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Form	990

EXTENDED TO FEBRUARY 15, 2022 Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

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	Go to www.irs.gov/Form990 for ins	structions and the	e latest info	ormation.



AF	or th	e 2020 calendar year, or tax year beginning APR 1, 2020 and e	ending MA	AR 31, 2021	
B C	heck if oplicab	e: C Name of organization		D Employer identific	cation number
X	Addre chang	THE PALISADES PARKS CONSERVANCY, INC.			
	Name	pe Doing business as		13-4138370	
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	P.O. BOX 24		(917) 246-23	76
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	362,808.
	Amen return	NEW IORK, NI 10103-0024		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: KEVIN REYMOND		for subordinates	? Yes 🗴 No
	pendi	SAME AS C ADOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) o	r 527	If "No," attach a	list. See instructions
		te: VWW.PALISADESPARKS.ORG		H(c) Group exemption	n number 🕨
		f organization: 🗴 Corporation Trust Association Other 🕨	L Year of	of formation: 2001 N	State of legal domicile: NY
Pa	rt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: PRESERV	E PALISA	DES INTERSTATE	
nce		PARK'S RICH HISTORY AND BIODIVERSITY & PROTECT AMERICA'S FIRS	ST		
Governance	2	Check this box I if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			17
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			17
s se	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			2
vitie	6	Total number of volunteers (estimate if necessary)		6	20
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			927.
-	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		233,195.	254,848.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,584.	8,054.
Ē	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		96,489.	-7,350.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		339,268.	255,552.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		199,992.	7,259.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		167,657.	165,728.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)	241.		
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		53,053.	79,030.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		420,702.	252,017.
	19	Revenue less expenses. Subtract line 18 from line 12		-81,434.	3,535.
ces			Beg	jinning of Current Year	End of Year
Assets d Balanc	20	Total assets (Part X, line 16)		562,313.	535,802.
t As d Bi	21	Total liabilities (Part X, line 26)		69,069.	39,195.
Func		Net assets or fund balances. Subtract line 21 from line 20		493,244.	496,607.
Pa	rt II	Signature Block			

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

Sign	Signature of officer		Date	
Here				
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	ALEXANDER LAZZARUOLO	Alexander Lazzaruolo	2/10/2022	self-employed P01775353
Preparer	Firm's name 🕒 CONDON O'MEARA MCGINTY a	& DONNELLY LLP	Firm's	s EIN 🕨 13-3628255
Use Only	Firm's address ONE PARTERY PARK PLAZA,	7TH FL.		
	NEW YORK, AT 100	ovor (`	A Phon	no.212-661-7777
May the IF	RS discuss this return with he representation ab	M ? S e in cruction		X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2020

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Par	t III Statement of Program Service Accomplishments		Page
	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		
	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yo	es 🛛 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?	Ye	es 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 m	easured by expense	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses,	and
	revenue, if any, for each program service reported.		
	(Code:) (Expenses \$ 104,466. including grants of \$ 7,259.) (Revenue	e \$	
	FUNDS RAISED TO SUPPORT PROGRAMMING, ACTIVITIES AND INFRASTRUCTURE OR		
	SYSTEM, THE PALISADES INTERSTATE PARK COMMISSION AND VISITOR		
	EXPERIENCE.		
	EAF DRIENCE.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$	
	······································		
	Other program services (Describe on Schedule O.)		
4d			
4d	(Expenses \$ including grants of \$)	
)	
	(Expenses \$ including grants of \$ 2200 Sevenue \$) Form	1 990 (202)
4e	(Expenses \$ including grants of \$ 2200 Sevenue \$) Forn	990 (2020

Form	990	(2020)

Part IV Checklist of Required Schedules

THE PALISADES PARKS CONSERVANCY, INC.

			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	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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		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			
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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		X
	If "Yes" to line 20a, did the examization attach a copy of its audited financial statements this return?	20b		
21	Did the organization report more than \$,000 of grans a for en assistance to any donestic organization in			
	domestic government on Part X, c um (A, ne 1? 1 (es. co) coles Sche lule I. P. ds Linc II	21		x
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			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
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			
	Schedule K. If "No," go to line 25a	24a		х
b	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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>л</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>35a</u>		- 21
D		35b		
36	within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	350		
50		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 51		
00	• • • • •	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	1 00		1
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3 0 1b b Enter the number of Forms Included in line 1a. Enter -0- if not applicable c Did the organization comply ients ' vendo iming h baak Х (gambling) winnings to prize w nner 1c Form 990 (2020) 032004 12-23-20

