Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

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

Open to Public Inspection

A F	or the 2	2021 calendar year, or tax year beginning APR 1, 2021 an	a enaing I	AR 31, 2022					
	heck if pplicable:	C Name of organization		D Employer identific	cation number				
	Address change	THE PALISADES PARKS CONSERVANCY, INC.							
	Name change	Doing business as	13-4138370						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	te E Telephone number					
	Final return/	P.O. BOX 24		(917) 267-80					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	476,638.				
	Amende	NEW TORK, NI 10103 0024		H(a) Is this a group re					
	Applica- tion pending	F Name and address of principal officer: REMY SCHWARTZ		1	?Yes X No				
		SAME AS C ABOVE		H(b) Are all subordinates in					
1	Tax-exer	npt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(l) or 52		list. See instructions				
J	Website	: WWW.PALISADESPARKS.ORG roanization: X Corporation Trust Association Other	I. Va	H(c) Group exemption	M State of legal domicile: NY				
		rgumzanon.	IL Yea	ir of formation; 2001 [VI State of legal doffficile.				
P		Summary	אוועם אוועם	TADES THUEDSUPAUE	,				
Ф	1 B	riefly describe the organization's mission or most significant activities: PRESI ARK'S RICH HISTORY & BIODIVERSITY & PROTECT AMERICA'S FIR	ow Lynn	SAULS INIERSIAIE					
Governance	P			ro than 25% of its not as	note .				
ern	2 0	theck this box if the organization discontinued its operations or disp			1				
ò	3 1								
8	4 1	lumber of independent voting members of the governing body (Part VI, line 1b							
Activities &	5 T	otal number of individuals employed in calendar year 2021 (Part V, line 2a) otal number of volunteers (estimate if necessary)			50				
Ξ	6 T	otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12			0.				
Ac	/a i	let unrelated business taxable income from Form 990-T, Part I, line 11							
	1 BI	det unitelated pusitiess taxable income from 1 om 1 oo 1,1 art 1, into 11	7	Prior Year	Current Year				
	8 (Contributions and grants (Part VIII, line 1h)		254,848.					
9	9 F	Program service revenue (Part VIII, line 2g)	1	0.	0.				
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		8,054.	7,029.				
ď	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-7,350.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		255,552.	366,132.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,259.	54,092.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
	15 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		165,728.	114,751.				
9	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0 .	0.				
2000	b b		6,657.						
ŭ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		79,030	215,461.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		252,017	. 384,304.				
		Revenue less expenses. Subtract line 18 from line 12		3,535	-18,172.				
ō				Beginning of Current Year					
sets	Balances 20 -	Total assets (Part X, line 16)		535,802					
_	ਰ 주 '	Total liabilities (Part X, line 26)		39,195					
Net		Net assets or fund balances. Subtract line 21 from line 20		496,607	. 469,659.				
17. 77.	Part II	Signature Block							
		lties of perjury, I declare that I have examined this return, including accompanying sched			ny knowledge and belief, it is				
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information o	f which prepa	rer has any knowledge.	4-73				
		Chialosh		Date					
Si	gn	Signature of officer CAROL ASH - President		Date					
He	ere	Type or print name and title							
_				Date Check	PTIN				
D	id	Print/Type preparer's name ALEXANDER LAZZARUOLO Preparer's signature Alexander Lazz	anuela	1/19/2023 if self-emp	0015555				
	iid eparer	Firm's name CONDON O'MEARA MCGINTY & DONNELLY LLP	www	Firm's EIN	13-3628255				
	eparer se Only	Firm's address ONE BATTERY PARK PLAZA, 7TH FL.		•	5-				
0.	,	NEW YORK, NY 10004		Phone no.21	12-661-7777				
M	av the If	RS discuss this return with the preparer shown above? See instructions			X Yes No				

