(Rev. January 2020)

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2019 calendar year, or tax year beginning A	PR 1, 2019	and	ending M	AR 31, 202	0						
	Check if applicable	C Name of organization				D Employe	r identifi	cation number					
	Addres		INC.										
	Name change					13-4	138370						
	Initial return	N											
	Final return/	2645 29TH STREET	246-23										
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal o	ode		G Gross receip	ots\$	619,375.					
	Amend return		3 1			H(a) Is this	a group re	eturn					
	Applica tion	F Name and address of principal officer: Street	ILYN CASIANO			for sub	ordinates	? Yes X No					
	pendin	SAME AS C ABOVE				H(b) Are all su	bordinates in	cluded? Yes No					
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) ((insert no.) 4	947(a)(1)	or 527] If "No,"	attach a	list. (see instructions)					
J	Websit	e: > WWW.PALISADESPARKS.ORG				H(c) Group	exemptio	n number 🕨					
K	Form of	organization: X Corporation Trust A	ssociation Other	>	L Year	of formation: 2	001 N	State of legal domicile: NY					
P	_	Summary											
d)	1 1	Briefly describe the organization's mission or most				ADES INTERS	TATE						
Š	:	PARK'S HISTORY AND BIODIVERSITY & PRO	TECT AMERICA'S F	IRST BI	STATE								
Governance	2	theck this box if the organization discontinued its operations or disposed of more than 25% of its net assets.											
Š	3	Number of voting members of the governing body						17					
		Number of independent voting members of the go						17					
es	5	Total number of individuals employed in calendar						4					
Activities &	6	Total number of volunteers (estimate if necessary)						17					
Act	7 a	Total unrelated business revenue from Part VIII, co						0.					
_	b	Net unrelated business taxable income from Form	990-1, line 39					0.					
Revenue		Operation the second encounts (Dout VIII Line 41s)				Prior Yea	r 78,135.	Current Year 233,195.					
	8	Contributions and grants (Part VIII, line 1h)					0.	233,193.					
	9		d 7-d\				0.	9,584.					
Be	10	Investment income (Part VIII, column (A), lines 3, 4			19,338.	96,489.							
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c Total revenue - add lines 8 through 11 (must equal			7,990.	339,268.							
_		Grants and similar amounts paid (Part IX, column (21,864.	199,992.					
		Benefits paid to or for members (Part IX, column (0.	0.					
	45	Salaries, other compensation, employee benefits (16	59,868.	167,657.							
Expenses	16a	Professional fundraising fees (Part IX, column (A),				0.		0.					
pen		Total fundraising expenses (Part IX, column (D), lin			194.								
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d				2	23,509.	53,053.					
		Total expenses. Add lines 13-17 (must equal Part I				41	5,241.	420,702.					
		Revenue less expenses. Subtract line 18 from line				15	2,749.	-81,434.					
70	<u> </u>				Ве	ginning of Curr	ent Year	End of Year					
Net Assets or	20	Total assets (Part X, line 16)				69	8,672.	562,313.					
t As	21	Total liabilities (Part X, line 26)					1,191.	69,069.					
		Net assets or fund balances. Subtract line 21 from	line 20			69	7,481.	493,244.					
	art II	Signature Block											
	•	Ities of perjury, I declare that I have examined this return				•		knowledge and belief, it is					
true	, correc	t, and complete. Declaration of preparer (other than offic	er) is based on all informa	ation of w	hich preparer	has any knowle	dge.						
		Signature of officer				l Date							
Sig		orginator or orneor				Date							
Hei	re	Type or print name and title											
		,	Dronorario simustini		П	Date	Check	PTIN					
Pai	.	Print/Type preparer's name JAMES J. REILLY	Preparer's signature	011	, '	2/16/2021	if	D00103F60					
	parer	· · · · · · · · · · · · · · · · · · ·				Firm's EIN 13-3628255							
	Only	Firm's address NONE BATTERY PARK PLAZA				FIRM'S EIN 13-3626233							
536	J.11.y	NEW YORK, NY 10004			Phone no.212-661-7777								
Ma	v the IF	S discuss this return with the preparer shown abo	ve? (see instructions)			1 1101	10 110.	X Yes No					