Form	990 (2020) THE PALISADES PARKS CONSERVANCY, INC. 13-413837	0	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	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 on Schedule O	3b		<u> </u>
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			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		<u> </u>
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?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		<u> </u>
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		──
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
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:			
а	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.)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
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?	13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	-		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		—
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, 20hedule O.		0000	
	laxpayer Copy	Form	990	(2020)
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800	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	ction A. Governing Body and Management		Vaa	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	17	Yes	
14	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.			
h		17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
5	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	·· – – – – – – – – – – – – – – – – – –		x
6	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
0 7a		0		
14	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		
D.		7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a		8a	х	
a h	Each committee with authority to act on behalf of the governing body?		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	. 00		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	. 3		
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10-	Did the organization have local chapters, branches, or affiliates?	10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	. 11a	х	
		TId		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		
U		12c		x
10	in Schedule O how this was done Did the organization have a written whistleblower policy?			x
13 14				x
	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	. 14		
15				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150		x
	The organization's CEO, Executive Director, or top management official			x
D	Other officers or key employees of the organization	. <u>15b</u>		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		x
	taxable entity during the year?	<u>16a</u>		
D	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	10		
800	exempt status with respect to such arrangements?	. 16b		
17	List the states with which a copy of this Form 990 is required to be filed NY , NJ	<u> </u>		
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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
46	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and finance	cial	
19				
	statements available to the public during the tax year.			
19 20	State the name, address, and plophone number of the person who possesses the organization's books and records			

Form 990 (2020) THE PALISADE	S PARKS CON	SER	VAN	CY,	IN	c.			13-413837	⁷⁰ Page /
Part VII Compensation of Officers, I				s, k	(ey	En	nplo	oyees, Highest Co	mpensated	
Employees, and Independer						. .				
Check if Schedule O contains a resp										
Section A. Officers, Directors, Trustees, Key	Employees, a	nd H	lighe	est (Com	nper	isate	ed Employees		
1a Complete this table for all persons required to	•							, 0	0	,
• List all of the organization's current officer	, ,		es (w	heth	ner ii	ndiv	idua	ls or organizations), reg	ardless of amount of c	compensation.
Enter -0- in columns (D), (E), and (F) if no compen										
• List all of the organization's current key er	, , ,							, , ,		
• List the organization's five current highest of able compensation (Box 5 of Form W-2 and/or Bo										
• List all of the organization's former officers reportable compensation from the organization a						omp	oens	ated employees who re	ceived more than \$10	0,000 of
• List all of the organization's former director more than \$10,000 of reportable compensation f									or or trustee of the org	ganization,
See instructions for the order in which to list the	persons above.				,					
Check this box if neither the organization n	or any related (orda	niza	tion	com	ner	isate	ed any current officer d	irector or trustee	
(A)	(B)	liga	mea		C)	1001	ioure	(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per				more rson is			compensation	compensation	amount of
	week	offic	cer an	dad	irecto	r/trus	tee)	from	from related	other
	(list any	director						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee c	ruste			ensa		(W-2/1099-MISC)		organization
	organizations	al tru:	onal t		loyee	com b				and related
	below	ndividual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Inc	Ins	Off	Key	е, <u>щ</u>	For			
(1) HEATHER LOEBNER	40.00									

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DIRECTOR 032007 12-23-20

14230208 152490 3002

EXECUTIVE DIRECTOR

(2) HOLLY LEICHT

(4) SHERILYN CASIANO

(5) VICTOR DEL RIO

(6) KEVIN REYMOND

(8) MICHAEL DAVIDSON

(7) ANNE CABOT

(9) JOANN DOLAN

(10) MARY ANN FISH

(12) ARTHUR J. IMPERATORE

(11) JOSH HYMAN

(13) ERIK LARSEN

(16) DAVID NEIL

(17) KEVIN TREMBLE

(14) BARNABAS MCHENRY

(15) D. BRYCE O'BRIEN II

(3) CAROL ASH

VICE PRESIDENT

PRESIDENT

TREASURER

SECRETARY

OFFICER

DIRECTOR

2020.05060 THE PALISADES PARKS CONSE 3002___1

117,899.

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Form 990 (2020)

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	990 (2020) THE PALISADES	B PARKS CON	SER	VAN	CY,	IN	C.			13-4138	370		Page 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week (list any	box offi	not c , unle:	Pos heck ss per	more rson i	than o s both or/trus	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estima amoun othe	ted t of er
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)) from the organization and related organizations	
	PAUL TOMASKO CTOR	1.00	x						0.		0.		0.
											-		
1b	Subtotal								117,899.		0.	15	,550.
	Total from continuation sheets to Part VII	, Section A							0.		0.		0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but no) wh	► o re	117,899.		0.	15	,550.
	compensation from the organization		000		u u		,	0.10	eenreu mere man y ree,				1
3	Did the organization list any former officer,	director truste	e k	ev e	emol	love	e or	hia	hest compensated empl	ovee on		Yes	s No
Ū	line 1a? If "Yes," complete Schedule J for su	uch individual										3	x
4	For any individual listed on line 1a, is the su												v
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										· -	4	X
	rendered to the organization? If "Yes," com											5	х
	tion B. Independent Contractors				-+					100.000 of company			
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							•	ISALIUI	THOM	
	(A) Name and business	address	NO	NE					(B) Description of s	ervices	Corr	(C) npensati	on
2	Total number of independent postractors (ir \$100,000 of compensation from the organized strength and t	ncluding but no	ot lin	niteo	d to	thos	se lis	ted	abord) the received mo	ore than			
		X Da	ナ		H	E				V	Fo	rm 990	(2020)
03200	3 12-23-20				8	3							