Pai	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE PALISADES PARKS CONSERVANCY, INC. (THE "CONSERVANCY"), FORMERLY	
	FRIENDS OF THE PALISADES INTERSTATE PARK COMMISSION, INC. WAS FORMED	
	IN MARCH 2001 IN THE STATE OF NEW YORK AS A 501(C)3 NONPROFIT. OUR	
	MISSION IS TO PRESERVE THE PALISADES INTERSTATE PARK'S RICH HISTORY	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
Ū	If "Yes," describe these changes on Schedule O.	[] 103 [] 140
4	·	d by ovnonces
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	ai expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$268,347. including grants of \$54,092.) (Revenue \$)
	FUNDS RAISED TO SUPPORT PROGRAMMING, ACTIVITIES AND INFRASTRUCTURE OR	
	MANAGEMENT IMPROVEMENTS BENEFITING THE PALISADES INTERSTATE PARK	
	SYSTEM, THE PALISADES INTERSTATE PARK COMMISSION AND VISITOR	
	EXPERIENCE.	
4b	(Code:) (Expenses \$)
710	(Code:) (Expenses #) (Nevenue #)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶ 268,347.	- 000
		Form 990 (2021)

13-4138370

Form 990 (2021) THE PALISADES PARKS CONSERVANCY, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	┝╌		
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6		"		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		,,
	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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	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
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated infancial 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
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza	, ,	40-	х	
	Schedule D, Parts XI and XII	12a	- 21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		_v
40	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		-
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

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Form 990 (2021) THE PALISADES PARKS CONSERVE Part IV | Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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		—
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
00	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		Х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
ZI	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the 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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		х
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
•	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			لل
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
400	(gambling) winnings to prize winners?	l 1c	990	(2021)
132004	‡ 12-09-21	rorm	550	∠U∠ I)

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Part V	St	atements Regarding Other IRS Filings and Tax Compliance	(continued)
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			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	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ū	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ŭ	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	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		Х
	If "Yes," see the 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		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.			
b	Enter the number of voting members included on line 1a, above, who are independent	<u>.</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY,NJ			
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)	availal	ole
	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)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	HOLLY LEICHT - (917) 267-8068			
	P.O. BOX 24, NEW YORK, NY 10163-0024			

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

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

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

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

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

(A)	(B)			(((D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week	—		u a u		1711 43	(00)	from	from related	other
	(list any hours for	directo				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or (stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,	and related
	below	idual	tution	er	Key employee	est co	Je.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) HEATHER LOEBNER	50.00									
EXECUTIVE DIRECTOR				Х				122,582.	0.	14,001.
(2) HOLLY LEICHT	3.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) CAROL ASH	3.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) KEVIN REYMOND	3.00									
TREASURER		Х		Х				0.	0.	0.
(5) VICTOR DEL RIO	3.00									
SECRETARY		Х		Х				0.	0.	0.
(6) ANNE CABOT	3.00									
DIRECTOR		Х						0.	0.	0.
(7) ELIZABETH GREENSTEIN	1.00									
DIRECTOR		х						0.	0.	0.
(8) DAVID KUPPERMAN	1.00									
DIRECTOR		х						0.	0.	0.
(9) JOANN DOLAN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) PAUL TOMASKO	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JOSH HYMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(12) ARTHUR J. IMPERATORE	1.00									
DIRECTOR		Х						0.	0.	0.
(13) ERIK LARSEN	1.00									
DIRECTOR		Х						0.	0.	0.
(14) D. BRYCE O'BRIEN II	1.00									
DIRECTOR		Х						0.	0.	0.
(15) MICHAEL P. DAVIDSON	1.00									
DIRECTOR		х						0.	0.	0.
			L			L				
			1							

