIII, column (C), line 12			
B Contributions and grants (Part VIII, line 1h) 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. <t< td=""><td></td><td>b</td><td>Net unrelated</td><td>business taxable income from Form 990-T, line 38</td><td><u></u></td><td></td><td>0.</td></t<>		b	Net unrelated	business taxable income from Form 990-T, line 38	<u></u>		0.
9 Program service revenue (Part VIII, line 2g) 1,150,000. 1,125,000. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 16a Professional fundraising expenses (Part IX, column (D), line 25) 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,194,8655. 1,175,6444. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0. 1,194,8655. 1,175,6444. 19 Revenue less expenses. Subtract line 18 from line 12 -44,8655. -50,6444. 22,343. 69,577. 20 Total assets (Part X, line 16) 22,343.							
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0.000.000 0.000.000 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,150,000.000 1,125,000.000 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.000 0.000 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.000 0.000 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5:10) 0.000 0.000 16a Professional fundraising fees (Part IX, column (D), line 25) 0.000 0.000 0.000 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,194,8655. 1,175,644. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0.000 0.000 19 Revenue less expenses. Subtract line 18 from line 12 -44,865. -50,644. 19 Revenue less expenses. Subtract line 21 from line 20 22,343. 69,577. 20 Total assets (Part X, line 26) 22,343. 69,577. 21 Total liabilities (Part X, line 26) 22,343. 69,577. 22 Net assets or fund balances. Subtract line 21 from line 20 </td <td>9</td> <td>8</td> <td>Contributions</td> <td>and grants (Part VIII, line 1h)</td> <td> L</td> <td>• •</td> <td></td>	9	8	Contributions	and grants (Part VIII, line 1h)	L	• •	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0.000.000 0.000.000 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,150,000.000 1,125,000.000 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.000 0.000 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.000 0.000 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5:10) 0.000 0.000 16a Professional fundraising fees (Part IX, column (D), line 25) 0.000 0.000 0.000 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,194,8655. 1,175,644. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0.000 0.000 19 Revenue less expenses. Subtract line 18 from line 12 -44,865. -50,644. 19 Revenue less expenses. Subtract line 21 from line 20 22,343. 69,577. 20 Total assets (Part X, line 26) 22,343. 69,577. 21 Total liabilities (Part X, line 26) 22,343. 69,577. 22 Net assets or fund balances. Subtract line 21 from line 20 </td <td>nue</td> <td>9</td> <td>Program servi</td> <td>ce revenue (Part VIII, line 2g)</td> <td></td> <td>1,150,000.</td> <td></td>	nue	9	Program servi	ce revenue (Part VIII, line 2g)		1,150,000.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0.000.000 0.000.000 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,150,000.000 1,125,000.000 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.000 0.000 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.000 0.000 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5:10) 0.000 0.000 16a Professional fundraising fees (Part IX, column (D), line 25) 0.000 0.000 0.000 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,194,8655. 1,175,644. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0.000 0.000 19 Revenue less expenses. Subtract line 18 from line 12 -44,865. -50,644. 19 Revenue less expenses. Subtract line 21 from line 20 22,343. 69,577. 20 Total assets (Part X, line 26) 22,343. 69,577. 21 Total liabilities (Part X, line 26) 22,343. 69,577. 22 Net assets or fund balances. Subtract line 21 from line 20 </td <td>eve</td> <td>10</td> <td>Investment ind</td> <td>come (Part VIII, column (A), lines 3, 4, and 7d)</td> <td> L</td> <td></td> <td></td>	eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	L		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising expenses (Part IX, column (D), line 25) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 11e, 11d, 11f-24e) 1, 194, 8655. 1, 175, 644. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 194, 8655. 1, 175, 644. 19 Revenue less expenses. Subtract line 18 from line 12 -44, 865. -50, 644. 20 Total assets (Part X, line 16) 70, 303. 66, 893. 21 Total liabilities (Part X, line 26) 22, 343. 69, 577. 22 Net assets or fund balances. Subtract line 21 from line 20 47, 960. -2, 684. Part II Signature Block 33. 66, 893.	æ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		_	-
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.0000 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0.00000 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00000 b Total fundraising expenses (Part IX, column (D), line 25) 0.00000 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1, 194, 8655. 1, 175, 644. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 194, 8655. 1, 175, 644. 19 Revenue less expenses. Subtract line 18 from line 12 -44, 8655. -50, 644. 20 Total assets (Part X, line 16) 70, 303. 66, 893. 21 Total liabilities (Part X, line 26) 22, 343. 69, 577. 22 Net assets or fund balances. Subtract line 21 from line 20 47, 960. -2, 684. Part II Signature Block Signature Block 47, 960. -2, 684.		12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,150,000.	1,125,000.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1, 194, 8655. 1, 175, 644. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 194, 8655. 1, 175, 644. 19 Revenue less expenses. Subtract line 18 from line 12 -44, 8655. -50, 644. 20 Total assets (Part X, line 16) 70, 303. 66, 893. 21 Total liabilities (Part X, line 26) 22, 343. 69, 577. 22 Net assets or fund balances. Subtract line 21 from line 20 47, 960. -2, 684. Part II Signature Block Signature Block -2, 684.		13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)			
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 1,194,865. 1,175,644. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,194,865. 1,175,644. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,194,865. 1,175,644. 19 Revenue less expenses. Subtract line 18 from line 12 -44,865. -50,644. 20 Total assets (Part X, line 16) 70,303. 66,893. 21 Total liabilities (Part X, line 26) 22,343. 69,577. 22 Net assets or fund balances. Subtract line 21 from line 20 47,960. -2,684. Part II Signature Block Signature Block 50.		14	Benefits paid t	o or for members (Part IX, column (A), line 4)	L		
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 1,194,865. 1,175,644. 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,194,865. 1,175,644. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,194,865. 1,175,644. 19 Revenue less expenses. Subtract line 18 from line 12 -44,865. -50,644. 20 Total assets (Part X, line 16) 70,303. 66,893. 21 Total liabilities (Part X, line 26) 22,343. 69,577. 22 Net assets or fund balances. Subtract line 21 from line 20 47,960. -2,684. Part II Signature Block Signature Block 50. -2,684.	ş	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)			
b Total fundraising expenses (Part IX, column (D), line 25) 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,194,865. 1,175,644. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,194,865. 1,175,644. 19 Revenue less expenses. Subtract line 18 from line 12 -44,865. -50,644. 20 Total assets (Part X, line 16) 70,303. 66,893. 21 Total liabilities (Part X, line 26) 22,343. 69,577. 22 Net assets or fund balances. Subtract line 21 from line 20 47,960. -2,684. Part II Signature Block Signature Block 50.	nse	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.	0.
11 Other expenses (a triv), obtaining (y), integrad tria, 1112 (o) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 21 Signature Block	ed	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 🕨 🚺 🚺	0.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,194,865. 1,175,644. 19 Revenue less expenses. Subtract line 18 from line 12 -44,865. -50,644. 20 Total assets (Part X, line 16) Beginning of Current Year End of Year 21 Total liabilities (Part X, line 26) 22,343. 69,577. 22 Net assets or fund balances. Subtract line 21 from line 20 47,960. -2,684. Part II Signature Block Signature Block 50,644.	۵	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)			
Beginning of Current YearEnd of Year20Total assets (Part X, line 16)70,303.66,893.21Total liabilities (Part X, line 26)22,343.69,577.22Net assets or fund balances. Subtract line 21 from line 2047,9602,684.Part IISignature Block		18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,194,865.	1,175,644.
Part II Signature Block			Revenue less	expenses. Subtract line 18 from line 12		-44,865.	-50,644.
Part II Signature Block	OL 20S				В	eginning of Current Year	End of Year
Part II Signature Block	sets Janc	20	Total assets (F	Part X, line 16)			
Part II Signature Block	Ass LBa	21	-				-
Part II Signature Block	Net	22					
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						· 1	*
	Unde	er pen	alties of perjurv.	declare that I have examined this return, including accompanying schedules ar	nd statem	ents, and to the best of mv l	knowledge and belief, it is

		(11 11 CC			
true, correct, and complete	. Declaration of preparer	(other than officer) is based on all informati	ion of which prepare	r nas any knowledge.

Sign Here	Signature of officer BENJAMIN JONES, PRESID Type or print name and title	ENT & CEO	D	ate			
Paid	Print/Type preparer's name MAGDALENA M. CZERNIAWSKI	Preparer's signature MAGDALENA M.	CZERNIA 04/20/	20 Check PTIN if self-employed P00535099			
Preparer	Firm's name 🕒 MARKS PANETH LLP	I	F	rm's EIN ▶ 11-3518842			
Use Only	Firm's address 🕨 685 THIRD AVENUE						
	NEW YORK, NY 100	17	Р	hone no. 212 - 503 - 8800			
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)						
	832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)						

12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	BATTERY PARK CITY PARKS		
	1990 (2018) CONSERVANCY CORPORATION 13-344	9909	Page 2
Par	rt III Statement of Program Service Accomplishments		v
_	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: THE BATTERY PARK CITY PARKS CONSERVANCY'S MISSION IS TO MANAGE,		
	MAINTAIN, OPERATE, REPAIR, PRESERVE AND PROGRAM ACTIVITIES TO A	WORL	<u> </u>
	CLASS STANDARD FOR THE RESIDENTIAL PARKS, OPEN SPACE, AND OTHER	_	
	STRUCTURES LOCATED ON THE 92 ACRE BATTERY PARK CITY SITE ON THE		
2	Did the organization undertake any significant program services during the year which were not listed on the	цонц	
2		Vas	XNo
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		XNo
5	If "Yes," describe these changes on Schedule O.	162	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	vnoneoe	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex		d
	revenue, if any, for each program service reported.	Jei 1868, ai	iu -
4a	(Code:) (Expenses \$1,010,207. including grants of \$) (Revenue \$)	994	434.)
та	MAINTENANCE: MAINTAIN AND REPAIR PARK FEATURES AND STRUCTURES W		<u>1310</u>)
	BATTERY PARK CITY.		
4b	(Code:) (Expenses \$132,638. including grants of \$) (Revenue \$)	130,	566.)
	HORTICULTURE: MAINTAIN LANDSCAPING AND HORTICULTURAL FEATURES		,
	THROUGHOUT THE PARKS WITHIN BATTERY PARK CITY.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,142,845.		00 (00.10)