Pai	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE PALISADES PARKS CONSERVANCY, INC. (THE "CONSERVANCY"), FORMERLY	
	FRIENDS OF THE PALISADES INTERSTATE PARK COMMISSION, INC. WAS FORMED	
	IN MARCH 2001 IN THE STATE OF NEW YORK AS A 501(C)3 NONPROFIT. OUR	
	MISSION IS TO PRESERVE THE PALISADES INTERSTATE PARK'S RICH HISTORY	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	hy expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	· ·
	revenue, if any, for each program service reported.	ai experises, and
 4а	(Code:) (Expenses \$ 257,801. including grants of \$ 199,992.) (Revenue \$	
40	FUNDS RAISED TO FUND THE EXPENSES OF IMPROVING THE PALISADES INTERSTATE	
	PARK COMMISSION'S FACILITIES AND THE CONDUCTING OF ACTIVITIES WITHIN	
	THE PALISADES INTERSTATE PARK COMMISSION SYSTEM	
	<u></u>	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 257,801.	200
		Form 990 (2019)

13-4138370

Form 990 (2019) THE PALISADES PARE Part IV Checklist of Required Schedules

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ū	, ,	8		x
9	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			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
10		10		x
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 1a		
D		11b		x
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		<u> </u>
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u		11d		x
۵	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	· · ·	12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
D	· · · · · · · · · · · · · · · · · · ·	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 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		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- 14		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- 1.0		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ <u></u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

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Part IV	Checklist of Required Schedules	(continued)
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Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	.		v
	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	050		х
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
		256		Х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes." <i>complete Schedule L. Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
ZI	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28c		Х
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? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Tt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	ı

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Form 990 (2019) THE PALISADES PARKS CONSERVANCY, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i (communication)				г –
0-	Enter the growth and are formal as a control on Ferma W.O. Turnamittal of Warra and Tay Otatananta	1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 4			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	<u> zu</u>	2b	х	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		20		
За			3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other au				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac		4a		х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	counts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributio	ns or gifts			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	roquirod	7b		
C	to file Form 8282?	required	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor	•	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizati	on file a Form 1098-C?	7h	N/A	
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ Did a donor advised fund maintained between the property of the property $	by the			
	sponsoring organization have excess business holdings at any time during the year?	N/A	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	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?	N/A	9b		
10	Section 501(c)(7) organizations. Enter:	1			
а		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: Gross income from members or shareholders N/A	11a			
a b	Gross income from members or shareholders N/A Gross income from other sources (Do not net amounts due or paid to other sources against	1 Id			
		11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration and the results of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.		ا		_v
	excess parachute payment(s) during the year?		15		Х
16	If "Yes," see instructions and file Form 4720, Schedule N.	ncome?	16		х
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment if "Yes," complete Form 4720, Schedule O.		10		
	ii 103, complete i omi 4720, conedule O.		Гоги	990	/2010