					ES PARI	KS CONSERVANCY,	INC.		13-413837	0 Page
Par	't V	/111	Statement of Re	venue						
			Check if Schedule O	contains a	respons	e or note to any line				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 51
s ti	1	а	Federated campaigns		1a					
uno					1b					
Am		с	Fundraising events		1c	119,394.				
ar ,			Related organizations		1d					
<u>im</u> i			Government grants (contr	-	1e	75,951.				
er		f	All other contributions, gifts,			50 502				
and Other Similar Amounts		-	similar amounts not included Noncash contributions included in		1f 1g \$	59,503.				
pug		-	Total. Add lines 1a-1f				254,848.			
						Business Code				
,	2	а								
-		b								
- u		с								
eve		d				_				
Revenue		е								
•			All other program service							
-	3		Total. Add lines 2a-2f							
	3		Investment income (includ other similar amounts)				7,127.			7,127
	4		Income from investment of	of tax-exem	not bond	proceeds	.,			,
	5		Royalties			ſ				
			,	(i) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss							
	7	а	Gross amount from sales of		Securities					
		h	assets other than inventory	7a ¹	100,394	±.				
Ð		D	Less: cost or other basis and sales expenses	7b	99,66 [.]	7.				
evenue		c	Gain or (loss)	70 7c	92'					
			Net gain or (loss)				927.		927.	
			Gross income from fundraisi							
5			including \$	119,394.	of					
			contributions reported on	,						
			Part IV, line 18			Ba 0.				
			Less: direct expenses			3b 7,589.	-7,589.			-7,589
			Net income or (loss) from Gross income from gamin		· _		7,505.			1,502
	5	u	Part IV, line 19)a				
		b	Less: direct expenses			9b				
			Net income or (loss) from							
	10	а	Gross sales of inventory,	less return	s					
			and allowances			0a				
			Less: cost of goods sold			Ob				
+		С	Net income or (loss) from	sales of in	ventory	Business Oct				
	44	~	OTHER			Business Code 900099	239.			239
Revenue	11	a b					233.			2.55
ver		с С				-				
å			All other revenue							
			Total. Add lines 11a-11c		VI		<u>or</u> 49.	'on	1	
	12		Total revenue. See instruc	ons	X		255,512.	0.	927.	-223

THE PALISADES PARKS CONSERVANCY, INC. Part IX Statement of Functional Expenses

13-4138370 Page **10**

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

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	nis Part IX (B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	7,259.	7,259.		
~	and domestic governments. See Part IV, line 21	1,255.	7,200.		
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,	135,550.	73 101	33 1/1	28 018
~	trustees, and key employees	135,350.	73,191.	33,441.	28,918
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	10,400	0.070	4 550	2.042
7	Other salaries and wages	18,480.	9,978.	4,559.	3,943
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.64	1.55		
9	Other employee benefits	861.	465.	212.	184
10	Payroll taxes	10,837.	5,851.	2,674.	2,312
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	37,510.		37,510.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	795.		795.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	20,114.		15,804.	4,310
12	Advertising and promotion				
13	Office expenses	7,893.	3,067.	548.	4,278
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,448.	823.	48.	577
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER	11,270.	3,832.	3,719.	3,719
b					
с					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	252,017.	104,466.	99,310.	48,241
26	Joint costs. Complete this line only if the organization	, -	, ,	, ,	,
	reported in column (B) joint code from a combined educational campaign and fundraising sensitive	$\gamma \gamma \gamma \gamma \gamma$	er Co		
	Check here if following SOP 8-2 (1 SC 9 3-77 J)	Jave			
					Form 990 (2020

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2020.05060 THE PALISADES PARKS CONSE 3002___1

266,471.

226,773.

493,244.

562,313.