Part IV	Che	cklist of Required Schedules		
Form 990 (2	2018)	CONSERVANCY	CORPOR	ATION
		BATTERY PARK	CITY	PARKS

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
~	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		<u></u>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	3		
10	endowments, or quasi-endowments? If "Yes, " complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18		- 23
19		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	19 20a		X
		20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i>	21		х

BATTERY PARK CITY PARKS CONSERVANCY CORPORATION

Part IV Checklist of Required Schedules (continued)

13-3449909 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
_	transaction with a disqualified person during the year? // "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"			x
07	complete Schedule L, Part II	26		<u></u>
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
- C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	0.0	x	
Pa	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	27	<u> </u>
L	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 ค	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 12		100	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1		
с С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	х	

Form 990 (2018)

BATTERY	PARK	CITY	PARKS
	T 1 71 (1 /	CTTT	T THUE

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0 3b 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," enter the name of the foreign country:	Form	990 (2018) CONSERVANCY CORPORATION 13-3449	909	Р	age 5						
2a Enter the number of employees reported on Ferm W.3. Transmitted of Wege and Tax Statements. 2a 0 b If at least one is reported on line 2a, do the organization file all required fidderel amployment tax infurms? 2a Note, if the sum of lines 1a and 2a is greater than 260, you may be required to <i>e</i> , <i>line</i> (see instructions) 3a X b If the significant on two interests business groups income of 31 LOO armore during the year? 3a X b If Thes, 'that if field a form 600-1 for this year? 1Wo'' to line 3b, provide an application or soft and/abd O 3b 4a b If Thes, 'that if field a forwige country. 4a X X b If Thes, 'that if field a forwige country. 4a X See instructions for filing requirements for FinCEN Form 11A, Report of Foreign Dark and Financial accounts (FDAR). 5a X 5a Was the organization have multip due to application that it was or is a party to a prohibited tax shafter transaction? 5b X 5a D dary taxable party notity the organization have multip due to application is application in application is application in application in application is application application in application is application application is application in application is application in application is application is application in application is applicat	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
Interformed and the second source of the second source of the instance of the second source of t				Yes	No						
b It all tests one is reported on time 2a, did the organization file all required to <i>q</i> -file (see instructions) 2a 3a Did the organization have unrelated business grass income of \$1,000 or more during the year? 3a 3b It 'Yes,'' has It filed a form 600-16 or they year? 3b 4a Aray time during the calendary year, did the organization have numbers (in or a signatus or other authority over, a timenolal account) is a contribution at any time during the taxyon? 3b 5b If 'Yes,'' have '' have '' have '' have '' built is a bank account, securities account, or other timenoit account? 4a 5b If 'Yes,'' have '' have '' have '' built is a bank account, securities account, or other authority over, a timenolal account or application that or the organization have have halve transaction at any time during the taxyon? 4a 5c Cale Did any taxable party noity the organization file Form 6806 17. 5c 6a Did any taxable party noity the organization file Form 6806 17. 5c 5c 6a Did the organization adjust as a cantibulion and party to a prohibit dat wave noit to a double have an orbit account one party to a prohibit dat wave one tax deductable? 5c 5c 6a Did the organization neal wave and prose ecolyta that are normally greater than \$100,000, and dat the organization sectors at the wave of tax double tax shorts approvement to a score tax any tax a contributions or a sector tax and ta	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a <i>s</i> -lag (see instruction) 3a X 3a Dift the organization have unrelated business greas income of \$1,000 or more during the year? 3a X 4a At my time during the celondar year, did the organization have an interest in, or a signature or other authority over, a financial account in a torsing unrelative abulk accounts sources accounts (a trained account)? 4a X b If Yeas, "near the name of the foreign country: b as bank accounts accounties (a trained accounts)? 5a X 5a See instructions for filling requirements for FinC(NF) from 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization have annual gress incells that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as chantable contributions? 5a X 6a Did enty granization nearing symmet in excess of \$25 made party as a contribution of party for poods and services previded to the payor? 7a X 7b I' Yea," idd the organization neithy deubta data and the paceds or transdom provided? 7a X 7b I' Yea, '' add the action accells as a southable on and party for poods and services previded to the payor? 7a X		filed for the calendar year ending with or within the year covered by this return 2a 0									
a Did the organization have unrelated basiness gross income of \$1.000 or more during the year? 3a X b # "Yes," has it field a Ferm 990 for this year? # No" to line 3b, provide an explanation in Schedule O 3b b # Yes, "reter the name of the origin country year? # No" to line 3b, provide an explanation in Schedule O 3b b # Yes, "reter the name of the origin country," years as bank account, socurities account, or other timencial account? 4a So instructions for tilling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (PLAPR). 5a So instructions for tilling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (PLAPR). 5a So instructions for tilling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (PLAPR). 5a Go boss the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solitot are organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solitot metry collectations and earthy to contributions 6a X To Granization that was chick divertables as chickfile contributions 6a V To reganization set, was present execs of \$57 matk party as a contribution and party for goeds and series provided to the pary? 7a X Did the organization metry the door of the value of the goeds or services provided? 7a X Did the organization needs a partmet in execs of \$57 matk party as a contribution of a codd so services provided? 7a </th <th>b</th> <th colspan="10"></th>	b										
b If "Yes," has it filed a Form 900 T for this year" // "No ' to line 3b, provide an explanation in Schedule 0 3b 4a At any time during the coloridary year, (d) the organization have an interest III, or a signature or other authority over, a financial accountify or the forsign country (a). 4a b If "Yes," entor the name of the forsign country (b). See instructions for filing requirements for filing securities accounts (FBAR). 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b U'Yes," to line 5a or 5b, did the organization tile form 888617. 5a X 6a Does the organization include with every scilication an express attement that such contributions on gifts were not tax douctible? 5a X 7b Tyes," did the organization networks and state anothyling and party to a prohibited tax shelter transaction? 6a X 7c Tymes," did the organization networks any someward as contributions and party tor produce and services provided to the payor? 7a X 7c X Tyes," did the organization networks and services provided? 7a X 7c X Tyes," did the organization networks and services provided? 7a 7a X 7d Tyes," did the organization networks any thor		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions)									
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or other financial account;? 4a b If "Yes," enter the name of the foreign country; ▶ See instructions for fin2EN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a b Was the organization a party to a prohibite to schelate transaction? 5a X b Did any tasable party onlify the organization that it was or is a party to a prohibite to schelate transaction? 5a X cli T'ws's to ine Sa or Sb, did the organization the Form 380677 5a X 5a X cli T'ws's, 'do the organization include with every solitation an appress statement that such contributions or gifts were not tax deductible as charitable contributions? 5a X b If 'ws's, 'do the organization include with every solitation an appress statement that such contributions or gifts were not tax deductible? 5b X dift the organization include with every solitation an appress statement that such contributions or gifts were not tax deductible? 5a X dift the organization include with every solitation an appresonal property for which it was required to the form 8282? 7a X dift the organization include such eventses at a contribution and party for grades and services provided to the party? 7a X	3a										
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or other financial account;? 4a b If "Yes," enter the name of the foreign country; ▶ See instructions for fin2EN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a b Was the organization a party to a prohibite to schelate transaction? 5a X b Did any tasable party onlify the organization that it was or is a party to a prohibite to schelate transaction? 5a X cl If "Ves' to a prohibite the form 38067? 5a X cl If "Ves'," dot the organization include with every solitation an appress tatement that such contributions or gifts were not tax deductible as charitable contributions? 5a X b If "Ves," dot the organization include with every solitation an appress tatement that such contributions or gifts were not tax deductible? 5b X d) If "Ves," did the organization notify the doors or services provided? 5a X d) If "Ves," indicate the number of Forms 8282? field during the year 7a 7a <th>b</th> <th>If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</th> <th>3b</th> <th></th> <th></th>	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b								
b If "Yes," enter the name of the foreign country. ▶ See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Sa Was the organization a puty to a prohibited tax shelter transaction? 5b D Id any taxable party onlify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Sa Us the organization have armusd gross necesipts that are normally greater than \$100,000, and did the organization solid: are contributions that wave not tax deductible as charitable contributions? 5c V To regarization bit may receive deductible contributions and party for greads and services provided to the payor? 7a A Uf "yes," dd the organization notify the done of the value of the goods or services provided? 7a D If "yes," dd the organization receive a symmet in excess of \$25 made partly as a contributions and party for greads and services provided to the payor? 7a D Id the organization notify the done of the value of the goods or services provided? 7a 7a D If "yes," indicate the number of Forms 8282? Bied during the year 7a 7a D Id the organization notify the done can, bacts, anglines, or other values dispose of tangible personal present benefit contract? 7a 7a D If the organization neceive a contribution of qualified intrelectual property, did the organization full the gran instantion fore achies, diver by the org											
See Instructions for Illing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b X Su Did any taxable party notify the organization that t was or is a party to a prohibited tax shelter transaction? 5b X So Does the organization heave annual gross receipts that are normally greater than \$100,000, and did the organization solut any contributions that were not tax deductible as charitable contributions? 6a X b If Yes,' did the organization heave annual gross receipts that are normally greater than \$100,000, and did the organization solut are appress statement that such contributions or gifts were not tax deductible? 6a X b If Yes,' did the organization neave appress transaction 70(c). 7a X X b Id the organization neave appress transaction 710(c). 7a X X c Did the organization neave appress transaction of the year on adparts for page and party for which it was required 7a X c Did the organization neave any funds, directly or indirectly, on pay reminums on a personal benefit contract? 7c X c Did the organization neave any funds, directly or indirectly, on pay reminums on a personal benefit contract? 7d X f Did the organization meave any parepay meases holdings at any time during the		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c X b Did any taxable party notify the organization the form 88961? 5c X c Dids on tax deductible contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 8b X b If "Yes," did the organization neevies a payment in excess of \$7 made party as a contribution and party for goods and services provided to the payor? 7a X d Did the organization receive a payment in excess of \$7 made party as a contribution and party for goods and services provided to the payor? 7a X d Did the organization receive a payment in excess of \$7 made party as a contribution on a personal benefit contract? 7a X d If "were," indicate the number of forms 8282 filed during the year 7a X X d Did the organization receive a contribution of qualified indirectup property for which it was required? 7a X f Did the organization meaintaining doncer advised tu	b	If "Yes," enter the name of the foreign country: ►									
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Bb X c if 'Yes' to line 5 a or 5b, did the organization file form 8806 T? Boes the organization shelt and annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions include with every soliditation an express statement that such contributions or gifts Be X b If 'Yes,' did the organization notes any apmont in access of \$5' mada party as a contribution and party for goods and sarvices provided to the pary? 7a X 7 Organization notes apmont in access of \$5' mada party as a contribution and party for goods and sarvices provided to the pary? 7a X 7 Ty cs,' did the organization notify the donor of the value of the goods or services provided? 7b ''' b If 'Yes,' indicate the number of Forms 8282 file during the year I''' I''' I''' di I'''se,'' add the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X fi the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7t X fi the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7t X fi the organization neceive any funds, dire		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
c If "Yes' to line 5a or 5b, did the organization file Form 8886 T? 5c Ge Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6a X c Did the organization receive a payment in excess of \$5 made party as a contribution and party for goods and services provided to the payor? 7a X b If "Yes," (did the organization notify the doner of the value or services provide? 7b 7a X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7c X d If "Nes," indicate the number of Forms 8282 filed during the year 7d X X d If the organization receive a contribution of qualified intellectual property, did the organization file a Form 1086-C? X X g If the organization makes any taxable distributions under section 4966? 9a 9a 9a g Sponsoring organization make any taxable distributions under section 4966?	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