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

<u> </u>						X					
Sec	tion A. Governing Body and Management				1	T					
		ı	1		Ye	No_					
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		17							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b		17							
2	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					
3	Did the organization delegate control over management duties customarily performed by or under the										
	of officers disables to the state of the sta			3		x					
4	Did the organization make any significant changes to its governing documents since the prior Form 9			. —		T _X					
5	Did the organization become aware during the year of a significant diversion of the organization's assi			·		X					
	6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			_,		x					
	more members of the governing body?			78	1	A					
р	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					,,					
_	persons other than the governing body?			7k)	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	•	•								
а	The governing body?			88	T	+					
b	Each committee with authority to act on behalf of the governing body?			. <u> 81</u>	, X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached any officer.	ched a	at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		_						
				_	Ye	No.					
10a	Did the organization have local chapters, branches, or affiliates?			10	а	Х					
b	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?			. 10	o						
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13										
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es." a	lescribe								
	in Schedule O how this was done			12	С	x					
13	Did the organization have a written whistleblower policy?				;	Х					
14	Did the organization have a written document retention and destruction policy?					Х					
15	Did the process for determining compensation of the following persons include a review and approval										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	•								
а	The organization's CEO, Executive Director, or top management official			15	а	х					
	Other officers or key employees of the organization					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 arrangem	nent w	vith a								
	taxable entity during the year?			16	a	х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			1.0	_						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-									
	exempt status with respect to such arrangements?			16							
Sec	tion C. Disclosure			, ,0	<u> </u>						
17	List the states with which a copy of this Form 990 is required to be filed ▶NY,NJ										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990)-T (Section 501(c)	(3)s on	v) avai	able					
-	for public inspection. Indicate how you made these available. Check all that apply.		()	, ,	,,	- -					
	X Own website X Another's website X Upon request Other (explain	on S	chedule (1)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con			nd fina	ncial						
.5	statements available to the public during the tax year.		or interest policy, a		. 10141						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke an	d records								
20	HEATHER LOEBNER - (917) 246-2376	no air									
	2645 29TH STREET, FLOOR 1, ASTORIA, NY 11102										
	, , , , , , , , , , , , , , , , , , , ,										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	(do box	not c	Posi heck i	ition		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) HEATHER LOEBNER	50.00									
EXECUTIVE DIRECTOR				Х				123,735.	0.	14,704.
(2) HOLLY LEICHT	3.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) CAROL ASH	3.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) SHERILYN CASIANO	3.00									
TREASURER		Х		Х				0.	0.	0.
(5) VICTOR DEL RIO	3.00									
SECRETARY		Х		Х				0.	0.	0.
(6) ANNE CABOT	3.00									
DIRECTOR		Х						0.	0.	0.
(7) MICHAEL P. DAVIDSON	3.00									
DIRECTOR		Х						0.	0.	0.
(8) JOANN DOLAN	3.00									
DIRECTOR		Х						0.	0.	0.
(9) MARY ANN FISH	3.00									
DIRECTOR		Х						0.	0.	0.
(10) JOSH HYMAN	3.00									
DIRECTOR		Х						0.	0.	0.
(11) ARTHUR J. IMPERATORE	3.00									
DIRECTOR		Х						0.	0.	0.
(12) ERIK LARSEN	3.00									
DIRECTOR		Х						0.	0.	0.
(13) BARNABAS MCHENRY	3.00									
DIRECTOR		Х						0.	0.	0.
(14) D. BRYCE O'BRIEN II	3.00									
DIRECTOR		Х						0.	0.	0.
(15) DAVID NEIL	3.00									
DIRECTOR		Х						0.	0.	0.
(16) KEVIN REYMOND	3.00									
DIRECTOR		Х						0.	0.	0.
(17) KEVIN TREMBLE	3.00									
DIRECTOR		Х						0.	0.	0. Form 990 (2010)

	ADES PARKS CON	SER	VAN	CY,	IN	C.			13-413	8837	0	Page 8
Part VII Section A. Officers, Directors,	Trustees, Key Em	oloy	ees,	and	ΙΗiς	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations	box	not c , unle:	ss per	nore son is recto	Highest compensated than complement that the second that the s	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatior from related organizations (W-2/1099-MISO		(F) Estima amour othe compen from organiz and rel	ated nt of er sation the ation
	below	lividua	titutio	Officer	Key employee	ployee	Former				organiza	ations
(18) PAUL TOMASKO	line) 3.00		lnst	0#i	Key	Hig em	For					
DIRECTOR		Х						0.		0.		0.
1b Subtotal	I		l				<u> </u>	123,735.		0.	14	1,704.
c Total from continuation sheets to Pa							>	0.		0.		0.
d Total (add lines 1b and 1c)							<u> </u>	123,735.		0.	14	4,704.
2 Total number of individuals (including l	_	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			1
compensation from the organization											Ye	
3 Did the organization list any former of	ficer, director, trust	ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	oyee on			
line 1a? If "Yes," complete Schedule J											3	Х
4 For any individual listed on line 1a, is t											4	x
and related organizations greater thanDid any person listed on line 1a receive											4	
rendered to the organization? If "Yes,"											5	х
Section B. Independent Contractors	•											
1 Complete this table for your five higher	· ·	-							· · · · · · · · · · · · · · · · · · ·	ensat	tion from	
the organization. Report compensation (A		ear e	nair	ig w	ith C	or wit	nin	the organization's tax y	ear.		(C)	
Name and busi		NO	NE					Description of s	ervices	С	ompensat	ion
							\dashv					
							_					
O Tatal must be a stirile.	ana finale de	-1"	_:.		ul			ale anal mission in the	and the ac-			
Total number of independent contract\$100,000 of compensation from the or	,	Jī IIN	nitec	ı (O 1		se list O	ied	above) who received mo	ore than			
	· · · · · · · · · · · · · · · · · · ·										Form 990	(2019)