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	basis. Complete Part VI of Schedule D	10a			
b	Less: accumulated depreciation	10b			10c
11	Investments - publicly traded securities			398,625.	11
12	Investments - other securities. See Part IV, line 1	1			12
13	Investments - program-related. See Part IV, line 1	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			562,313.	16
17	Accounts payable and accrued expenses		69,069.	17	
18	Grants payable		18		
19	Deferred revenue		19		
20	Tax-exempt bond liabilities		20		
21	Escrow or custodial account liability. Complete F		21		
22	Loans and other payables to any current or forme	er offic	cer, director,		
	trustee, key employee, creator or founder, substa	antial d	contributor, or 35%		
	controlled entity or family member of any of these	e pers	ons		22
23	Secured mortgages and notes payable to unrelat	ted thi	rd parties		23
24	Unsecured notes and loans payable to unrelated	third	parties		24
25	Other liabilities (including federal income tax, pay	ables	to related third		
	parties, and other liabilities not included on lines	17-24)	. Complete Part X		
	of Schedule D			Ο.	25
26	Total liabilities. Add lines 17 through 25			69,069.	26
	Organizations that follow FASB ASC 958, check	e 🕨 🛛			
	and complete lines 27, 28, 32, and 33.				

Taxpayer Copy

THE PALISADES PARKS CONSERVANCY, INC. Part X | Balance Sheet

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

Savings and temporary cash investments

Pledges and grants receivable, net

controlled entity or family member of any of these persons

10a Land, buildings, and equipment: cost or other

Net assets without donor restrictions

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here

Capital stock or trust principal, or current funds

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Accounts receivable, net

Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)

Notes and loans receivable, net

Inventories for sale or use

Prepaid expenses and deferred charges

Cash - non-interest-bearing

13-4138370 Page **11**

(B) End of year

(A) Beginning of year

95,394.

66,748.

1,546.

1

2

3

4

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122,532.

1,702.

411,568.

535,802.

12,795.

26,400. 39,195.

253,379.

243,228.

496,607.

535,802.

Form 990 (2020)

Form 990 (2020)

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Assets

Liabilities

Net Assets or Fund Balances

27

28

29

30 31

32

33

Form	1990 (2020) THE PALISADES PARKS CONSERVANCY, INC.	13-41	38370	Pa	ge 12
Pa	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		255,	,552.
2	Total expenses (must equal Part IX, column (A), line 25)	2		252,	,017.
3	Revenue less expenses. Subtract line 2 from line 1	3		3,	,535.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		493,	,244.
5	Net unrealized gains (losses) on investments	5		-	-172.
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 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		496,	,607.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were 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?		2 b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	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 on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	igle 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 requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2020)



Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ))
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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
2020
Open to Public Inspection

Nam	e of t	the organization						Employe	r identification number
				CONSERVANCY, INC.					13-4138370
Par	tl	Reason for Public (Charity Status.	(All organizations must of	complete tl	nis part.) S	See instruction	S.	
The c	rgan	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(⁻	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forr	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	l 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 co	llege or university owned	d or operat	ed by a go	overnmental u	nit describ	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 [Х	An organization that norma	ally receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe		(1)(A)(vi). (Complete Pa	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-							
		university:				-		-	
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supp	oort from c	ontributio	ns, membersh	ip fees, an	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	lfety. See	section 5	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1)	or section	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	-		•	-			
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the direc	ctors or truste	es of the si	upporting
		organization. You must o							
b		Type II. A supporting org					•		-
		control or management o			ame perso	ns that co	ntrol or mana	ge the sup	ported
		organization(s). You mus	-						
с		Type III functionally inte						ly integrate	ed with,
		its supported organizatio							
d		Type III non-functionally						-	
		that is not functionally int	8 8	8 ,			•	an attenti	veness
		requirement (see instruct		•					
е		Check this box if the orga functionally integrated, or					турет, туре	п, туре п	
f	Ente	er the number of supported of		nany integrated support	ing organiz	ation.			
		vide the following information	•	nd organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount of	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
						N -		_	
			ayr	ave	r (
Total									1

LHA For Paperwork Reduction Act Notice, see the Instructions for form 990 or 990-EZ. 032021 01-25-2 Sobedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990-EZ) 2020 THE PALISADES PARKS CONSERVANCY, INC.

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	220,689.	477,773.	278,135.	223,195.	254,996.	1,454,788.
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			050 405	000 405	054.000	4 454 500
	Total. Add lines 1 through 3	220,689.	477,773.	278,135.	223,195.	254,996.	1,454,788.
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)						272 474
~	·····						372,474.
	Public support. Subtract line 5 from line 4. ction B. Total Support						1,082,314.
		(a) 2016	(b) 0017	(a) 2019	(4) 2010	(a) 2020	
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2016 220,689.	(b) 2017 477, 773.	(c) 2018 278,135.	(d) 2019 223,195.	(e) 2020 254,996.	(f) Total 1,454,788.
	Gross income from interest,		1,,,,,,,,,,	270,200.	110,199.	201,000.	1,101,100.
0	,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	9,375.	8,937.	10,517.	9,584.	7,127.	45,540.
9	Net income from unrelated business				,	.,	
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)				1,309.	239.	1,548.
11	Total support. Add lines 7 through 10				<u> </u>		1,501,876.
12		etc. (see instructio	uns)	I		12	, ,
	First 5 years. If the Form 990 is for th					L1	
	organization, check this box and stor	•					
See	ction C. Computation of Publi	c Support Per					
	Public support percentage for 2020 (I			olumn (f))		14	72.06 %
	Public support percentage from 2019		•	(77		15	65.37 %
	33 1/3% support test - 2020. If the c					ore, check this box	and
	stop here. The organization qualifies						N V
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on li				
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			►
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	olicly supported or	ganization	-	►
b	0 10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	►
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	►
					Sche	edule A (Form 990	or 990-EZ) 2020