Ge Desc the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Ge X b If "ves," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible? Ge X 0 organizations that may receive deductible contributions under section 170(c). Bid the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided the payor? 7a X 0 If "ves," did the organization receive a payment in excess of \$75 made party as a contribution and party for which it was required to file Form 8282? filed during the year Td Td <td< th=""><th>b</th><th>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</th><th>5b</th><th></th><th>Х</th></td<>	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
Ge Desc the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Ge X b If "ves," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible? Ge X 0 organizations that may receive deductible contributions under section 170(c). Bid the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided the payor? 7a X 0 If "ves," did the organization receive a payment in excess of \$75 made party as a contribution and party for which it was required to file Form 8282? filed during the year Td Td <td< th=""><th>С</th><th>If "Yes" to line 5a or 5b, did the organization file Form 8886-T?</th><th>5c</th><th></th><th></th></td<>	С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? B c Organizations that may receive deductible contributions under section 170(c). B) B a Did the organization solit, exchang, or chervise dispose of tangible personal property for which it was required to file Form 8282? To To b If "Yes," indicate the number of Forms 8282 filed during the year To To To c Did the organization solit, circuity or indirectly, to pay premiums on a personal benefit contract? To X f Did the organization receive a contribution of qualified intelectual property, did the organization file Form 8899 as required? To X f Did the organization received a contribution of qualified intelectual property, did the organization file a Form 1098-C? To X f The organization received a contribution of qualified intelectual property, did the organization file a Form 1098-C? To X generation receive any funds, directly or indirectly, on a personal benefit contract? To X X f Ib the organization receive al contribution of qualified intelectual property, did the organization file a Form 1098-C? To To 8 Sponsoring organization make any taxable dist	6a										
were not tax deductible? 6b 7 Organizations ethat may receive deductible contributions under section 170(c). 6b D id the organization receives apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b if 'Yes,' did the organization cell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d if 'Yes,' indicate the number of Forms 8282 filed during the year 7d 7d X d if 'Yes,' indicate the number of Forms 8282 filed during the year pay premiums, on a personal benefit contract? 7e X f Did the organization, receive any funds, directly or indirectly, on a personal benefit contract? 7d X g if the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization files Form 1098 C 8 S sponsoring organization make any taxable distributions under section 4966? 9a 9 9 Sponsoring organization make any taxable distributions under section 4966? 9a 10 bit due organization sincluded on Part VIII, line 12 10a 11 10a 11a 10a 12 5coiton 501(c)(7) organizations. Enter: 11a 11a 13 6coiton 4947(a) (1) non-exempt charitable trusts. Is the organization files of the mount of taxes exempt interest received or acrued during the year 12b <th></th> <th>any contributions that were not tax deductible as charitable contributions?</th> <th>6a</th> <th></th> <th>Х</th>		any contributions that were not tax deductible as charitable contributions?	6a		Х						
7 Organizations that may receive deductible contributions under section 170(c). a) a) a) b) To a) To a) To a) To b) To a) To b) To a) To b) To	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 7a X b II "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7c X c Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required 7c X d II "Yes," indicate the number of Forms 8282 filed during the year 7d 7c X f Did the organization receive any tunk, directly or indirectly, to pay permiums on a personal benefit contract? 7d X f II the organization receive any tunk, directly or indirectly, to pay permiums, directly or indirectly, on a personal benefit contract? 7d X g If the organization received a contribution of cars, boest, aiptinaes, colthor vehicles, did the organization file a Form 1098-C? 7h X 8 Sponsoring organizations maintaining doon advised funds. Did a donor advised, fund maintained by the sponsoring organization make any taxable distributions under section 4966? 8 9a		were not tax deductible?	6b								
b If 'Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7c X di fi 'Yes," indicate the number of Forms 8282? To but the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X di the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7t X gi the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 7d X fi the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 7d X gi the progenization meaker any taxable distributions under section 4966? 8 8 9a 9a 9 Sponsoring organization make any taxable distributions under section 4966? 9b 9c 9b 9c 9b 9c 9b 9c	7	Organizations that may receive deductible contributions under section 170(c).									
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d X d Did the organization receive any funds, directly or indirectly, to pey premiums on a personal benefit contract? 7e X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g Ti X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1986-0? 7h X 9 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund funds. 8 9 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9b 9b 10 bid the sponsoring organizations. Enter: 10a 10b 10b 10b 11 Section 501(c)(7) organizations. Enter: 10a 10b 11a 12a 12 Socies form members or shareholders 11a 11b 11b 11b 12 Section 501(c)(21) organizations. Enter: 12b 12b 12a	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d X f Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7d X g If the organization received a contribution of cars, beats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X S ponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distribution surder section 4966? 9a 9a 9 Sponsoring organization make any taxable distribution surder section 4966? 9a 9b 9b 10 dit be sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised person? 9b 9b 10 dit be sponsoring organization make a distribution to a donor, donor advised fund function for the sponsoring organization make any taxable do not public use of club facilities 10a 10a 11 Baction 501(c)(7) organizations. Enter: 10a 10b 10b 10b 12 Section 501(c)(2) organizations. Enter: 11a 11b 12a 10b 10b 10b <th>b</th> <th>If "Yes," did the organization notify the donor of the value of the goods or services provided?</th> <th>7b</th> <th></th> <th></th>	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
d If "Yes," indicate the number of Forms 8282 filed during the year Id e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7h X 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization nake any taxable distributions under section 4966? 9a 9a 9 Did the sponsoring organizations maintaining donor advised funds. 10a 10a 9b 9a 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9a <th>С</th> <th>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required</th> <th></th> <th></th> <th></th>	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 77 X g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0? 71 X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0? 71 X g Sponsoring organizations maintaining donor advised funds. 8 9 9 a Did the sponsoring organization make a vexes business holdings at any time during the year? 9a 9a 9a 9a 9a 9b 9b 9b 9b 9b 9b 9b 9a 9b 9a 9b 9b 9b 9a 9b 9a 9b 9b 9b 9b 9b 9b 9b 9b 9b 9a 9b		to file Form 8282?	7c		X						
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 71 X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 76 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9 Sponsoring organization make any taxable distributions under section 4966? 9a 10 the sponsoring organization make a distribution to a donor, donor advised person? 9b 10 section 501(c)(7) organizations. Enter: 10a 10a 11 Section 501(c)(2) organizations. Enter: 10a 11a 11 Section 501(c)(2) organizations. Enter: 10a 11a 12 Section 501(c)(2) organizations. Enter: 11a 12a 13 Gross income from members or shareholders 11a 12a 14 b Gross income from members or shareholders 11a 13a 15 Section 501(c)(29) qualified nonprofit health insurance issuer	d	If "Yes," indicate the number of Forms 8282 filed during the year7d									
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 8 9 Sponsoring organizations maintaining donor advised funds. 8 a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from members or shareholders 11a 12b 12b 13 Section 501(c)(20) qualified nonprofit health insurance issuers. 11a 13 Section 501(c)(20) qualified nonprofit health plans in more than one state? 12a 13 Section 501(c)(20) qualified nonprofit health plans in more than one state? 13a Note. See the instructions for additional information the organization must report	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a 10 Section 501(c)(7) organizations. Enter: 10a 10a 9b 11 Section 501(c)(7) organizations. Enter: 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 10b 12 Section 501(c)(2) organizations. Enter: 11a 12a 12a 13 Section 501(c)(2) organizations. Enter: 11a 12a 12a 13 Section 501(c)(2) qualified nonprofit heatth insurance issuers. 11a 12a 12a 14 Section 501(c)(2) qualified nonprofit heatth plans in more than one state? 13a 12a 12a 12a	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9 a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make any taxable distributions under section 4966? 9a 10 Section 501(c)(7) organizations. Enter: 10a 10b a Initiation fees and capital contributions. Enter: 10a 10b a Gross income from members or shareholders 11a 10b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a 13a 14a Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 14a X	g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make any taxable distributions under section 4966? 9a c Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12. 10a b Gross income from members or shareholders 11a c Gross income from members or shareholders 11a b Gross income from them. 11b 12a Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from them. 11a 12a Section 501(c)(12) organizations. Enter: 11b a Gross income from them. 12a 12a Section 501(c)(12) organization licensed to issue qualified health insurance issuers. 11b 13a Section 501(c)(2) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qua	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		L						
9 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 10b a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 10b 12 Section form members or shareholders 11a 11b 12a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a 12 Section 501(c)(22) qualified nonprofit health insurance issuers. 12b 13a 13 Section 501 (c)(22) qualified nonprofit health plans in more than one state? 13a 14 Did the organization licensed to issue qualified health plans 13b 13c 14 Did the organization receive any payments for indoor tanning services during the tax year? 14a X	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b a Is the organization licensed to issue qualified health plans in more than one state? 13a a Is the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14a X b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in		sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>						
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 14a 14a Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <td< th=""><th>9</th><th>Sponsoring organizations maintaining donor advised funds.</th><th></th><th></th><th></th></td<>	9	Sponsoring organizations maintaining donor advised funds.									
10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 10b a Gross income from members or shareholders 11a 11b 12a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 11b 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a 13a 3 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? I	а		9a								
a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14a X b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14a X b If "Yes," see instructions and file Form 4720, Schedule N. 15 X If "Yes," is enstructions and file Form 4720, Schedule N. 15 15 X	10										
11 Section 501(c)(12) organizations. Enter: 11a 11a a Gross income from members or shareholders 11a 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 X	а										
a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b ff "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 If "Yes," see instructions and file Form 4720, Schedule N. 10 10 10 <	11										
amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file	а										
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13b c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 If "Yes," see instructions and file Form 4720, Schedule N. 100 100 100	b										
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 15 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 150 15 X											
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 100 V V			<u>12a</u>		——						
a is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b if "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 100 the organization excess parachute payment is the net wine the extinct intervention or excess parachute payment (s) during the year? 140 V											
Note. See the instructions for additional information the organization must report on Schedule O. Image: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: I	13										
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 100 100 100 100	а		<u>13a</u>								
organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 100 100 100 100	_										
c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 1000 provide an explanation provide and payment instruction and payment is the provide of the payment is payment instruction and payment is the payment is payment in the payment is payment. 100 Y	b										
14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 1000 provide an explanation and the payment is a characterized bit to the section 4000 provide and the payment is a characterized bit to the section 4000 provide and the payment is a characterized bit to the section 4000 provide and the payment is a characterized bit to the section 4000 provide and the payment is a characterized bit to the section 4000 provide and the payment is a characterized bit to the section 4000 provide and the payment is a characterized bit to the section 4000 provide and the payment is a characterized bit to the section 4000 provide and the payment is a characterized bit to the paymen					1						
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 100 100 X					v						
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 10 X					~						
excess parachute payment(s) during the year?			14b		├───						
If "Yes," see instructions and file Form 4720, Schedule N.	15				v						
10 both supervised in the time the time structure to 1000 such that the section 1000			15		<u>^</u>						
io is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10				v						
If "Yes," complete Form 4720, Schedule O.	10	•	10								