Form 990 (2021) THE PALISADE				_					13-41	3837	0	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week (list any	box, offic	not c , unle:	ss per	ition more rson is	than of s both or/trus	an	(D) Reportable compensation from the	(E) Reportable compensatio from related organizations	s	(F Estima amount oth compen	ated nt of er sation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	iC/	from organiz and re organiz	zation lated
1b Subtotal							■	122,582.		0.	1	4,001.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c) Total number of individuals (including but r							<u> </u>	0. 122,582. eceived more than \$100,	000 of reportable	0.	1	0. 4,001.
compensation from the organization											Ye	s No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	•		•	•	•		_	•	•		3	Х
4 For any individual listed on line 1a, is the standard related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4	Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con											5	Х
1 Complete this table for your five highest co	· ·								· · · · · · · · · · · · · · · · · · ·	ensat	ion from	
the organization. Report compensation for (A) Name and business	•	ear e		ng w	ith c	or wi	thin	the organization's tax y (B) Description of s		С	(C) ompensa	tion
Total number of independent contractors (in \$100,000 of compensation from the organization)	ŭ	ot lin	nited	d to t		se lis	ted	above) who received mo	ore than		00	
											Form 990	J (2021)

132008 12-09-21

Form 990 (2021) THE PALISAL Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
							Tunction revenue	business revenue	sections 512 - 514
SΩ	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
ည် ရှ			Fundraising events	1c	148,363.				
fts, r A			Related organizations	1d	, .				
nia G			Government grants (contributions)	1e	120,286.				
Sir			All other contributions, gifts, grants, and	-	, .				
uti Je		•	similar amounts not included above	1f	109,894.				
e ţ		a	Noncash contributions included in lines 1a-1f	1g \$					
o bu		-	Total. Add lines 1a-1f		N	378,543.			
<u> </u>		<u>''</u>	Total: Add lines 1a 11		Business Code				
	2	а							
Şi	_	b							
Ser		C							
z S		d							
gra Re		e							
Program Service Revenue			All other program service revenue						
			Total. Add lines 2a-2f						
-	3		Investment income (including divide						
	3		other similar amounts)			6,787.			6,787.
	4		Income from investment of tax-exem			,,,,,,			-,:::•
	5		Royalties	-					
	3		rioyaities	i) Real	(ii) Personal				
	6	•	Gross rents 6a	, , , , , ,	(.,) 1 0.001.0.				
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			` '	ecurities	(ii) Other				
	•	u	assets other than inventory 7a	69,798.	(.,, ==				
		h	Less: cost or other basis	, , , , ,					
<u>o</u>			and sales expenses 7b	69,556.					
nue		_	Gain or (loss) 7c	242.					
Seve			Net gain or (loss)	-		242.			242.
her Revenue			Gross income from fundraising events (r						
ğ	Ŭ	_	including \$ 148,363.						
			contributions reported on line 1c). S	-					
			Part IV, line 18		20,709.				
		h	Less: direct expenses		40,950.				
			Net income or (loss) from fundraising			-20,241.			-20,241.
			Gross income from gaming activities						
	•	-	Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gaming ac		•				
			Gross sales of inventory, less returns						
		_	and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sales of in		•				
			, ,	,	Business Code				
Miscellaneous Revenue	11	а	OTHER		900099	801.	801.		
ine Due		b							
ella		С							
SS B			All other revenue						
2			Total. Add lines 11a-11d		>	801.			
	12		Total revenue. See instructions			366,132.	801.	0.	-13,212.