032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020	THE	PALISADES	PARKS	CONSERVANCY,	INC.	
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13 - 4138370Page 3

(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				1	1	
Calendar yea	r (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, g	rants, contributions, and						
membe	ership fees received. (Do not						
include	any "unusual grants.")						
mercha formed any act	eceipts from admissions, indise sold or services per- , or facilities furnished in ivity that is related to the ation's tax-exempt purpose						
3 Gross r are not	eceipts from activities that an unrelated trade or bus-						
	nder section 513						
ization'	enues levied for the organ- s benefit and either paid to ended on its behalf						
	ue of services or facilities						
furnishe	ed by a governmental unit to anization without charge						
°,	Add lines 1 through 5						
	ts included on lines 1, 2, and						
	ved from disqualified persons						
b Amounts from othe exceed th	included on lines 2 and 3 received t than disqualified persons that e greater of \$5,000 or 1% of the n line 13 for the year						
	es 7a and 7b						
	support. (Subtract line 7c from line 6.)						
	B. Total Support	L	•		•	•	•
Calendar yea	r (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
-	ts from line 6						
10a Gross i dividen securiti	ncome from interest, ds, payments received on es loans, rents, royalties, ome from similar sources						
b Unrelate	d business taxable income						
	ction 511 taxes) from businesses I after June 30, 1975						
c Add line	es 10a and 10b						
11 Net inc activitie whethe	ome from unrelated business as not included in line 10b, r or not the business is						
12 Other in or loss	rcome. Do not include gain from the sale of capital (Explain in Part VI.)						
	pport. (Add lines 9, 10c, 11, and 12.)						
	years. If the Form 990 is for th	e organization's fi	rst. second. third.	fourth, or fifth tax	vear as a section 5	i01(c)(3) organizat	ion.
		0					
	Computation of Publi						r
	support percentage for 2020 (I			column (f))		15	%
	support percentage from 2019					16	%
	Computation of Inves						/0
	nent income percentage for 20		•	ine 1.3 column (f))		17	%
	nent income percentage from 2					18	%
	% support tests - 2020. If the						
b 33 1/3%	han 33 1/3%, check this box ar % support tests - 2013, 	organization did r	not check a box or	line 14 or line 13	, and line 16 is mo	ore than 33 1/3%,	
	is not more than 33 1/39, ch						
	foundation. If the organizati		<u>b x o lin v14, 19</u>	a joi 19b, chirck t		uctions	
032023 01-25-2	1	•	J		Sob	edule A (Form 99	00 or 990-EZ) 2020
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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)? **7 Type**, " *answer line 10b below.*
- b Did the organization have any excess b sines hadings in the excess 2 is Schedule C, Fa in 272 f, to determine whether the organization had excess business holdings.
 032024 01-25-21
 Schedule 16

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

13-4138370 Page 5

2

Yes No

2a

2b

3a

3b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>	
	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,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Part IV Supporting Organizations (continued)

			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		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Chec	k the box next to the me	thod that the organization	used to satisfy the Ir	ntegral Part Test during	the year (see instructions).
--------	--------------------------	----------------------------	------------------------	--------------------------	------------------------------

The organization satisfied the Activities Test. Complete line 2 below. а

b	The organization is the parent of each of its supported orga	anizations. Complete line 3 below.
---	--	------------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the suppo organizations? If "Yes" or "No" provide details in P

b Did the organization exercise a subctan of its supported organizations dule A (Form 990 or 990-EZ) 2020

032025 01-25-21

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	y Integrated 509(a)(3) Supportin tisfied the Integral Part Test as a qualifyin			Dort VII) Soo instructions
	integrated supporting organizations must		•	Part VI). See Instructions.
	integrated supporting organizations musi		Sections A through E.	(B) Current Year
Section A - Adjusted Net Income			(A) Prior 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	ncurred for production or			
collection of gross income or for mana	gement, conservation, or			
maintenance of property held for produ	uction of income (see instructions)	6		
7 Other expenses (see instructions)		7		
8 Adjusted Net Income (subtract lines 5	5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-e	exempt-use assets (see			
instructions for short tax year or assets	held for part of year):			
a Average monthly value of securities		1a		
b Average monthly cash balances		1b		
c Fair market value of other non-exempt-	use assets	1c		
d Total (add lines 1a, 1b, and 1c)		1d		
e Discount claimed for blockage or othe	r 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. En	ter 0.015 of line 3 (for greater amount,			
see instructions).		4		
5 Net value of non-exempt-use assets (su	ubtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.		6		
 7 Recoveries of prior-year distributions 		7		
8 Minimum Asset Amount (add line 7 to	p line 6)	8		
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior year (fror	n Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	· · · · · ·	2		
3 Minimum asset amount for prior year (f	rom 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 in		6		
	the organization's first as a non-functional		d Type III supporting orga	nization (see
instructions).		., intograto		