BATTERY PARK CITY PARKS CONSERVANCY CORPORATION

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N								
to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
Check if Schedule O contains a response or note to any line in this Part VI			Х					
tion A. Governing Body and Management								
		Yes	No					
Enter the number of voting members of the governing body at the end of the tax year 1a 7								
If there are material differences in voting rights among members of the governing body, or if the governing								
body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
Enter the number of voting members included in line 1a, above, who are independent 1b 7								
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
officer, director, trustee, or key employee?	2		Х					
Did the organization delegate control over management duties customarily performed by or under the direct supervision								
of officers, directors, or trustees, or key employees to a management company or other person?	3		Х					
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
Did the organization have members or stockholders?	6	X						
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Ib 7 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other of officers, directors, or trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					

6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х

	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, " describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NY}$			

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available										
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial										
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										

PAMELA FREDERICK - (212) 417-2000

75 BATTERY PLACE, NEW YORK, NY 10280

<u>Form 990 (2018)</u>

Form 990 (2018)

Т

 (\Box)

Part VII	Compensation of Officers, Dir	rectors, Trustees, I	Key Employees,	Highest C	compensated
	Employees, and Independent	Contractors			

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

(D)

(....

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 (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

()

(--)

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation compensation	
	week		cer ar I	ndad I	irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	or dir				ted		organization	(W-2/1099-MISC)	from the
	related	stee c	ruste		_	ensa		(W-2/1099-MISC)		organization
	organizations	al tru:	nalti		loyee	e mp				and related
	below	vidua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Æ	Key	Hig	For			
(1) ANTHONY KENDALL	1.00									
DIRECTOR	3.00	Х						0.	0.	0.
(2) CATHERINE MCVAY HUGHES	1.00									
DIRECTOR	3.00	x						0.	0.	0.
(3) DONALD A. CAPOCCIA, JR.	1.00									
DIRECTOR	3.00	x						0.	0.	0.
(4) GEORGE J. TSUNIS	1.00									
CHAIRMAN	3.00	x		x				0.	0.	0.
(5) LESTER PETRACCA	1.00									
DIRECTOR	3.00	x						0.	0.	0.
(6) LOUIS J. BEVILACQUA	1.00									
DIRECTOR	3.00	x						0.	0.	0.
(7) MARTHA J. GALLO	1.00									
VICE CHAIR	3.00	X		Х				0.	0.	0.
(8) ABIGAIL GOLDENBERG	6.00									
VP & SECRETARY	31.50			Х				0.	188,652.	27,631.
(9) BENJAMIN JONES	10.00									
PRESIDENT & CEO	27.50			X				0.	222,130.	27,672.
(10) PAMELA FREDERICK	10.00									
TREASURER	27.50			X				0.	210,077.	32,989.
		<u> </u>	-	<u> </u>						
		1								
		<u> </u>		<u> </u>						
			<u> </u>	┣—		-				
	1	I	<u> </u>			I		1	1	Garm QQ(/2019)

Form 990 (2018) BATTERY I									13-3	119	مەم		Page 8
Form 990 (2018) CONSERVAN Part VII Section A. Officers, Directors, Trus						aboe	+ 0	ompansated Employee		449	505	F	age U
(A) Name and title	(A) (B)							(D) Reportable compensation from	(E) Reportable compensation from related				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI	tions compens		pensa om tr aniza d relat	ation ne tion ted
1b Sub-total c Total from continuation sheets to Part VI								0.	620,8	0.			92.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but no compensation from the organization ► 	ot limited to th) wh	► o re	0. eccived more than \$100,	620,8 000 of reportabl		8	8,2	92.
2 Did the exemination list any form of files	diverter ertu	t.a.			mala			highest seven exceted or		1		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for se					·			nignest compensated en			3		x
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	-							-	-		4	х	
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	.ccrue comper	isati	on fr	rom	any	unre	elate	ed organization or individ	lual for services		5		x
Section B. Independent Contractors	piete Ocheduk	50 1	5/ 30		5613	011 -							
1 Complete this table for your five highest con the organization. Report compensation for t	-									pensat	tion fro	om	
(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	с	C) omper		on
 Total number of independent contractors (ir \$100,000 of compensation from the organiz 	-	ot lin	niteo	d to	thos (ted	above) who received mo	ore than				

BATTERY	PARK	CITY	PARKS
CONSERVA	ANCY (CORPOR	RATION

Form 990 (20		CONSERV
Part VIII	Statement	t of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts is	1 a	Federated campaigns	1a					
un an		Membership dues						
ΩĘ		Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations						
		Government grants (contributi						
Sin		All other contributions, gifts, gran						
it i	•	similar amounts not included abov						
<u>g</u>	a	Noncash contributions included in lines						
in di	-	Total. Add lines 1a-1f						
0 @				Business Code				
	2.0	PARKS MAINTENAN	CE		1,125,000.	1 125 000.		
/ice	z a b			230000	1,125,000.	1,123,0001		
ue Ser								
	c d							
gra Be	u o							
Program Service Revenue	f	All other program service reve	<u>nue</u>					
_		Total. Add lines 2a-2f			1,125,000.			
_	3	Investment income (including						
	-	other similar amounts)						
	4	Income from investment of tax						
	5	Royalties						
	-		(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
	c							
		Net rental income or (loss)	•	▶				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)		►				
eni		Gross income from fundraising including \$	g events (not					
Other Revenu		contributions reported on line						
Be		Part IV, line 18	-					
her	h	Less: direct expenses						
ð		Net income or (loss) from fund		>				
		Gross income from gaming ac	•	F				
	. u	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С							ļ
		All other revenue						ļ
	е	• Total. Add lines 11a-11d						
	12	Total revenue. See instructions			1,125,000.	μ,125,000.	0.	0.

BATTERY PARK CITY PARKS Form 990 (2018) CONSERVANCY CORPORATION Part IX Statement of Functional Expenses

	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
/b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b					
С	5 F				
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	553,451.	553,451.		
17	Travel	2,126.	2,126.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates	20 700		20 700	
22	Depreciation, depletion, and amortization	32,799.		32,799.	
23					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	100 117	100 117		
a	· · · · · · · · · · · · · · · · · · ·	<u>429,417.</u> 116,744.	<u>429,417.</u> 116,744.		
b	HORTICULTURE SUPPLIES UNIFORMS	41,107.	41,107.		
с	ONIFORMS	41,107.	41,107.		
d					
e	· · · · · · · · · · · · · · · · · · ·	1,175,644.	1 1/2 0/5	32,799.	0.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	⊥, ⊥/ጋ,044•	1,142,845.	34,199.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Carro 000 (001

BATTERY	PARK	CITY	PARKS
CONSERVA	ANCY (CORPOR	ATION

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	650.	1	29,501.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,759,627.			
	b	Less: accumulated depreciation 10b 1,722,235.	69,653.	10c	37,392.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	70,303.	16	66,893.
	17	Accounts payable and accrued expenses	22,343.	17	69,577.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abi		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	0.0.040	25	
	26	Total liabilities. Add lines 17 through 25	22,343.	26	69,577.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 📃 and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Fund Balances	28	Temporarily restricted net assets		28	
р	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here $\blacktriangleright X$			
ō		and complete lines 30 through 34.	•		~
Net Assets or	30	Capital stock or trust principal, or current funds	0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
let.	32	Retained earnings, endowment, accumulated income, or other funds	47,960.	32	-2,684.
2	33	Total net assets or fund balances	47,960.	33	-2,684.
	34	Total liabilities and net assets/fund balances	70,303.	34	<u>66,893.</u>

Form **990** (2018)

Form 990 (2018) Part X Balance Sheet

_

_

	BATTERY PARK CITY PARKS				
Form	1 990 (2018) CONSERVANCY CORPORATION	13-34	49909	Pag	ge 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,12		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,175		
3	Revenue less expenses. Subtract line 2 from line 1	3			44.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4'	7,9	60.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	- 2	2,6	84.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		X
	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?		<u>2</u> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ə basis,			
	consolidated basis, or both:				
	Separate basis X 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			1
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				000	