132009 12-09-21

Part IX | Statement of Functional Expenses

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

	amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	other assistance to domestic organizations		expenses	general expenses	expenses
	tio governmente Coe Dort IV line 01	54,092.	54,092.		
	nd other assistance to domestic	01,002.	01,052.		
	s. See Part IV, line 22				
	nd other assistance to foreign				
	ions, foreign governments, and foreign				
-	s. See Part IV, lines 15 and 16				
	paid to or for members				
	eation of current officers, directors,				
•	and key employees	97,520.	68,264.	9,752.	19,504
	tion not included above to disqualified	, .	, -	, ,	,
•	s defined under section 4958(f)(1)) and				
	escribed in section 4958(c)(3)(B)				
	aries and wages				
	an accruals and contributions (include				
•	1(k) and 403(b) employer contributions)	900.	632.	87.	181
	ployee benefits	8,799.	6,179.	855.	1,765
	xes	7,532.	5,290.	731.	1,511
	services (nonemployees):	,	,		,
	nent				
		2,470.		2,470.	
	ng	26,629.		26,629.	
		,		,	
	al fundraising services. See Part IV, line 17				
	nt management fees	793.		793.	
	line 11g amount exceeds 10% of line 25,				
•), amount, list line 11g expenses on Sch 0.)	40,862.	8,733.	24,149.	7,980
	ng and promotion				
	penses	3,093.	50.	2,982.	61
	on technology				
	су				
		8,756.	2,419.	6,337.	
	s of travel or entertainment expenses				
for any fe	deral, state, or local public officials				
	ces, conventions, and meetings				
20 Interest					
21 Payments	s to affiliates				
	ion, depletion, and amortization				
23 Insurance	·				
above. (Lis line 24e an	nses. Itemize expenses not covered the miscellaneous expenses on line 24e. If nount exceeds 10% of line 25, column (A), at line 24e expenses on Schedule O.)				
a RESEARC	· · · · · · · · · · · · · · · · · · ·	122,688.	122,688.		
b MISC		10,170.		4,515.	5,655
с					
d					
e All other	expenses				
25 Total funct	ional expenses. Add lines 1 through 24e	384,304.	268,347.	79,300.	36,657
26 Joint costs	c. Complete this line only if the organization				·
reported in	column (B) joint costs from a combined				
educationa	I campaign and fundraising solicitation.				
	if following SOP 98-2 (ASC 958-720)				

Form 990 (2021) Part X | Balance Sheet

2ar	t X	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X	·····		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	122,532.	1	36,90	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3	41,30	
	4	Accounts receivable, net		4	1,43	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	ostantial contributor, or 35%			
		controlled entity or family member of any of the		5		
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
₹	9	Donat did company and defended by the company			9	18,61
	10a	Land, buildings, and equipment: cost or other	·			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		411,568.	11	398,50
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must ed			16	496,76
	17	Accounts payable and accrued expenses		12,795.	17	27,10
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet			21	
ا م	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, sub	ostantial contributor, or 35%			
		controlled entity or family member of any of the			22	
֡֡֡֞֞֡֡֞֞֡֡֡֞֡֡֓	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrela	ted third parties		24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lir	nes 17-24). Complete Part X			
		of Schedule D		26,400.	25	
	26	Total liabilities. Add lines 17 through 25			26	27,10
		Organizations that follow FASB ASC 958, c	_			
ses		and complete lines 27, 28, 32, and 33.				
auc	27	Net assets without donor restrictions		253,379.	27	284,50
Dal	28	Net assets with donor restrictions			28	185,15
2 │		Organizations that do not follow FASB ASC				
2		and complete lines 29 through 33.				
5	29	Capital stock or trust principal, or current fund	ds		29	
ן מָנ	30	Paid-in or capital surplus, or land, building, or			30	
Ä	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances			32	469,65
-	33	Total liabilities and net assets/fund balances			33	496,76

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			132.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		384,	304.	
3	Revenue less expenses. Subtract line 2 from line 1					
4						
5	Net unrealized gains (losses) on investments	5		-8,	776.	
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		469,	659.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ	
				Yes	No	
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on 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	, , , , , , , , , , , , , , , , , , , ,		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	, , , , , , , , , , , , , , , , , , , ,	•				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	Щ_	
			Form	990	(2021)	

132012 12-09-21

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

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 Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print THE PALISADES PARKS CONSERVANCY, INC. 13-4138370 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your P.O. BOX 24 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions NEW YORK, NY 10163-0024 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) HOLLY LEICHT Telephone No. ▶ (917) 267-8068 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box FEBRUARY 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year , and ending MAR 31, 2022 ► X tax year beginning APR 1, 2021 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021
Open to Public