Schedule A (Form 990 or 990-EZ) 2020



Schedule A (Form 990 or 990-EZ) 2020 THE PALISADES PARKS CONSERVANCY, INC.

Schedule A (Form 990 or 990-EZ) 20)20 THE	PALISADES	PARKS	CONSERVANCY,	INC.

Par	't V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	•		
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Taxpayer Copy

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	Part VI	Form 990 or 990-EZ) 2020 THE PALISADES PARI	planations required by Part II line 10: Part II line 17a	13-4138370 Page
Ite 1: Fart V, Section D, Ines 2 and 3: Part V. Section E, Ines 2, 2a, 2b, 3a, and 8b; Part V, Ine 1: Part V. Section B, Ine 1e, Part V, Section B, Ines 2, 5a, and A. Asia complete this part for any additional information. (See instructions)		Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9	∂a , 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines	and 2; Part IV, Section C,
		line 1; Part IV, Section D, lines 2 and 3; Part IV, Sec	tion E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part	t V, Section B, line 1e; Part V,
Taxpayer Copy Salidaia A (Form 980 or 990-E2):			lines 2, 5, and 6. Also complete this part for any additi	ional information.
Taxpayer Copy Salidule A(Form 990 or 990-E2);		(See instructions.)		
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SCHEDULE	D
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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.



Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

	THE PALISADES PARKS CONSERV	13-4138370							
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Si	imilar Funds or A	ccounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.							
		(a) Donor advise	d 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	writing that the assets he	ld in donor advised fun	ds					
	are the organization's property, subject to the organization's	-							
6	Did the organization inform all grantees, donors, and donor a								
	for charitable purposes and not for the benefit of the donor o			•					
	impermissible private benefit?								
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, Part IV	, line 7.					
1	Purpose(s) of conservation easements held by the organization			·					
	Preservation of land for public use (for example, recrea		Preservation of a hist	orically important land area					
	Protection of natural habitat	,	7	ified historic structure					
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribu	ition in the form of a co	onservation easement on the last					
	day of the tax year.			Held at the End of the Tax Year					
а				2a					
b	- · · · · · · · · · · · · · · · · · · ·			2b					
с	Number of conservation easements on a certified historic structure			2c					
d	Number of conservation easements included in (c) acquired a								
	listed in the National Register	,		2d					
3	Number of conservation easements modified, transferred, rel			ization during the tax					
	year ►	,,,,							
4	Number of states where property subject to conservation eas	sement is located							
5	Does the organization have a written policy regarding the per		ion. handling of						
	violations, and enforcement of the conservation easements it		, 3	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,								
	•	0	0	0, 1					
7	Amount of expenses incurred in monitoring, inspecting, hanc	lling of violations, and enf	orcing conservation ea	sements during the year					
	►\$	5	5	3 ,					
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements	s of section 170(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?			Yes No					
9	In Part XIII, describe how the organization reports conservation			nent and					
	balance sheet, and include, if applicable, the text of the footr								
	organization's accounting for conservation easements.	5							
Par		f Art, Historical Trea	asures, or Other S	Similar Assets.					
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.							
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	nue statement and bal	ance sheet works					
	of art, historical treasures, or other similar assets held for put	olic exhibition, education,	or research in furtheral	nce of public					
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that desc	cribes these items.						
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of								
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherance	e 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 tre								
	the following amounts required to be reported under FASB A		- ·						
а	Bevenue included on Form			. • \$					
	Assets included in Form 990, Lart	MAR	inni	\$					
		fo. or 1990.		Schedule D (Form 990) 2020					
	12-01-20	·	r.						
		27	_						