932008 01-20-20

16080216 152490 3002

Form 990 (2019) THE PALISATE Part VIII Statement of Revenue

			Check if Schedule O contains a r	esnonse d	or note to any lin	e in this Part VIII			
			Cricer ii Gerieddie G coritains a i	сэропос с	or riote to arry iii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
									Sections 512 - 514
nts nts	1			1a					
iz our				1b					
S, C		С	Fundraising events	1c	10,505.				
ij k		d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions)	1e	68,475.				
Sign		f	All other contributions, gifts, grants, and						
he				1f	154,215.				
를		а		1g \$					
Š		_	Total. Add lines 1a-1f			233,195.			
<u> </u>		<u></u>	Total / Ida iii loo Ta Ti		Business Code	, -			
_	_	_							
ice	2								
er ne		b							
n S		С							_
Ja Se		d							
Program Service Revenue		е							
Δ.			All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividen						
			other similar amounts)			9,584.			9,584.
	4		Income from investment of tax-exemp	ot bond pr	oceeds				
	5		Royalties		>				
			(i)	Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Not rental income or (less)						
			` '	curities	(ii) Other				
	Ċ	u		10,972.	()				
		h	Less: cost or other basis	, , , , , ,					
ø)		D		10,972.					
Revenue		_		0.					
eve			· /	-					
Ä			Net gain or (loss)		·····				
ther	8	а	Gross income from fundraising events (no						
ŏ			including \$						
			contributions reported on line 1c). Se						
			Part IV, line 18		164,315.				
			Less: direct expenses		69,135.				
		С	Net income or (loss) from fundraising	events)	95,180.			95,180.
	9	а	Gross income from gaming activities.	See					
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming acti	ivities					
	10	а	Gross sales of inventory, less returns						
			and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sales of inve						
					Business Code				
sno	11	а	OTHER		900099	1,309.			1,309.
Miscellaneous Revenue	••	a b			-				
lla ven									
Sce		Ç	All other reverse						
Ξ̈́			All other revenue			1,309.			
		е	Total. Add lines 11a-11d			· · · · · ·	^	0	106 073
	12		Total revenue. See instructions			339,268.	0.	0.	106,073.

Part IX Statement of Functional Expenses

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

D	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
7b, 8b,	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	rants and other assistance to domestic organizations				
ar	nd domestic governments. See Part IV, line 21	199,992.	199,992.		
	rants and other assistance to domestic dividuals. See Part IV, line 22				
3 G	rants and other assistance to foreign				
10	rganizations, foreign governments, and foreign				
in	dividuals. See Part IV, lines 15 and 16				
4 B	enefits paid to or for members				
5 C	ompensation of current officers, directors,				
tr	ustees, and key employees	136,225.	37,493.	64,105.	34,627
6 Co	ompensation not included above to disqualified				
ре	ersons (as defined under section 4958(f)(1)) and				
-	ersons described in section 4958(c)(3)(B)				
	ther salaries and wages	20,318.	5,593.	9,560.	5,165
	ension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)				
	ther employee benefits	287.	79.	135.	73
	ayroll taxes	10,827.	2,980.	5,095.	2,752
11 F	ees for services (nonemployees):				
	lanagement				
	egal				
	ccounting	13,850.		12,422.	1,428
	obbying				
	ofessional fundraising services. See Part IV, line 17	2.52		0.50	
	vestment management fees	868.		868.	
_	ther. (If line 11g amount exceeds 10% of line 25,	14 000		10 005	1 450
	olumn (A) amount, list line 11g expenses on Sch O.)	14,279.	200	12,807.	1,472 464
	dvertising and promotion	773.	309.	1 257	
	ffice expenses	8,054.	3,322.	1,257.	3,475
	formation technology				
	oyalties				
	ccupancy	5,602.	4.762.	280.	5.6.0
	ravel	5,602.	4,762.	200.	560
	ayments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	onferences, conventions, and meetings				
	terest				
	ayments to affiliates				
	epreciation, depletion, and amortization				
	surancether expenses not covered				
ab Iir	over (List miscellaneous expenses not covered bover (List miscellaneous expenses on line 24e. If the 24e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule O.)				
	THER	9,627.	3,271.	3,178.	3,178
ь р		, -	,	,	,
~ _					
d _					
_	Il other expenses				
	otal functional expenses. Add lines 1 through 24e	420,702.	257,801.	109,707.	53,194
	oint costs. Complete this line only if the organization	,	·	·	•
	ported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	neck here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019) Part X Balance Sheet