Inspection
Employer identification number

THE PALISADES PARKS CONSERVANCY, INC. 13-4138370 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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

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

Sec	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,		,					
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Gifts, grants, contributions, and	,	. ,	` ,	,	, ,			
	membership fees received. (Do not								
	include any "unusual grants.")	477,773.	278,135.	223,195.	254,996.	378,543.	1,612,642.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	477,773.	278,135.	223,195.	254,996.	378,543.	1,612,642.		
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)						357,869.		
	Public support. Subtract line 5 from line 4.						1,254,773.		
Sec	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·							
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 4	477,773.	278,135.	223,195.	254,996.	378,543.	1,612,642.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	8,937.	10,517.	9,584.	7,127.	6,787.	42,952.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)			1,309.	239.	801.	2,349.		
11	Total support. Add lines 7 through 10						1,657,943.		
12	Gross receipts from related activities,	•	,			12			
13	First 5 years. If the Form 990 is for the	· ·	st, second, third, fo	ourth, or fifth tax y	ear as a section 5	01(c)(3)	. —		
<u></u>	organization, check this box and stop						>		
	ction C. Computation of Publi			. (0)		[]	75.60 01		
	Public support percentage for 2021 (I					14	75.68 %		
15						15	72.06 %		
16a	33 1/3% support test - 2021. If the d						▶ [7]		
	stop here. The organization qualifies		-						
D	33 1/3% support test - 2020. If the contract the state of the contract the state of								
47.	and stop here. The organization qual								
1/a	10% -facts-and-circumstances test	ū					*		
	and if the organization meets the fact				· ·	VI how the organiza	ition		
	meets the facts-and-circumstances te	_	•		-				
b	10% -facts-and-circumstances test	-					U% or		
	more, and if the organization meets the				-		. □		
40	organization meets the facts-and-circu				• • •				
18	Private foundation. If the organization	n ala not check a b	oux on line 13, 16a	, 100, 1/a, or 1/b,	cneck this box ai		Eorm 990) 2021		

Schedule A (Form 990) 2021

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

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

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

Schedule A (Form 990) 2021

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")? |f "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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	2-		
	3a		
	3b		
	0.0		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	46.		
مار	10b	n 990)	2004
110	A ILOTE	uui 11	21127

Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
-	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		6.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on 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 organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
_6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
<u>e</u>	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2021 distributable amount			
<u>i</u>	Carryover from 2016 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u> </u>	Applied to 2021 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
<u>a</u>	Excess from 2020 Excess from 2021			

Schedule A (Form 990) 2021

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE PALISADES PARKS CONSERVANCY, INC.