Sche		ES PARKS CONSER				13-413		Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or Othe	er Sim	ilar Assets	contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that make	significa	ant use of its		,	
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further th	ne organization's exe	empt pu	rpose in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	f art, historical trea	sures, or other simila	ar asset	S			
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	on answered "Yes" o	n Form	990, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia		•						
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:			1			
							Amoun	t	
	Beginning balance					lc			
	Additions during the year					ld			
е	Distributions during the year					le			
f	Ending balance					1f	7		
	Did the organization include an amount on Fo				•	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in						<u></u>		
I GI							(-) [haali
4	Designing of your holes of	(a) Current year 226,773.	(b) Prior year 494,306.	(c) Two years back	(a) III	ree years back	(e) Fou	years	DACK
	Beginning of year balance	88,748.	32,800.						
b	Contributions		52,000.						
C A	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities	72,293.	300,333.						
	and programs	12,255.	500,555.						
	Administrative expenses End of year balance	243,228.	226,773.						
g 2	End of year balance [Provide the estimated percentage of the curr	· · · ·	•						
	Board designated or quasi-endowment	•	%	jj field as.					
a b	Permanent endowment	%							
	Term endowment 100								
C	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	, ,							
39	Are there endowment funds not in the posses	•	tion that are held a	nd administered for	the oras	nization			
0a	by:	ssion of the organizat			and orga	Inzation	1	Yes	No
	(i) Unrelated organizations						3a(i)	100	X
	(ii) Related organizations						3a(ii)		х
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe 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, line 11a. S	See Form 990, Part >	(, line 10).			
	Description of property	(a) Cost or ot			Accum		(d) Boo	k value	e
		basis (investm			leprecia		.,		
1a	Land								
b	Buildings								
с	Leasehold improvements								
d	Equipment								
e	Other								
Tota	. Add lines 1a through 1e. (Column (d) must en	aual Form 990. Part >	(. column (B). line 1	0c.)		►			٥.
				· ·		Schedule	D (Forn	n 990)	2020

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	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	e 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 1 (1) Federal income taxes PPP LOAN 26,400. (2) (3) (4) (5) (6) (7) (8) (9) 26,400.

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 unc ax positions under FASB ASC 740. Check here if th of the footnote has been provided in Part XIII

29

Sche	dule D (Form 990) 2020 THE PALISADES PARKS CONSERVANCY, IN	VC.		13-4138370	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With R	evenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	294,733.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-172.		
b	Donated services and use of facilities		40,148.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	39,976.
3	Subtract line 2e from line 1			3	254,757.
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	795.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	795.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	255,552.	
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With I	Expenses per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	291,370.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	40,148.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	40,148.
3	Subtract line 2e from line 1			3	251,222.
4	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	795.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	795.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18	.)		5	252,017.
Pa	rt XIII Supplemental Information.				

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

PART V, LINE 4:

THE INTENDENT USE OF THE TEMPORARILY RESTRICTED CONTRIBUTIONS IS SOLELY

BASED ON THE DISCRETION OF THE INDIVIDUAL DONATING THE FUNDS TO THE

CONSERVANCY.



SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

•	Attach	to	Form	990	or	Form	990-EZ.	

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for inst							Open to Public Inspection	
Name of the organizatio		to www.irs.gov/Form990 for instr	uction	s and	the latest information	on.	Employer id	dentification number
Ũ		DES PARKS CONSERVANCY, INC.					13-4138	
Part I Fundrai	sing Activities.	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
	complete this part							
		ed funds through any of the followir						
a Mail solicita					overnment grants			
 b Internet and c Phone solid 	d email solicitations	s f Solicita g Special			nment grants			
d In-person se		9 Operation	lanar	lising	events			
•		or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or	
key employees lis	ted in Form 990, P	art VII) or entity in connection with p	rofessi	onal fi	undraising services?		Y	es No
		viduals or entities (fundraisers) pursu	ant to	agree	ments under which th	าe fur	ndraiser is to	be
compensated at l	east \$5,000 by the	organization.						
(i) Name and addres or entity (fun		(ii) Activity	have or cor	Did raiser ustody ntrol of utions?	(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				►				
 List all states in whor licensing. 	iich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	registration
LHA For Paperwork F	eduction Act Not	ce, set the distriction for Far as	P	990-1	Cop	icher	ule G (Form	1 990 or 990-EZ) 2020
032081 11-25-20	1 0				oop	' y		
		31						

Schedule G (Form 990 or 990-EZ) 2020	THE	PALISADES	PARKS	CONSERVANCY	, INC

13-4138370 Page **2**

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

_		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA (event type)	ROCK THE RIVER	(total number)	col. (c))
P			(event type)	(event type)	(lotal number)	
uevei lue	1	Gross receipts	101,099.	18,295.		119,394
	2	Less: Contributions	101,099.	18,295.		119,394
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
nirect Experises	6	Rent/facility costs				
	7	Food and beverages				
i	8	Entertainment				
	9	Other direct expenses				7,589
	10	Direct expense summary. Add lines 4 through		•	•	7,58
l	11	Net income summary. Subtract line 10 from I				-7,58
a	rt I		answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
Т		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (ad
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
	1	Gross revenue				
	2	Cash prizes				
	3	Noncash prizes				-
	4	Rent/facility costs				
	5	Other direct expenses				
Ī	6	Volunteer labor	Yes %	Yes%	└── Yes %	
	7	Direct expense summary. Add lines 2 through				
 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 						
T	0	Net gaming income summary. Subtract line 7	from line 1, column (d)			<u> </u>
	Ent	er the state(s) in which the organization condu	cts gaming activities:			
a	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		. Yes I
C	lf "	No," explain:				
	We	re any of the organization's gaming licenses re	woked suspended or te	rminated during the tax v	ear?	
		Yes," explain:				
		05.00			Sobodulo C (Es	rm 000 or 000 EZ) 00
08	2 11		nave	er Co		111 990 OF 990-EZ) 20
		ιαλ	payo		Y Y	
			32		•	
_		0 150400 2000				~ ~~~~ ~ ~ ~