(Form 990 or 990-EZ) Co			omplete if the orga 49 ►	C Charity Status and Public Support 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. ww.irs.gov/Form990 for instructions and the latest information.					OMB No. 1545-0047
Name of	the organizatio	on BATT	ERY PARK C	CITY PARKS				Employe	r identification number
			ERVANCY CC						3-3449909
Part I	Reason f	or Public C	Charity Status	(All organizations must co	omplete th	is part.) Se	e instructions	3.	
The organ	ization is not a	private found	ation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1	A church, cor	vention of ch	urches, or associati	on of churches described	l in sectio	on 170(b)(*	1)(A)(i).		
2	A school desc	ribed in secti	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3	A hospital or a	a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(ii	ii).		
4	A medical res	earch organiza	ation operated in co	onjunction with a hospital	described	l in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state):							
5	-	•		ollege or university owned	l or operat	ed by a go	overnmental u	nit describe	əd in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6			-	mental unit described in			• •		
7 X	-			antial part of its support f	rom a gove	ərnmental	unit or from th	ne general	public described in
-	-		omplete Part II.)						
8	,		•)(1)(A)(vi). (Complete Par	,	! : :-		1	
9	•		-	d in section 170(b)(1)(A)(• •	-			•
	university:	or a non-ianu-g	frant college of agric	culture (see instructions).	Enrei rue i	name, city	, and state of	the conege	9 Or
10		on that normal	lly receives: (1) mor	e than 33 1/3% of its sup	oort from o	contributio	ns members	nin fees ar	and aross receipts from
	-			ect to certain exceptions,				•	•
			•	e (less section 511 tax) fro	. ,				•
			mplete Part III.)	,		•	, ,		,
11				sively to test for public sa	fety. See	section 50	09(a)(4).		
12	An organizatio	on organized a	and operated exclus	sively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly	supported org	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
	lines 12a thro	ugh 12d that o	describes the type o	of supporting organization	n and com	plete lines	12e, 12f, and	12g.	
a 🗌	Type I. A su	upporting orga	anization operated,	supervised, or controlled	by its supp	oorted org	anization(s), t	pically by	giving
	the support	ed organizatic	on(s) the power to re	egularly appoint or elect a	majority c	of the direc	tors or truste	əs of the sı	upporting
	organizatior	n. You must c	complete Part IV, S	ections A and B.					
b			•	d or controlled in connect			-		•
				ganization vested in the s	ame perso	ns that co	ntrol or mana	ge the sup	oorted
		. ,	•	, Sections A and C.					
с		-	• • • •	ng organization operated				ly integrate	a with,
a 🗆		•	.,.	s). You must complete I porting organization oper			-	tod organi	zation(a)
d	- ,,	-	•	ization generally must sat				•	()
				mplete Part IV, Sections			•	anationi	01000
e	- ·			written determination fro				II. Type III	
		-		onally integrated supporti			.)[, .)[., ., .	
f Ente	er the number o	-							
g Pro	vide the followi	ng informatior	about the support						
	(i) Name of suppo	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
	organization			above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
						1			
Total									

BATTERY PARK CITY PARKS

Schedule A (Form 990 or 990-EZ) 2018 CONSERVANCY CORPORATION 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

36	Stion A. Fublic Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	7449614.	16041818.				23491432.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
Ŭ	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	7449614.	16041818.				23491432.	
5	The portion of total contributions	, 1150110						
Ŭ	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,							
	achuman (f)							
~							23491432.	
	Public support. Subtract line 5 from line 4.						<u>23491432</u> .	
		(-) 0014	(1-) 0015	(-) 0016	(-1) 0017	(-) 0018	(f) Total	
	ndar year (or fiscal year beginning in)	(a) 2014	(b)2015 16041818.	(c) 2016	(d) 2017	(e) 2018	(f) Total 23491432.	
	Amounts from line 4	7449014.	10041010.				<u>23491432.</u>	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,			F 1			F 1	
	and income from similar sources			51.			51.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						23491483.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 1	3,310,898.	
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)		
_	organization, check this box and stor	here						
Se	ction C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2018 (I					14	100.00 %	
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	100.00 %	
16a	i 33 1/3% support test - 2018. If the c	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	ore, check this b	ox and	
	stop here. The organization qualifies	as a publicly supp	orted organization				►X	
k	33 1/3% support test - 2017. If the c	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check t	his box	
	and stop here. The organization qualifies as a publicly supported organization							
17a	7a 10% -facts-and-circumstances test - 2018. 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							
k	b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
		ů,				·		
	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		• •	•			ns	
				,,,	,			

Schedule A (Form 990 or 990-EZ) 2018

Part II

BATTERY	PARK	CITY	PARKS	

Schedule A (Form 990 or 990-EZ) 2018 CONSERVANCY CORPORATION 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

Sec	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
e							
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization':	s first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organ	ization,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2018 (ine 8, column (f), d	livided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Invest					· •	/-
17				ne 13. column (f))		17	%
18	Investment income percentage from		B			18	%
	33 1/3% support tests - 2018. If the						
190	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2017. If the	•	•				
U.	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization			•		-	
20	Thrate Ivanuation. II the organizatio	n and not onbort a		a, of too, onook li			

BATTERY PARK CITY PARKS Schedule A (Form 990 or 990-EZ) 2018 CONSERVANCY CORPORATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

Yes

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

BATTERY PARK CITY PARKS

	dule A (Form 990 or 990-EZ) 2018 CONSERVANCY CORPORATION	13-344990	9 Pa	age 5
Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
500	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000			Vaa	
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			<u> </u>
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			· · · · · ·
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	ty (see instructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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.	<u>2</u> a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	L	<u> </u>

BATTERY	PARK	CITY	PARKS
---------	------	------	-------

Schedule A (Form 990 or 990-EZ) 2018 CONSERVANCY CORPORATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2018

1

BATTERY PARK CITY PARKS

Sche Par	dule A (Form 990 or 990-EZ) 2018 CONSERVANCY C(3-3449909 Page 7
	on D - Distributions	uno oupporting orgu		Current Year
	Amounts paid to supported organizations to accomplish exer	mpt nurnoses		Current real
	Amounts paid to perform activity that directly furthers exemp			
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
<u>i</u>	Carryover from 2013 not applied (see instructions)			
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
_	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

				CITY PARKS			
Schedule A	(Form 990 or 990-EZ) 2018	CONSERVA	NCY	CORPORATIO	N	13-3449909 Pag	e 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li	nation. Provide 2, 3b, 3c, 4b, 4c ines 2 and 3; Par	e the exp , 5a, 6, 9 t IV, Sec	blanations required b a, 9b, 9c, 11a, 11b, s tion E, lines 1c, 2a, 2	y Part II, line 10; Part II, line 17a and 11c; Part IV, Section B, lines 2b, 3a, and 3b; Part V, line 1; Par o complete this part for any addit	or 17b; Part III, line 12; a 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,	

SC	HEDULE D	Supplemental Financia	l Statements		OMB No. 1545-0047
	n 990)	 Complete if the organization answere 			2018
-	-	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11	d, 11e, 11f, 12a, or 12b.		Open to Public
	ment of the Treasury Il Revenue Service	Attach to Form 99 Go to www.irs.gov/Form990 for instructions			Inspection
Nam	e of the organizati	BATTERY PARK CITY PARKS		Employer	identification number
		CONSERVANCY CORPORATION			3-3449909
Pa	rt I Organiza	ons Maintaining Donor Advised Funds or Oth	er Similar Funds or Ac	counts.	Complete if the
	organizatio	nswered "Yes" on Form 990, Part IV, line 6.			
			advised funds (I	b) Funds and	d other accounts
1		f year			
2		ntributions to (during year)			
3		ants from (during year)			
4		d of year			
5	0	nform all donors and donor advisors in writing that the ass			— —
		property, subject to the organization's exclusive legal con			Yes No
6	•	nform all grantees, donors, and donor advisors in writing the	•		
		is and not for the benefit of the donor or donor advisor, or	, , ,	0	
Pa	impermissible prive	benefit? on Easements. Complete if the organization answere			Yes No
1		ation easements held by the organization (check all that a			
		land for public use (e.g., recreation or education)	Preservation of a historically	important la	nd area
	Protection o		Preservation of a certified his	•	
	Preservation				
2		bugh 2d if the organization held a qualified conservation or	ontribution in the form of a cor	nservation ea	sement on the last
_	day of the tax year				at the End of the Tax Year
а	, ,	ervation easements		2a	
b				2b	
c	0	on easements on a certified historic structure included in (2c	
d		on easements included in (c) acquired after 7/25/06, and r			
	listed in the Nation			2d	
3		on easements modified, transferred, released, extinguishe			the tax
	year 🕨	· · · · · · · · · · · · · · · · · · ·		-	
4	Number of states	re property subject to conservation easement is located	►		
5	Does the organizat	have a written policy regarding the periodic monitoring, ir	spection, handling of		
	violations, and enf	ement of the conservation easements it holds?			Yes No
6	Staff and voluntee	ours devoted to monitoring, inspecting, handling of violatio	ns, and enforcing conservation	n easements	during the year
	▶				
7	Amount of expens	ncurred in monitoring, inspecting, handling of violations, a	nd enforcing conservation eas	ements duri	ng the year
	▶\$				
8		on easement reported on line 2(d) above satisfy the require			
_	and section 170(h)				
9		ow the organization reports conservation easements in its	•		
		the text of the footnote to the organization's financial state	ements that describes the orga	inization's ad	counting for
Pa	conservation ease	ns. Maintaining Collections of Art, Historical	Treasures or Other Si	milar Ass	ets
<u> </u>		organization answered "Yes" on Form 990, Part IV, line 8			
19		cted, as permitted under SFAS 116 (ASC 958), not to repo		1 halance sh	eet works of art
iu.	-	r other similar assets held for public exhibition, education,			
		e to its financial statements that describes these items.			, provido, irri arcivili,
b		cted, as permitted under SFAS 116 (ASC 958), to report in	its revenue statement and ba	lance sheet '	works of art historical
5	•	nilar assets held for public exhibition, education, or researc			
	relating to these ite	•		-, [1.60	
		on Form 990, Part VIII, line 1		▶ \$	
		n Form 990, Part X		► \$	
2		eived or held works of art, historical treasures, or other sin			
_	-	required to be reported under SFAS 116 (ASC 958) relati			
а		Form 990, Part VIII, line 1		▶ \$	
		/m 990, Part X		· · ·	