Employer identification number

13-4138370

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor a	adviso	d funde	1	(h) =:::	nde and	other acco	nunte	
		(a) Donor a	advise	a iurias	1	(b) Fur	ius and	other acco	ounts	
1	Total number at end of year				1					
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 wr	-								٦
	are the organization's property, subject to the organization's ex							Yes		_ No
6	Did the organization inform all grantees, donors, and donor adv									
	for charitable purposes and not for the benefit of the donor or o	•				•				٦
Da	impermissible private benefit? rt II Conservation Easements. Complete if the organism							Yes		_ No
				s" on Form 990	, Part IV	, line /				
1	Purpose(s) of conservation easements held by the organization		pply).	1						
	Preservation of land for public use (for example, recreation	on or education)] Preservation		-			ea	
	Protection of natural habitat			Preservation	of a cert	ified hi	storic s	tructure		
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation co	ontribu	ution in the forr	n of a co	nserva				
	day of the tax year.						Held a	t the End of	tne iax	(Year
а						2a				
b	,					2b				
С						2c				
d	() 1									
	listed in the National Register					2d				
3	Number of conservation easements modified, transferred, release	ased, extinguished	d, or t	erminated by th	ne organ	ization	during	the tax		
	year >									
4	Number of states where property subject to conservation ease	ment is located	-		_					
5	Does the organization have a written policy regarding the perio	odic monitoring, in	spect	ion, handling o	f					_
	violations, and enforcement of the conservation easements it h	nolds?						Yes		No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violation	ns, an	d enforcing co	nservatio	n ease	ements	during the	year	
	>									
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, ar	nd en	forcing conserv	ation ea	semen	ts durir	ng the year		
	> \$									
8	Does each conservation easement reported on line 2(d) above	satisfy the require	ement	s of section 17	0(h)(4)(B)	(i)				
	and section 170(h)(4)(B)(ii)?							Yes		No
9	In Part XIII, describe how the organization reports conservation	n easements in its	reven	nue and expens	e staten	nent an	d			
	balance sheet, and include, if applicable, the text of the footno	te to the organiza	ation's	financial state	nents th	at desc	cribes t	he		
	organization's accounting for conservation easements.									
Pa	rt III Organizations Maintaining Collections of A	Art, Historical	Tre	asures, or C	Other S	imila	r Ass	ets.		
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8	١.							
1a	If the organization elected, as permitted under FASB ASC 958,	, not to report in it	ts reve	enue statement	and bal	ance s	heet wo	orks		
	of art, historical treasures, or other similar assets held for public	c exhibition, educ	ation,	or research in	furthera	nce of	public			
	service, provide in Part XIII the text of the footnote to its finance	cial statements tha	at des	cribes these ite	ms.					
		to report in its re	venue	statement and	d balance	e sheet	works	of		
b	If the organization elected, as permitted under FASB ASC 958,	, to repert in ite re								
b	If the organization elected, as permitted under FASB ASC 958, art, historical treasures, or other similar assets held for public e	•		research in fui	therance	e of pu	blic ser	vice,		
b	art, historical treasures, or other similar assets held for public e	•		research in fui	therance	of pu	blic ser	vice,		
b	art, historical treasures, or other similar assets held for public e provide the following amounts relating to these items:	exhibition, educati	ion, or							
b	art, historical treasures, or other similar assets held for public e provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	exhibition, educati	ion, or			•	\$	vice,		
b 2	art, historical treasures, or other similar assets held for public e provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	exhibition, educati	ion, or			>	\$ \$			
	art, historical treasures, or other similar assets held for public e provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasure.	exhibition, educati	ion, or	ssets for financ		>	\$ \$			
2	art, historical treasures, or other similar assets held for public enterprovide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treases the following amounts required to be reported under FASB ASSET	exhibition, educati	ion, or	ssets for financ	ial gain,	► ► provide	\$ \$			
2 a	art, historical treasures, or other similar assets held for public e provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treas the following amounts required to be reported under FASB ASI	exhibition, educati	ion, or	ssets for financ items:	ial gain,	> provide	\$ \$			

132051 10-28-21

Par	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	r Sii	milar Assets	(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that make s	signifi	cant use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's col	lection?			Yes		No
Par	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered "Yes" or	n Forr	m 990, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributions	or other assets not	inclu	ded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII				_				
							Amoun	t	
С	Beginning balance				[1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance				[1f			
2a	Did the organization include an amount on F				ility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been j	orovided on Part XIII					
Par	rt V Endowment Funds. Complete	if the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) 1	Three years back	(e) Fou	r years	back
1a	Beginning of year balance	243,228.	226,773.	494,306.					
b	Contributions	100,637.	88,748.	32,800.					
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	0.0								
	and programs	158,710.	72,293.	300,333.					
f	Administrative expenses								
g	End of year balance	185,155.	243,228.	226,773.					
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%	_						
С	100	<u></u>							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held an	d administered for the	he or	ganization			
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Par	rt VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line	10.			
	Description of property	(a) Cost or o basis (investn	, ,	' '		nulated iation	(d) Boo	k valu	е
	Lond	<u> </u>	.5.19	(23.3.)	- P100				
_	Land	I							
b	9					-			
C						-			
d									
	Other		V / / . / / . / / . / / . / / / . / / . /	<u> </u>					0.
rota	II. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	x, column (B), line 10	JC.)		Schedule	D (Form	n 9901	