		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		192,127.	1	95,394.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	25,000.	3	66,748.	
	4	Accounts receivable, net	675.	4	1,546.	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa	· · · · · ·			
		controlled entity or family member of any of thes	·		5	
	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons described		6		
S	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
As	9			1,479.	9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities	479,391.	11	398,625.	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets	[14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		698,672.	16	562,313.
	17	Accounts payable and accrued expenses		1,191.	17	69,069.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F			21	
S	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
abil		controlled entity or family member of any of thes	e persons		22	
Ë	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		1,191.	26	69,069.
		Organizations that follow FASB ASC 958, chee	ck here 🕨 🗓			
ces		and complete lines 27, 28, 32, and 33.				
Fund Balances	27	Net assets without donor restrictions		279,384.	27	266,471.
Ва	28	Net assets with donor restrictions		418,097.	28	226,773.
ဋ		Organizations that do not follow FASB ASC 95	58, check here 🕨 📖			
Ę		and complete lines 29 through 33.				
Net Assets or	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or eq			30	
t As	31	Retained earnings, endowment, accumulated inc			31	
Š	32	Total net assets or fund balances		697,481.	32	493,244.
	33	Total liabilities and net assets/fund balances		698,672.	33	562,313.

Pai	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			268.
2	Total expenses (must equal Part IX, column (A), line 25)	2			702.
3	Revenue less expenses. Subtract line 2 from line 1	3		-81,	434.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			481.
5	Net unrealized gains (losses) on investments	5		15,	377.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-	138,	180.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		493,	244.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2019)

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Van	ne of t	the organization						Employer	identification number
				ONSERVANCY, INC.					13-4138370
Pa	rt I	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	e instructions	6.	
Γhe	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	1 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	-				-	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	•		· ·				
8		A community trust describe		1)(A)(vi). (Complete Part	: II.)				
9		An agricultural research org				ed in conju	nction with a	land-grant	college
		or university or a non-land-g				-		-	-
		university:	, ,	,		, ,		J	
10		An organization that norma	Ily receives: (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membersh	nip fees, an	d gross receipts from
		activities related to its exem							
		income and unrelated busir	-	•					•
		See section 509(a)(2). (Con		,		•	, ,	,	,
11		An organization organized a	•	vely to test for public sat	ety. See	section 50	9(a)(4).		
12		An organization organized a	· ·	•	•			rry out the	purposes of one or
		more publicly supported or	· ·	· · ·	-			•	•
		lines 12a through 12d that	-						
а		Type I. A supporting orga	* *					-	giving
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•		_			
		organization. You must o		• • • •					
b		Type II. A supporting org	-		ion with its	s supporte	d organizatio	n(s), by hav	ina
		control or management o	•				-		-
		organization(s). You mus			•		·		
С		Type III functionally inte	-		in connect	ion with, a	nd functional	ly integrate	d with,
		its supported organization	-					, 0	,
d		Type III non-functionally		·				ted organiz	ation(s)
		that is not functionally int	= ::					-	
		requirement (see instructi	-	* .	•				
е		Check this box if the orga	•	-				II, Type III	
		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,	, ,,	
f	Ente	er the number of supported o		, , , , , , , , , , , , , , , , , , , ,					
g	Prov	vide the following information	about the supporte	d organization(s).					•
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
.									
Γ∩t≤	11								