 $\mbox{LHA}~$ For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Soluction prom. 1980 2018 CONS.ERVINCY_CORPORATION 13-3449909 Page 2449909 Page 244990909		BATTERY	PARK CI	TY PAR	KS					
3 Using the organization's acquisition, accession, and other records, chuck any of the following that are a significant use of its collection items (chuck at that apply) a	Sche	dule D (Form 990) 2018 CONSERV.	ANCY COR	PORATI	ON			13	-344990	9 Page 2
check all that apply: Check all that apply: Check all tha	Par	t III Organizations Maintaining C	ollections o	f Art, Hist	orical Tre	asures, o	r Other	Similar A	ssets _{(contil}	nued)
a Public exhibition d □ can or exchange programs b Schuler research e □ Other c Preservation for future generations e □ Other c Derod the year, did the organization schlections and explain how they further the organization's esterilization's collection? Ver No Part IV Excover and Cuscodial Arrangements. Complete the organization's collection? Ver No Part IV Excover and Cuscodial Arrangements. Integrature the organization answered Yes* on Form 990, Part IV, line 8, or reported an amount on Form 990, Part X, line 21. Integrature the arrangement in Part XII and complete the following table: Integrature the arrangement in Part XII and complete the following table: Integrature the arrangement in Part XII and complete the following table: Integrature the arrangement in Part XII and complete the following table: Integrature the arrangement in Part XII and complete the following table: Integrature the arrangement in Part XII and complete the following table: Integrature the arrangement in Part XII and complete the following table: Integrature the arrangement in Part XII and complete the following table: Integrature the arrangement in Part XII and complete the following table: Integrature the arrangement in Part XII and complete the organization answered Yes* on Form 990, Part X, line 21, for secret or or ocatodial account liability? Yes No 2a Dut	3	Using the organization's acquisition, accession	on, and other re	cords, checl	any of the f	ollowing tha	t are a sig	nificant use o	of its collection	items
b Scholarly research e Other c Provide a scription of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Uning the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 6 Devide a description of the organization's collections? Yes No 7 Part Main State S		(check all that apply):								
c Preservation for future generations 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 solid to receive donations of art, historical treasures, or other similar assets 1 be sold to raise funder rather them to be maintained as part of the organization answered 'Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agent, trustlee, custodian or other informediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization an agent, trustlee, custodian or other informediary for contributions or other assets not included on Form 990, Part X, line 21. 2 Beginning balance 4 Additions during the year 1 Intervention of the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? 2 Do the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? 2 Do the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? 3 Do the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? 4 Hord Winter Schematic M, line 10, for secrem AN,	а	Public exhibition		d 🗌	Loan or exc	hange progra	ams			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization's collection? is collection? Ives No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 500, Part IV, line 9, or reported an amount on Form 500, Part X, line 21. 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 500, Part X? 4 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 500, Part X? 6 Beginning balance 10	b	Scholarly research		e	Other					
5 During the year, did the organization solicit or receive doretions of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Ousbodial 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. The set of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X is 21. The set of the organization answered "Yes" on the organization's collection? The set of the organization and the set of the organization's collection? The set of the organization answered "Yes" on the organization's collection's or other assets not included on Form 990, Part X? The set of the organization answered "Yes" on the organization's collection's or other assets not included on Form 990, Part X? Delt "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII Delt "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII Delt "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII Delt "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII Delt "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII Delt "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII Delt "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII Delt "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII Delt "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII Delt "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII Delt "Yes," explanate been provided	с	Preservation for future generations								
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 answared "Yes" on Form 990, Part X, line 9.0 In portad an amount on Form 990, Part X, line 21. 1a Is the organization an agent, fusible, outsodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. In the organization answared "Yes" on Form 990, Part X, line 21. a Is the organization and the year 10 Amount In the organization answered "Yes" on Form 990, Part X, line 21. a Bid the organization include an amount on Form 990, Part X, line 21, for scrow or custodial account liability? Yes No b If Yes, "explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII In the organization include an amount on Form 990, Part X, line 21, for scrow or custodial account liability? Yes No b If Yes, "explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII In the organization answered "Yes" on Form 990, Part X, line 10. Interpretation include an amount on Form 990, Part X, line 21, for scrow or custodial account liability? Yes No b If Yes, "explain the arrangement in Part XII. Check here if the organization answered "Yes" on Form 990, Part X, line 10. In the organization account liability? Yes No	4	Provide a description of the organization's co	ollections and e	xplain how th	ney further th	e organizatio	on's exer	npt purpose ii	n Part XIII.	
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 answared "Yes" on Form 990, Part X, line 9.0 In portad an amount on Form 990, Part X, line 21. 1a Is the organization an agent, fusible, outsodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. In the organization answared "Yes" on Form 990, Part X, line 21. a Is the organization and the year 10 Amount In the organization answered "Yes" on Form 990, Part X, line 21. a Bid the organization include an amount on Form 990, Part X, line 21, for scrow or custodial account liability? Yes No b If Yes, "explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII In the organization include an amount on Form 990, Part X, line 21, for scrow or custodial account liability? Yes No b If Yes, "explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII In the organization answered "Yes" on Form 990, Part X, line 10. Interpretation include an amount on Form 990, Part X, line 21, for scrow or custodial account liability? Yes No b If Yes, "explain the arrangement in Part XII. Check here if the organization answered "Yes" on Form 990, Part X, line 10. In the organization account liability? Yes No	5	During the year, did the organization solicit o	r receive donati	ons of art, hi	storical treas	sures, or othe	er similar	assets		
reported an amount on Form 900, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X Ives No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance 1d 1d d Additions during the year 1d 1d 2 Did the organization include an amount on Form 990, Part X. line 21, for secrow 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 Pert V Endflow organization include an amount on Form 990, Part X. line 21, for secrow 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 Pert V Endflow pert XIII Pert XIII. Check here if the explanation has been provided on Part XIII Pert XIII. Check here if the explanation has been provided on Part XIII Part X IEnd Of year balance (a) Four years back form 900, Part X. line 10. (b) Four years back form 900, Part X. line 10. c Other exponditures for faelities									Yes	No No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Image: Complete the following table: Amount c Beginning balance Image: Complete the following table: Amount Image: Complete the following table: Image: Complete the following table: Amount Image: Complete the following table: Image: Complete the following tab	Par	t IV Escrow and Custodial Arrang	gements. Co	omplete if the	e organizatio	n answered	"Yes" on	Form 990, Pa	art IV, line 9, or	
on Form 900, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2a Distributions during the year 1d d Additions during the year 1t 2a Did the organization include an amount on Form 990, Part X, line 21, for ascrow or oustocial account liability? Yes 2b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part X' Part X' Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Image: stack (e) Four years back (e) Four years back (e) Four years back if a trans or scholarships. a Beginning of year balance (e) Current year (b) Prior year (c) Two years back if (e) Three years back if (e) Four years back if a trans or scholarships. Image: stack if (e) Three years back if (e) Four years back if (e) Four years back if (e) Four years back if a trans or scholarships. a Methinestend procentage of the current year end balance (line 1g, column (a) held as: a back designated or quasi andowment }		reported an amount on Form 990, Pa	rt X, line 21.							
b If "Yes," explain the arrangement in Part XIII and complete the following table: a. Amount b. Betributions during the year c. Id. d. Additions during the year d. Id. d. Additions during the year d. Id. d. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part VV Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. d. Gurrent year d. Gurrent year d. Gurrent year d. J. Interview of the organization answered "Yes" on Form 990, Part IV, line 10. d. Gurrent year d. Gurrent year d. Interview of the organization answered "Yes" on Form 990, Part X, line 20. d. Interview of the adaption of the organization answered "Yes" on Form 990, Part X, line 20. d. Gurrent year d. Interview of the organization answered "Yes" on Form 990, Part X, line 10. d. Gurrent year and balance d. Interview of the organization for the organization for the organization balance in the organization sector of the organization for the organization for the organization for the organization for the organization answered "Yes" on Form 990, Part X,	1a	Is the organization an agent, trustee, custodi	an or other inte	rmediary for	contribution	s or other as	sets not i	ncluded		
b If "Yes," explain the arrangement in Part XIII and complete the following table: a. Amount b. Betributions during the year c. Id. d. Additions during the year d. Id. d. Additions during the year d. Id. d. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part VV Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. d. Gurrent year d. Gurrent year d. Gurrent year d. J. Interview of the organization answered "Yes" on Form 990, Part IV, line 10. d. Gurrent year d. Gurrent year d. Interview of the organization answered "Yes" on Form 990, Part X, line 20. d. Interview of the adaption of the organization answered "Yes" on Form 990, Part X, line 20. d. Gurrent year d. Interview of the organization answered "Yes" on Form 990, Part X, line 10. d. Gurrent year and balance d. Interview of the organization for the organization for the organization balance in the organization sector of the organization for the organization for the organization for the organization for the organization answered "Yes" on Form 990, Part X,		on Form 990, Part X?							Yes	📃 No
c Beginning balance 1c 1d d Additions during the year 1d 1d Distributions during the year 1f 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial accountilability? Yes No b If Yes' repletin the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Image: State	b									
d Additions during the year 1d e Distributions during the year 1e 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 Yes No Part V Endowment Funds. Complete if the organization answered Yes' on Form 990, Part IV, line 10. (e) Four years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Grants or scholarships (f) Three sympthic status (f) Three years back (f) Thr									Amoun	ıt
d Additions during the year 1d e Distributions during the year 1d 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 XII Yes No Part V Endowment Funds. Complete if the organization answered Yes' on Form 990, Part IV, line 10. (e) Fur years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Fur years back a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Fur years back g End of year balance (f) Administrative exponeses (f) Three years back (f) Thee years chack many many many many field was bachana	с	Beginning balance						1c		
e Distributions during the year 1e f Ending balance 1f 2n Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2n Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2n Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Four years back 1d Grants or scholarships (a) Current year end balance (in Cast or scholarships (d) Four years 6 Ddrey expenditures for facilities (f) Administrative expenses (f) Four year </td <td></td>										
f Ending balance										
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custocial account lability? Ves No b if 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Complete if the organization answered 'Yes' on Form 980, Part K, line 10. 1a Beginning of year belance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year belance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year belance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year belance (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Not investment earnings, gains, and losses (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (b) Administrative expenditures for facilities (c) Administrative expenditures for facilities (c) Administrative expenditures for facilities a End of year balance (f) and year balance (f) and year balance<	f									
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Contributions (a) Current year (b) Prior year (c) Two years back (d) Control (c) Two years back (d) Three years back (e) Four years back d Carrent year or challence (in the prosting of control (in the prostication fore property)	2a								Yes	No No
Image: the set of the expenditures of facilities and programs (a) Current year (b) Prior year (c) Two years back (c) Accurwith (c) Ac	b									
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	Par	t V Endowment Funds. Complete i	f the organization	on answered	"Yes" on Fo	rm 990, Part	t IV, line 1	0.		
b Contributions			(a) Current ye	əar (b) F	^o rior year	(c) Two yea	irs back	(d) Three years	s back (e) Fou	r years back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% f Temporarily restricted endowment ▶% ii) unrelated organizations% (i) unrelated organizations% j If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? d Describe in Part XII 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 Buildings c Leasehold improvements d Land b Europrovements c Leasehold improvements c Leasehold improvements d 1, 149, 904. f Augment. f G09, 723. f S98, 006. f G09, 723.	1a	Beginning of year balance								
d Grants or scholarships	b	Contributions								
e Other expenditures for facilities and programs	С	Net investment earnings, gains, and losses								
and programs	d	Grants or scholarships								
f Administrative expenses	е	Other expenditures for facilities								
g End of year balance		and programs								
2 Provide the estimated percentage of the current year end balance (ine 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% main percentages on lines 2a, 2b, and 2c should equal 100%. Sa a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	f	Administrative expenses								
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% 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:	g	End of year balance								
b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	2	Provide the estimated percentage of the curr	ent year end ba	lance (line 1	g, column (a)) held as:				
c Temporarily restricted endowment ▶% 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:	а	Board designated or quasi-endowment 🕨		%						
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: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related 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 Buildings c Leasehold improvements d Equipment b Buildings c Leasehold improvements c Determine the set of the	b	Permanent endowment 🕨	%							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) 3	С	Temporarily restricted endowment		%						
by: (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 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 b Buildings c Leasehold improvements d Equipment d Equipment e Other (b) Cost or 0, Part X, line 10, (c) Accumulated (d) Book value (d) Book value (d) Book value (d) Book value (e) Lasse form 990, Part X, line 10, (f) Book value (f) Book		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
(i) unrelated organizations 3a(i) 3a(i) (ii) related organizations 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1 1 b Buildings 1 1 c Leasehold improvements 1 1 d Equipment 1 1 1 e Other 609,723. 598,006. 11,717.	3a	Are there endowment funds not in the posse	ssion of the org	anization tha	it are held ar	nd administe	red for the	ə organizatioı	า	
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation Image: the additional complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Image: the organization of property (a) Cost or other basis (other) (c) Accumulated depreciation Image: the organization of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation Image: the basis difference of the organization of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value Image: the basis difference of the organization of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value Image: the basis difference of the organization of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value Ima Land Image: the basis difference of the		by:								Yes No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land (d) Book value b Buildings (d) Book value c Leasehold improvements (1,149,904. d Equipment 11,149,904. 1,124,229. e Other 609,723. 598,006. 11,717.		(i) unrelated organizations							3a(i)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land (d) Book value b Buildings (d) Book value c Leasehold improvements (1,149,904. d Equipment 11,149,904. 1,124,229. e Other 609,723. 598,006. 11,717.		(ii) related organizations							3a(ii)	
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. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as r	equired on S	chedule R?				3b	
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 1a Land			2	endowment 1	funds.					
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par	t VI _ Land, Buildings, and Equipm	ent.							
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Forn	n 990, Part IV	/, line 11a. S	ee Form 990), Part X, I	line 10.		
b Buildings		Description of property	1				1		(d) Boo	k value
b Buildings	1a	Land								
c Leasehold improvements 1,149,904. 1,124,229. 25,675. e Other 609,723. 598,006. 11,717.	b	Buildings								
e Other										
e Other	d	Equipment								
					60	9,723.	5	598,006		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B). line 10c.)	Tota	. Add lines 1a through 1e. <i>(Column (d) must</i> e	qual Form 990.	Part X. colur	nn (B), líne 1	0c.)			. 3	7,392.