Part VII Investments - Other Securities.			V
Complete if the organization answered "Yes"		1	_
(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.)			
Complete if the organization answered "Yes" of	on Form 000 Dort IV line	11a Saa Farm 000 Dart V lina 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) Book value	(c) Method of Valuation. Cost of end	-or-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u> (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.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	>	
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements th	at reports the
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has been pro	vided in Part XIII

Schedule D (Form 990) 2021

	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Re	venue per Re	turn	r age
· u	Complete if the organization answered "Yes" on Form 990, Part IV, lin		venue per me	turri.	
1	Table of the control			1	396,563.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				, , , , , , , , , , , , , , , , , , , ,
	Net unrealized gains (losses) on investments	2a	-8,776.		
b			40,000.		
c			•		
	Other (Describe in Part XIII.)	اما			
	Add lines 2a through 2d			2e	31,224.
3	Subtract line 2e from line 1			3	365,339.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а		4a	793.		
b					
С	Add lines 4a and 4b			4c	793.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	366,132.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With E	xpenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total expenses and losses per audited financial statements			1	423,511.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а		2a	40,000.		
b	-				
С					
d					
е	Add lines 2a through 2d			2e	40,000.
3	Subtract line 2e from line 1			3	383,511.
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	793.		
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	793.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18			5	384,304.
Pa	rt XIII Supplemental Information.	•			
Prov	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and	d 2b; Part V, line 4	; Part X, line	e 2; Part XI,
ines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional informat	ion.		
PART	T V, LINE 4:				
HE	INTENDENT USE OF THE TEMPORARILY RESTRICTED CONTRIBUTIONS	IS SOLELY			
BASE	ED ON THE DISCRETION OF THE INDIVIDUAL DONATING THE FUNDS	TO THE			
CONS	SERVANCY.				

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number THE PALISADES PARKS CONSERVANCY, INC. 13-4138370 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

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Schedule G (Form 990) 2021

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and great productions.								
		or iditariasing event contributions and give	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through				
			GALA	ROCK THE RIVER		col. (c))				
ē			(event type)	(event type)	(total number)					
Revenue	1	Gross receipts	154,636.	14,436.		169,072.				
	2	Less: Contributions	142,110.	6,253.		148,363.				
	3	Gross income (line 1 minus line 2)	12,526.	8,183.		20,709.				
	4	Cash prizes								
S	5	Noncash prizes								
xpense	6	Rent/facility costs	6,715.			6,715.				
Direct Expenses	7	Food and beverages	14,215.			14,215.				
	8	Entertainment Other direct expenses		15,857.		20,020.				
	10				•	40,950.				
	11	Net income summary. Subtract line 10 from li				-20,241.				
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than					
		\$15,000 on Form 990-EZ, line 6a.	1	T	-	T				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Ä	1	Gross revenue								
nses	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direc	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes % No	Yes % No	Yes % No					
	7	Direct expense summary. Add lines 2 through		>						
	Net gaming income summary. Subtract line 7 from line 1, column (d)									
а	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming action," explain:	ctivities in each of these	states?		Yes No				
		ere any of the organization's gaming licenses re Yes," explain:				Yes No				
	_	1.21.21				dule G (Form 990) 2021				