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	277,394.	220,689.	477,773.	278,135.	223,195.	1,477,186.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	277,394.	220,689.	477,773.	278,135.	223,195.	1,477,186.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						479,379.
	Public support. Subtract line 5 from line 4.						997,807.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	277,394.	220,689.	477,773.	278,135.	223,195.	1,477,186.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	9,553.	9,375.	8,937.	10,517.	9,584.	47,966.
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.)					1,309.	1,309.
11	Total support. Add lines 7 through 10						1,526,461.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	3,720.
13	First five years. If the Form 990 is for	-	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
804	organization, check this box and stop ction C. Computation of Publi						>
	•						CF 27
14	Public support percentage for 2019 (I					14	65.37 %
15	Public support percentage from 2018					15	<u>%</u>
16a	33 1/3% support test - 2019. If the c						
	stop here. The organization qualifies						
D	33 1/3% support test - 2018. If the condition have						
47~	and stop here. The organization qual		•			nd line 14 is 10% o	
17 a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac			-	-	-	
J.	meets the "facts-and-circumstances"						
a	10% -facts-and-circumstances test	ū				•	U70 UI
	more, and if the organization meets the				-		▶□
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n ala not check a b	oox on line 13, 16a,	10D, 1/a, 0r 1/b,	check this box ar	na see instructions	P

Schedule A (Form 990 or 990-EZ) 2019

Page 3

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.)

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						L
	ction B. Total Support	Г	T		T	T	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<i>.</i>		L	504()(0)	<u>.</u>
14	First five years. If the Form 990 is for	-			-		
20	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2019 (I			oolumn (f))		15	30
	Public support percentage from 2018					16	<u>%</u>
<u>16</u> Se	ction D. Computation of Inves				•••••	1 10 1	70
_	Investment income percentage for 20			ne 13 column (f)		17	%
18	Investment income percentage from					18	
	a 33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar						. —
	33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che	· ·				•	
20	Private foundation. If the organization						

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Schedule A (Form 990 or 990-EZ) 2019

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.)

	Yes	No
4		
1		
2		
20		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
-		
9b		
9c		
00		
10a		
10b		

I U	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		
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,			
	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? 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			
3	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	2		
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions)		
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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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		
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				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	T
Sect	on 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	on 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	on 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		
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	anization (see
	instructions).	. •		,

Schedule A (Form 990 or 990-EZ) 2019

Par	ιv	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	npt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied 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	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2019 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	: \$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2019, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	zero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2019. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part \	/I. See instructions.			
7	Exces	ss distributions carryover to 2020. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а	Exces	ss from 2015			
b	Exces	ss from 2016			
С	Exces	ss from 2017			
d	Exces	ss from 2018			
е	Exces	ss from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Scriedule A	(Form 990 of 990-EZ) 2019 11th 11th 15th 2010 11th (Constitution), 11th (Constitution)
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE PALISADES PARKS CONSERVANCY, INC.

Employer identification number

13-4138370

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	ised only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose c	onferring
Б.			
Par	Tompiete ii alio oli		art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	· —	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	tied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
		vature included in (a)	
	Number of conservation easements on a certified historic stru		
a	Number of conservation easements included in (c) acquired a		
3	listed in the National Register		
3	year	eased, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>	, ,	3 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h	ı)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical treations of the control of the co		gaın, provide
	the following amounts required to be reported under FASB A	-	• •
	Revenue included on Form 990, Part VIII, line 1		
-	Assets included in Form 990, Part X		
∟⊓А	For Paperwork Reduction Act Notice, see the Instructions	. IOI LOIIII 220'	Schedule D (Form 990) 2019