Schedule D (Form 990) 2018

BATTERY	PARK	CITY	PARKS
2010 10177	NTCON C		

CONSERVANCY CORPORATION Schedule D (Form 990) 2018 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, 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 (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value Federal income taxes (1) (2)(3) (4) (5) (6) (7) (8) (9) ►

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

(b) Book value

1

Sche	dule D (Form 990) 2018 CONSERVANCY CORPORATION						<u>3449909</u>	Page 4
Ра	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Re	venue p	er Ret	urn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements					1	324,590	,826.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a						
b	Donated services and use of facilities							
с	Recoveries of prior year grants							
d	Other (Describe in Part XIII.)		323	,465,8	826.			
е	Add lines 2a through 2d					2e	323,465	,826.
3	Subtract line 2e from line 1					3	1,125	,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII.)	4b						
с	Add lines 4a and 4b					4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5	1,125	,000.
	Total revenue. Add lines 3 and 4C. (This must equal Form 990, Part 1, line 12.)							<u> </u>
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith E	xpenses	per R	etur		
	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents V	/ith E	xpenses	per R	etur	n.	
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents V	/ith E	xpenses	per R	etur 1		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	/ith E	xpenses	per R		n.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents W	/ith E	xpenses	per R		n.	
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	/ith E	xpenses	per R		n.	
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents W	/ith E	xpenses	. per R		n.	
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents W	/ith E	xpenses	. per R		n. 54,192	,356.
Pa 1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents W	/ith E	xpenses	712.		n. 54,192 53,016	<u>,356.</u> ,712.
Pa 1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	/ith E	xpenses	712.	1	n. 54,192 53,016	,356.
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	/ith E	xpenses	712.	1 2e	n. 54,192 53,016	<u>,356.</u> ,712.
Pa 1 2 a b c d e 3	rt XII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	/ith E	xpenses	712.	1 2e	n. 54,192 53,016	<u>,356.</u> ,712.
Pa 1 2 a b c d 3 4	rt XII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	/ith E	xpenses	712.	1 2e	n. 54,192 53,016	<u>,356.</u> ,712.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	/ith E	xpenses	712.	1 2e	n. 54,192 53,016 1,175	<u>,356.</u> ,712. ,644. 0.
Pa 1 2 a b c d a b c d a b c 3 4 a b c 5	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	/ith E	xpenses	712.	1 2e 3	n. 54,192 53,016	<u>,356.</u> ,712. ,644. 0.

BATTERY PARK CITY PARKS

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 XI, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITY'S REVENUE	324,590,826.
CONSOLIDATED ELIMINATION	-1,125,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	323,465,826.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RELATED ENTITY'S EXPENSES	54,141,712.
CONSOLIDATED ELIMINATION	-1,125,000.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	53,016,712.

BATTERY PARK CITY PARKS CONSERVANCY CORPORATION

 Schedule D (Form 990) 2018
 CONSERVANCY
 CORPOR

 Part XIII
 Supplemental Information (continued)
 CONSERVANCY
 CORPOR

CHEDULE J	Compensation Information	OMB No	1545-00	47
Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	20	18	}
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	Open	to Publ	ic
epartment of the Treasury Iternal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		ection	
lame of the organiza		loyer identificat	ion nu	mber
	CONSERVANCY CORPORATION	13-34499()9	
Part I 📔 Questi	ons Regarding Compensation			
			Yes	No
1a Check the appro	priate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
Part VII, Section	A, line 1a. Complete Part III to provide any relevant information regarding these items.			
First-class	or charter travel Housing allowance or residence for personal us	е		
Travel for c	ompanions	ce in the second se		
Tax indem	ification and gross-up payments Health or social club dues or initiation fees			
Discretiona	ry spending account Personal services (such as maid, chauffeur, che	ef)		
b If any of the box	es on line 1a are checked, did the organization follow a written policy regarding payment or			
reimbursement	or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2 Did the organiza	tion require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
trustees, and of	icers, including the CEO/Executive Director, regarding the items checked on line 1a?			
3 Indicate which,	f any, of the following the filing organization used to establish the compensation of the organization's			
CEO/Executive	Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
establish compe	nsation of the CEO/Executive Director, but explain in Part III.			
Compensa	tion committee Written employment contract			
Independe	nt compensation consultant Compensation survey or study			
Form 990 o	f other organizations Approval by the board or compensation commi	ttee		
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 sever	ance payment or change-of-control payment?	4a		X
b Participate in, o	receive payment from, a supplemental nonqualified retirement plan?	4b		Х
c Participate in, o	receive payment from, an equity-based compensation arrangement?	4c		Х
lf "Yes" to any c	f lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 50	1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons liste	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
contingent on th	e revenues of:			
a The organization	?	5a		X
	nization?			Х
	a or 5b, describe in Part III.			
6 For persons liste	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
contingent on th	e net earnings of:			
a The organization	?	6a		X
	nization?			X
	a or 6b, describe in Part III.			
7 For persons liste	d on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
not described o	n lines 5 and 6? If "Yes," describe in Part III	7		X
	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	cception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			Х
	b, did the organization also follow the rebuttable presumption procedure described in			
			1	