Sch	edule G (Form 990 or 990-EZ) 2020 THE PALISADES PARKS CONSERVANCY, INC. 1	3-413837	0	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:			
	I The organization's facility	13a		%
				<u>%</u>
	An outside facility	130		70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
			V	Na
158	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
c	ratein the state gaming license?		Yes	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		103	
L		5		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Dort III lin	00.0	h 10h
1 4		r Fart III, III	165 9, 9	D, TUD,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				
	— ~			
	Lavnavar (`anv			
0320	33 11-25-20 Schedule G (I	Form 990 c	or 990-	EZ) 2020
0	33			_, _, _, _,

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4230208 152490 3002	34 2020.05060 THE PALISADES PARKS CONSE 3002

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.



Employer identification number 13-4138370

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

BI-STATE PARK SYSTEM

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

AND BIODIVERSITY, AND PROTECT AMERICA'S FIRST BI-STATE PARK SYSTEM. WE

THE PALISADES PARKS CONSERVANCY, INC.

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

RESOURCES, ALL BENEFITING THE PALISADES INTERSTATE PARK SYSTEM. IT

RAISES AND ADMINISTERS FUNDS THAT IMPROVE THE FACILITIES, PRESERVE

ENVIRONMENTAL AND CULTURAL SITES AND PROVIDES EDUCATION WITHIN THE

PALISADES INTERSTATE PARK SYSTEM.

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

THE 990 DRAFT IS REVIEWED BY THE ORGANIZATION'S BOARD PRESIDENT AND

TREASURER. PRIOR TO FILING, A FINAL DRAFT IS PROVIDED TO THE FULL BOARD OF

DIRECTORS WITH A STATED COMMENT PERIOD.

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

THE GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC. THE ORGANIZATION'S

FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.



(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Type or	or Name of exempt organization or other filer, see instructions.				xpayer identification number (TIN)		
print				12 4120200			
File by the					8370		
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 24						
instructions.							
Enter the	Return Code for the return that this application	on is for (file a separat	te application for each return)			0 1	
Applicatio	on	Return	Application			Return	
Is For			Is For			Code	
Form 990 or Form 990-EZ			Form 990-T (corporation)			07	
Form 990-BL			Form 1041-A			08	
Form 472) (individual)	03	Form 4720 (other than individual)			09	
Form 990	PF	04	Form 5227			10	
Form 990	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)			Form 8870			12	
	HOLLY LEICHT						
	oks are in the care of 🕨 P.O. BOX 24 -	NEW YORK, NY 10	163-0024				
Teleph	one No. 🕨 (917) 246-2376		Fax No. 🕨				
	rganization does not have an office or place						
 If this is 	s for a Group Return, enter the organization's	four digit Group Exe	mption Number (GEN)	If this is fo	r the whole g	roup, check this	
box 🕨 📘	If it is for part of the group, check this b	ox 🕨 🔄 and atta	ch a list with the names and TIN	s of all memb	ers the exten	sion is for.	
1 I rec	I request an automatic 6-month extension of time untilFEBRUARY 15, 2022 , to file the exempt organization return for						
the	the organization named above. The extension is for the organization's return for:						
►L	▶ calendar year or						
ÞL	X tax year beginning APR 1, 2020	, an	d ending MAR 31, 2021		_ ·		
2 If th	e tax year entered in line 1 is for less than 12	months, check reaso	on: Initial return	Final retur	'n		
	Change in accounting period						
3a If th	is application is for Forms 990-BL, 990-PF, 9	90-T, 4720, or 6069, e	enter the tentative tax, less				
any	nonrefundable credits. See instructions.			3a	\$	0.	
b If th	is application is for Forms 990-PF, 990-T, 472	20, or 6069, enter any	refundable credits and				
esti	estimated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.	
c Bala	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						
usir	g EFTPS (Electronic Federal Tax Payment Sy	/stem). See instructio	e instructions.		\$	0.	
Caution:	f you are going to make an electronic funds	withdrawal (direct deb	oit) with this Form 8868, see For	n 8453-EO an	d Form 8879	-FO for payment	
instruction	IS.						

Taxpayer Copy

023841 04-01-20