932051 10-02-19

Pai	T III	Organizations Maintaining C	ollections of Art	t, Histor	ical Tre	asures, or Ot	her S	imilar	Assets	(conti	าued)	
3	Usin	g the organization's acquisition, accession	on, and other records	s, check a	ny of the f	ollowing that mak	e sign	ificant u	se of its	,		
	colle	ction items (check all that apply):										
а		Public exhibition	d	I 🔲 Lo	an or exc	hange program						
b		Scholarly research	е	- Ot	ther							
С		Preservation for future generations										
4	Provi	ide a description of the organization's co	llections and explain	n how they	further th	ne organization's e	exempt	purpos	e in Part	XIII.		
5	Durin	ng the year, did the organization solicit or	receive donations of	of art, histo	orical treas	sures, or other sim	nilar as	sets				
		sold to raise funds rather than to be ma								Yes		No
Pai	t IV			ete if the o	rganizatio	n answered "Yes"	on Fo	rm 990,	, Part IV, I	ine 9, or		
		reported an amount on Form 990, Par	t X, line 21.									
1a		e organization an agent, trustee, custodia								_	_	_
	on Fo	orm 990, Part X?							L	Yes	L	No
b	If "Ye	es," explain the arrangement in Part XIII a	and complete the fol	lowing tab	ole:							
										Amoun	<u>t</u>	
С	Begir	nning balance						1c				
d	Addi	tions during the year						1d				
е		ibutions during the year						1e				
f		ng balance						1f				
		he organization include an amount on Fo					•	?	L	Yes	F	_ No
		es," explain the arrangement in Part XIII.	Check here if the ex	planation	has been	provided on Part	XIII <u>.</u>					
Par	ιv	Endowment Funds. Complete in										
_			(a) Current year	(b) Prid	or year	(c) Two years bac	k (d)	Three y	ears back	(e) Fou	r years	back
		nning of year balance	494,306.				-					
b		ributions	32,800.				-					
С.		nvestment earnings, gains, and losses					+					
d		ts or scholarships					-					
е		r expenditures for facilities	300,333.									
	-	orograms	300,333.									
f		inistrative expenses	226,773.				-					
g		of year balance		line 1 a	a a luma (a)) hold oo:						
2		ide the estimated percentage of the curred designated or quasi-endowment	•	% (iirie 19, t	column (a)	n neid as.						
a b		nanent endowment	%									
C		endowment 100.00										
·		percentages on lines 2a, 2b, and 2c shou										
3a		here endowment funds not in the posses	•	ition that a	re held ar	nd administered fo	or the c	rganiza	tion			
ou	hv.	Tiere driadwillent lands flot in the posses	oolori or the organiza	ition that b	iro riola ai	ia aariii ilotoroa ie)	n gai iiza			Yes	No
	(i) l	Inrelated organizations								3a(i)		Х
		Related organizations								3a(ii)		Х
b	If "Ye	es" on line 3a(ii), are the related organiza	tions listed as require	ed on Sch	edule R?					3b		
4		ribe in Part XIII the intended uses of the										
Par	t VI	Land, Buildings, and Equipm										
		Complete if the organization answered	d "Yes" on Form 990	, Part IV, I	ine 11a. S	ee Form 990, Par	t X, lin	e 10.				
		Description of property	(a) Cost or o	ther	(b) Cost	or other (c) Accı	umulate	d	(d) Boo	k valu	
			basis (investn			(other)	depre	ciation				
1a	Land											
		lings	I									
		ehold improvements										
		oment										
		r										
		lines 1a through 1e. (Column (d) must ed		X. column	(B). line 1	0c.)						0.
			· — — — — — — — — — — — — — — — — — — —			-			Schedule	D (Forn	n 990'	2019

Part VII Investments - Other Securities.	,		Taç
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
(1)			
(2)			
(3)		<u> </u>	
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (al. (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	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.	2 15.)	······	•
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(6) (7)			
(6) (7) (8)			
(6) (7)			

932053 10-02-19

Schedule D (Form 990) 2019

Par	t XI Reconciliation of Revenue per Audited Financial S	tatements With Re	venue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	393,777.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	15,377.		
b	Donated services and use of facilities	2b	40,000.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	55,377.
3	Subtract line 2e from line 1			3	338,400.
	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	868.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	868.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	339,268.
Par	rt XII Reconciliation of Expenses per Audited Financial	Statements With E	xpenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.			
1	Total expenses and losses per audited financial statements			1	459,834.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	40,000.		
b	Prior year adjustments				
С	Other losses	1 2 1			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	40,000.
3	Subtract line 2e from line 1			3	419,834.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	868.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	868.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	420,702.
Par	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	· ·		; Part X, line	e 2; Part XI,
PART	V, LINE 4:				
THE	INTENDENT USE OF THE TEMPORARILY RESTRICTED CONTRIBUTION	ONS IS SOLELY			
BASE	D ON THE DISCRETION OF THE INDIVIDUAL DONATING THE FUN	DS TO THE			
CONS	SERVANCY.				