CONSERVANCY	7 22	ARA ULTI FARAS	PARAS Paton		13-344909	60		
s, Trustee		yees, and Highest C	compensated Empl	oyees. Use duplica	te copies if additional sp	ace 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.	orm 9	ported on Schedule J 990. Part VII.	l, report compensat	ion from the organiz	ation on row (i) and from	related organizations	s, described in the instr	uctions, on row (ii).
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.	od inc	dividual must equal th	ie total amount of F	orm 990, Part VII, Se	sction A, line 1a, applical	ole column (D) and (E) amounts for that indi	vidual.
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derents	(a)-(i)(a)	reported as deferred on prior Form 990
(1) ABIGAIL GOLDENBERG	(U)	.0	.0	•0	.0	.0	•0	•0
لال		188,652.	0	.0	14,198.	13,433.	216,283.	.0
(2) BENJAMIN JONES	9	•0	.0	.0	•0	.0	.0	•0
PRESIDENT & CEO	(ii)	207,058.	0.	15,072.	15,691.	11,981.	249,802.	.0
(3) PAMELA FREDERICK	()		.0				.0	•0
TREASURER		201,67.9.	0.	8,402.	19,612.	13,377.	243,066.	.0
	8							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	()							
	≘							
	Ξ							
	≘							
	Ξ							
	≘							
	Ξ							
	1							
	Ξ							
	≘							
	Ξ							
	1							
	Ξ							
	(<u>ii</u>)							
							Schedu	Schedule J (Form 990) 2018

832112 10-26-18

BATTERY PARK CITY PARKS CONSERVANCY CORPORATION

Schedule J (Form 990) 2018 CONSERVANCY CORPORATION	13-3449909 F	Page 3
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.	ete this part for any additional information.	
FORM 990, SCH J, PART II, COLUMN B(III)		
FOR SOME INDIVIDUALS, THE NUMBER IN THIS COLUMN REPRESENTS		
CONTRIBUTIONS TO A RETIREMENT PLAN.		
	Schedule J (Form 990) 2018	90) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. BATTERY PARK CITY PARKS



FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONSERVANCY CORPORATION

OPERATE, REPAIR, PRESERVE AND PROGRAM ACTIVITIES TO A WORLD CLASS

STANDARD FOR THE RESIDENTIAL PARKS, OPEN SPACE, AND OTHER PUBLIC

STRUCTURES LOCATED ON THE 92 ACRE BATTERY PARK CITY SITE ON THE LOWER

WEST SIDE OF MANHATTAN.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WEST SIDE OF MANHATTAN.

FORM 990, PART VI, SECTION A, LINE 6:

BATTERY PARK CITY AUTHORITY (THE "AUTHORITY") IS THE SOLE MEMBER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE AUTHORITY, AS SOLE MEMBER OF THE ORGANIZATION, DESIGNATED THE

AUTHORITY'S MEMBERS TO SERVE AS THE ORGANIZATION'S BOARD OF DIRECTORS. BY

MODIFICATION OF THE BYLAWS, THE ORGANIZATION ADDED THE AUTHORITY'S

PRESIDENT AS THE ORGANIZATION'S PRESIDENT, THE AUTHORITY'S GENERAL COUNSEL

AS THE ORGANIZATION'S VICE PRESIDENT, AND THE AUTHORITY'S CHIEF FINANCIAL

OFFICER AS THE ORGANIZATION'S TREASURER.

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

THE RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTANT AND PRESENTED TO THE

BOARD FOR REVIEW AND COMMENTS PRIOR TO FILING.

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

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization BATTERY PARK CITY PARKS CONSERVANCY CORPORATION Employer identification number 13-3449909

Page 2

REGULAR MONITORING OF THE CONFLICT OF INTEREST POLICY.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE

CONSOLIDATED FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▲ Attach to Form 990. ▲ Go to www.irs.gov/Form990 for instructions and the latest information.	anizations and Unrelated Partnership: ion answered "Yes" on Form 990, Part IV, line 33, 34, 351 Attach to Form 990. gov/Form990 for instructions and the latest information.	tnerships ine 33, 34, 35b, 3 t information.	6, or 37.		2018 No. 1545-0047 2018 Open to Public Inspection	
ation BATTERY PARK CONSERVANCY (CITY PARKS CORPORATION				Employer identification number 13-3449909	fication numt 9 0 9	ber
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	te if the organization answered "Yes"	on Form 990, Part IV, line 3					
(a) Name, address, and EIN (ff applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	me End-of-year assets		(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, I	because it had one	or more related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Ves NO	b)(13)
BATTERY PARK CITY AUTHORITY, DBA HUGH L. CAREY BATTERY PARK CITY AUTHORITY -, 200 LIBERTY STREET, 24TH FLOOR, NEW YORK, NY	FURTHERING THE DEVELOPMENT IN & AROUND BATTERY PARK CITY'S RESIDENTIAL AREAS	NEW YORK	SECTION 115	N/A	NEW YORK STATE		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990. S氏に PART VTT FOR CO	stor Form 990. LT FOR CONTINITATIONS				Schedule F	Schedule R (Form 990) 2018	2018

832161 10-02-18 LHA

SEE PART VII FOR CONTINUATIONS

BATTERY PARK CITY PARKS Schedule R (Form 990) 2018 CONSERVANCY CORPORATION Part III Identification of Related Organizations Taxable as a Partnership.	BATTERY PARK CI CONSERVANCY COR ated Organizations Taxable a as a partnership during the ta	CITY PARKS CORPORATION (able as a Partnership the tax year.		the organize	13-3449909 Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	"Yes" on Form	990, Part IV, lir	ie 34, becau	13-3 se it had one or	3 4 4 9 9 0 9 or more related		Page 2
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) OX managing UI(le partner?) 0655 Yes No	IO OWNERShip	lage
Part IV Identification of Related Organizations Taxable as a Corporation or Related Organization or trust during the tax year.	anizations Taxable a	as a Corpo	or Trust.	omplete if the	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	nswered "Yes"	on Form 990, -	Part IV, line (X, because it h	ad one or	more relate	g
(a) Name, address, and EIN of related organization	Ξc	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Ig Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) 512(b) contro entit	on (13) No V3
832162 10-02-18						_			Sche	dule R (Fo	Schedule R (Form 990) 2018	2018

BATTERY PARK CITY PARKS Schedule R (Form 990) 2018 CONSERVANCY CORPORATION

13-3449909 Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

				_		
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				>	Yes	Ŷ
1 During the tax year, did the organization engage in any of the following transactions	s with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royatties, or (iv) rent from a controlled entity				1 a		×
b Gift grant or canital contribution to related or canization (s)				ŧ		×
				2		Þ
c Girt, grant, or capital contribution from related organization(s)				<u></u> ပ	1	4
d Loans or loan quarantees to or for related organization(s)				1d		×
						₽
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				11		×
g Sale of assets to related organization(s)				1g	`	⊲∣
h Purchase of assets from related organization(s)				ł		×
					1	
i Exchange of assets with related organization(s)				11		X
i Lease of facilities equipment or other assets to related organization(s)				1		×
() - I see the second				ţ		⊳
K Lease of facilities, equiprifent, of other assets from related organization(s)				¥		4
 Performance of services or membership or fundraising solicitations for related organization(s) 	nization(s)			F		×
m. Derformance of services or membership or fundraising solicitations by related organization(s)	nization(s)			- -	×	
				╋	+	\$
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			ŧ	`	×
o Sharing of paid employees with related organization(s)				10		×
						÷
Peimbursement paid to related organization(s) for expenses				ę	-	×
q Reimbursement paid by related organization(s) for expenses				1	×	
r Other transfer of cash or property to related organization(s)				ţ		×
				=	+	: >
s Other transfer of cash or property from related organization(s)				1s		<
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	s line, including covered r	mation on who must complete this line, including covered relationships and transaction thresholds.			
(a)	(q)	(c)	(q)			
	I ransaction type (a-s)	Amount involved	Method of determining amount involved	olved		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
832163 10-02-18			Schedule R (Form 990) 2018	R (Form 9	990) 2(018

Page 4		(enue)	(k) Percentage ownership															Schedule R (Form 990) 2018
606		ss reve	(j) General or managing partner? Yes No															(Form
3449909		or gros	€ <u>50 ma</u> -10 ma		_			 	 	 +			 		 			ule R
13-34		/ total assets c	(i) Code V-UBI G amount in box 20 ⁿ of Schedule K-1 ⊔															Schedu
		ured by	(h) Dispropor- tionate allocations? Yes No					 	 	 +	 		 	 	 		 	
	37.	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) tain investment partnerships.	(g) Share of end-of-year assets															
	ie organization answered "Yes" on Form 990, Part IV, line 37.	e than five percent	(f) Share of total income															
	on Form	ed more	(e) Are all 501(c)(3) orgs.? Yes No															
	Yes" c	nducte os.	le der ⁵⁰ ≺e					 _	 	 +	 		 		 			
	zation answered "	ie organization col stment partnership	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)															
PARKS ATION	mplete if the organi	ip through which the	(c) Legal domicile (state or foreign country)															
BATTERY PARK CITY PARKS CONSERVANCY CORPORATION	le as a Partnership. Col	ntity taxed as a partnersh ructions regarding exclus	(b) Primary activity															
BATTER Schedule R (Form 990) 2018 CONSER	Part VI Unrelated Organizations Taxable as a Partnership. Complete if th	Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships	(a) Name, address, and EIN of entity															

Schedule R (Form 990) 2018 CONSE

BATTERY PARK CITY PARKS CONSERVANCY CORPORATION

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

BATTERY PARK CITY AUTHORITY, DBA HUGH L. CAREY BATTERY PARK

CITY AUTHORITY

EIN: 13-2617144

200 LIBERTY STREET, 24TH FLOOR

NEW YORK, NY 10280-1097

SCHEDULE R, PART V:

BPCA IS THE SOLE MEMBER OF BPCPC. BPCA'S BOARD MEMBERS, PRESIDENT AND

TREASURER SERVE IN THE SAME CAPACITY FOR BPCPC, WITHOUT COMPENSATION

FROM BPCPC. BPCPC WAS FORMED BY BPCA TO COMPLY WITH CERTAIN

REQUIREMENTS OF AN AGREEMENT BETWEEN BPCA AND THE CITY OF NEW YORK

PURSUANT TO WHICH BPCA IS OBLIGATED TO MAINTAIN AND REPAIR THE FINISHED

PARKS AND OPEN SPACES AROUND BPCA'S PROJECT AREA. BPCA SUBSEQUENTLY

ENTERED INTO A MANAGEMENT AGREEMENT WITH BPCPC, WHICH AUTHORIZED BPCPC

TO UNDERTAKE THE RESPONSIBILITIES RELATED TO THE OPERATIONS AND

MAINTENANCE OF THE PARKS WITHIN BPCA'S PROJECT AREA.

Schedule R (Form 990) 2018