Sch	edule G (Form 990) 2021 THE PALISADES PARKS CONSERVANCY, INC. 13-	4138370	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		//
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130	
14	criter the fiame and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\sum_{		
c	If "Yes," enter name and address of the third party:		
	The fact of the first and and an appropriate for the fact of the f		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	-		
	Director/officer Employee Independent contractor		
47	Manufatani distributiona.		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		┌
_	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Do	organization's own exempt activities during the tax year \$\bigsec{\text{t IV}} \ \text{Supplemental Information.} \ Provide the explanations required by Part I. line 2b. columns (iii) and (v): and Provide the explanations required by Part I. line 2b. columns (iii) and (v): and Provide the explanations required by Part I. line 2b. columns (iii) and (v): and Provide the explanations required by Part I. line 2b. columns (iii) and (v): and Provide the explanations required by Part I. line 2b. columns (iii) and (v): and Provide the explanations required by Part I. line 2b. columns (iii) and (v): and Provide the explanations required by Part I. line 2b. columns (iii) and (v): and Provide the explanations required by Part I. line 2b. columns (iii) and (v): and Provide the explanations required by Part I. line 2b. columns (iii) and (v): and Provide the explanations required by Part I. line 2b. columns (iii) and (v): and Provide the explanations required by Part II. line 2b. columns (iii) and (v): and Provide the explanations required by Part II. line 2b. columns (iii) and (v): and Provide the explanations required by Part II. line 2b. columns (iii) and (v): and Provide the explanations required by Part II. line 2b. columns (iii) and (v): and Provide the explanations required by Part II. line 2b. columns (iii) and (v): and Provide the explanations required by Part II. line 2b. columns (iii) and (v): and		
Ра		art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule C	G (Form 990)	THE PALISADES PARKS CONSERVANCY, INC.	13-4138370	Page 4
Part IV	G (Form 990) Supplemental Info	rmation (continued)		
		(continues)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE PALISADES PARKS CONSERVANCY, INC.							Employer identification number 13-4138370
Part I General Information on Grants and Assistance							
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's property of the property	stance? ocedures for monito Domestic Organiza	oring the use of grant	funds in the United	States. Complete if the organic			X Yes No
recipient that received more than \$ 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NEW JERSEY ARBORISTS CHAPTER INTERNATIONAL SOCIETY - 7 SEAN DR - NEPTUNE, NJ 07753	22-3513017		17,000.	0.			GENERAL SUPPORT
PALISADES INTERSTATE PARK COMMISSION - ADMINISTRATION BUILDING - BEAR MOUNTAIN , NY 10911	13-1941505		37,092.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations	0 0		e line 1 table				>
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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Supplemental Information. Provide the information	tion required in Part I, line	e 2; Part III, columi	n (b); and any other ad	ditional information.	
, LINE 2:					
ONSERVANCY MONITORS GRANTS.					

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

THE PALISADES PARKS CONSERVANCY, INC.

Employer identification number

OMB No. 1545-0047

13-4138370 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 ARE COMMITTED TO SUPPORTING PARKS WHERE ALL VISITORS CAN PLAY, CONNECT AND IMMERSE THEMSELVES IN NATURE AND CULTURE. PALISADES PARKS CONSERVANCY ACHIEVES ITS MISSION BY RAISING FUNDS AND DELIVERING PROGRAMS AND PROJECTS THAT PROVIDE EDUCATION AND STEWARDSHIP ENVIRONMENTAL CONSERVATION AND RESTORATION. HISTORIC PRESERVATION PUBLIC ACCESS AND RECREATION. AND PROTECTION OF NATURAL AND CULTURAL ALL BENEFITING THE PALISADES INTERSTATE PARK SYSTEM. RAISES AND ADMINISTERS FUNDS THAT IMPROVE THE FACILITIES. ENVIRONMENTAL AND CULTURAL SITES AND PROVIDES EDUCATION WITHIN THE PALISADES INTERSTATE PARK SYSTEM, FORM 990, PART VI, SECTION B, LINE 11B: 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, FORM 990, PART IX, LINE 11G, OTHER FEES:

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021		Page 2
Name of the organization THE PALISADES PARKS CONSERVANCY, INC.		Employer identification number 13-4138370
PROFESSIONAL FEES:		
PROGRAM SERVICE EXPENSES	8,733.	
MANAGEMENT AND GENERAL EXPENSES	24,149.	
FUNDRAISING EXPENSES	7,980.	
TOTAL EXPENSES	40,862.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	40,862.	