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization THE PALISAL	DES PARKS CONSERVANCY, INC.					Employer ide 13-413837	ntification number
	Complete if the organization answer	red "Y	es" or	n Form 990, Part IV, I	ine 1		
1 Indicate whether the organization rais a	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual of art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-governising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	istody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total 3 List all states in which the organizatio	on is reaistered or licensed to solicit c	ontribi	▶	or has been notified	it is e	exempt from re	gistration
or licensing.							9.0.1.0.1.0.1

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Schedule G (Form 990 or 990-EZ) 2019

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising event contributions.				
		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA	ROCK THE RIVER		col. (c))
ē			(event type)	(event type)	(total number)	"
Revenue	1	Gross receipts	140,088.	34,732.		174,820.
	2	Less: Contributions	10,505.			10,505.
	3	Gross income (line 1 minus line 2)	129,583.	34,732.		164,315.
	4	Cash prizes				
w	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses		23,307.		69,135.
	10	Direct expense summary. Add lines 4 through			>	69,135.
_	11					95,180.
Pa	ırt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	reported more than	
	ı	\$15,000 on Form 990-EZ, line 6a.	I	() Dellaska frantsont		1,07,1
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	En	ter the state(s) in which the organization condu	ucte gaming activities:			
		the organization licensed to conduct gaming ac	-			Yes No
		No," explain:				. L les L NO
	"	TO, OXPIGIT.				
	_					
		ere any of the organization's gaming licenses re Yes," explain:			rear?	Yes No
	_					
	82 NG)-11-19			Schedule G (Fo	rm 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 THE PALISADES PARKS CONSERVANCY, INC.	13-4138370	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[130]	
14	ciner the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
	e If "Yes," enter name and address of the third party:		
	Too, ones hand address of the time party.		
	Name		
	Address		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	е	
_	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III. lines 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	, ,
_	Tob, Too, To, and Trb, as applicable. Also provide any additional information. See methodicine.		
_			
_			
_			

Schedule G	G (Form 990 or 990-EZ)	THE PALISADES PARKS CONSERVANCY, INC.	13-4138370	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)		<u> </u>
		Continued		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Employer identification number

THE PALISADES	PARKS CONSERV	ANCY, INC.					13-4138370
Part I General Information on Grants	and Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or ass	stance?						Yes X No
2 Describe in Part IV the organization's pr	ocedures for monito	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organiz	ations and Domestic	Governments. C	complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addition	onal space is need	ed.		1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PALISADES INTERSTATE PARK							
COMMISSION - BEAR MOUNTAIN STATE							
PARK - BEAR MOUNTAIN, NY 10911	13-1941505		129,986.	0.			GENERAL PURPOSE
2 Enter total number of section 501(c)(3) a	and government org	anizations listed in the	e line 1 table		•	•	1.
3 Enter total number of other organization	0						>
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932102 10-26-19

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistan
Supplemental Information. Provide the information	required in Part I lin	e 2: Part III. columi	(b): and any other ad	ditional information	
Supplemental mormation 1 Toylde the mormation	Toquilou IIII are i, iiii	<u> </u>	r (b), and any other ad	Millional Information.	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Employer identification number Name of the organization THE PALISADES PARKS CONSERVANCY, INC. 13-4138370 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PARK SYSTEM FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND BIODIVERSITY. AND PROTECT AMERICA'S FIRST BI-STATE PARK SYSTEM. WE ARE COMMITTED TO SUPPORTING PARKS WHERE ALL VISITORS CAN PLAY, CONNECT AND IMMERSE THEMSELVES IN NATURE AND CULTURE. PALISADES PARKS CONSERVANCY ACHIEVES ITS MISSION BY RAISING FUNDS AND DELIVERING PROGRAMS AND PROJECTS THAT PROVIDE EDUCATION AND STEWARDSHIP ENVIRONMENTAL CONSERVATION AND RESTORATION, HISTORIC PRESERVATION PUBLIC ACCESS AND RECREATION, AND PROTECTION OF NATURAL AND CULTURAL ALL BENEFITING THE PALISADES INTERSTATE PARK SYSTEM. RAISES AND ADMINISTERS FUNDS THAT IMPROVE THE FACILITIES. ENVIRONMENTAL AND CULTURAL SITES AND PROVIDES EDUCATION WITHIN THE PALISADES INTERSTATE PARK SYSTEM, FORM 990, PART VI, SECTION B, LINE 11B: NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC.

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

Schedule O (Form 990 or 990-EZ) (2019)