Return of Organization Exempt From Income Tax

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

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

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



AI	For the	2019 calendar year, or tax year beginning and a	ending		
Β	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres change				
	Name change	Doing business as		13-3443825	
	Initial return		Room/suite	E Telephone number	
	Final return/	475 RIVERSIDE DRIVE	155	212-870-3070	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,034,937.
	Amende return	NEW TORK, NI 10115		H(a) Is this a group re	
	Applica tion pending	F Name and address of principal officer: ADAM 201A		for subordinates	? Yes 🕱 No
		SAME AS C ABOVE		H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527		list. (see instructions)
		WWW.RIVERSIDEPARKNYC.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other ►	L Year (of formation: 1986	State of legal domicile: NY
Pa	-	Summary			
ĕ	1 E	Briefly describe the organization's mission or most significant activities:	SSION OF	THE CONSERVANCY	
anc		S TO RESTORE, MAINTAIN, AND IMPROVE RIVERSIDE PARK			
Activities & Governance	2 (Check this box if the organization discontinued its operations or dispos			ets. 26
200					26
٠ مە		Number of independent voting members of the governing body (Part VI, line 1b)		·····	61
ties	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			40091
tivi		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ac		Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		4,089,905.	4,032,740.
Revenue	9 F	Program service revenue (Part VIII, line 2g)		2,551,568.	3,040,835.
evel Svel	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		28,311.	30,620.
ž	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		500,527.	-19,194.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,170,311.	7,085,001.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	1 4 5 6	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,421,235.	3,983,694.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	Ο.
e Be	b 1	otal fundraising expenses (Part IX, column (D), line 25)	348.		
ŵ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,369,215.	3,228,421.
	18 1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,790,450.	7,212,115.
	19 F	Revenue less expenses. Subtract line 18 from line 12		1,379,861.	-127,114.
OL SO			Be	ginning of Current Year	End of Year
sets	20 1	Total assets (Part X, line 16)		5,528,995.	6,162,366.
Net Assets	21	Total liabilities (Part X, line 26)		811,350.	1,340,251.
		Net assets or fund balances. Subtract line 21 from line 20		4,717,645.	4,822,115.
I P:	art II	Signature Block			

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

Sign Here	Signature of officer Type or print name and title		Date		
Paid Preparer	Print/Type preparer's name JAMES J. REILLY Firm's name ► CONDON O'MEARA MCGINTY & DQA	James Reilly		Check PTIN if self-employed P0018376 EIN 13-362825	
Use Only	Firm's address ONE BATTERY PARK PLAZA NEW YORK, NY 10004	<i></i>		e no.212-661-7777	
May the I	RS discuss this return with the preparer shown above? (X Yes	No

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2019) RIVERSIDE PARK CONSERVANCY, INC.	13-3443825	Page
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
	Briefly describe the organization's mission: SEE SCHEDULE O		
	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	s 🛛 N
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program service		s 🗵 N
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services	as measured by expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	thers, the total expenses,	and
	revenue, if any, for each program service reported.		
а	(Code:) (Expenses \$3,157,883. including grants of \$) (F FIELD OPERATIONS AND VOLUNTEERS:	Revenue \$	
	THESE PROGRAMS INCLUDE MAINTENANCE AND RESTORATION WORK PERFORMED IN		
	THE PARK, EITHER BY PAID STAFF, OUR VOLUNTEERS, OR OUTSIDE CONTRACTORS.		
	THEY CAN INCLUDE HORTICULTURAL RESTORATION AND CARE, BALLFIELD CARE,		
	TENNIS COURT MAINTENANCE, PAINTING, AND SMALL REPAIRS, E.G., BY		
	ELECTRICIANS, PLUMBERS, MASONS, OR OTHERS HIRED BY THE CONSERVANCY.		
	FIELD OPERATIONS ALSO INCLUDES THE PURCHASE OF VEHICLES AND EQUIPMENT		
	TO SUPPORT THIS WORK.		
b	(Code:) (Expenses \$1,583,952. including grants of \$) (F	Revenue \$ 3,0	40,835.
	PUBLIC PROGRAMS & EVENTS:		
	THESE PROGRAMS OFFERED TO GENERAL PUBLIC, EITHER FREE OR FOR A FEE.		
	FREE EVENTS MAY INCLUDE CONCERTS, YOGA OUTDOOR MOVIES, CHILDREN'S		
	PROGRAMS, AND LARGE EVENTS SUCH AS THE WESTSIDE COUNTY FAIR, IRISH ARTS		
	FESTIVAL, LITTLE RED LIGHTHOUSE FESTIVAL, AND THE HOLIDAY TREE		
	LIGHTING. EVENTS FOR A FEE MAY INCLUDE ACTIVITIES SUCH AS TENNIS		
	LESSONS AND SPORTS CAMP.		
c	(Code:) (Expenses \$1,029,978. including grants of \$) (F	Revenue \$	
	DESIGN AND CONSTRUCTION:		
	THIS REFERS TO CAPITAL IMPROVEMENTS IN THE PARK. FOR 2018 THESE		
	INCLUDED THE RECONSTRUCTION OF THE BLUESTONE STEP-RAMP AT 97TH STREET, INSTALLATION OF NEW PLAYGROUND EQUIPMENT AT THE 83RD STREET PLAYGROUND.		
	RESETTING AND POINTING OF STONE AT THE 102ND ST OVERLOOK AND THE		
	ONGOING RESTORATION OF THE FIELD HOUSE. GENERALLY THESE ARE PAYMENTS TO		
	ONGOING RESTORATION OF THE FIELD HOUSE. GENERALLY THESE ARE PAYMENTS TO OUTSIDE CONTRACTORS BUT MAY ALSO INCLUDE ASSOCIATED COSTS SUCH AS		
	OUTSIDE CONTRACTORS BUT MAY ALSO INCLUDE ASSOCIATED COSTS SUCH AS		
	OUTSIDE CONTRACTORS BUT MAY ALSO INCLUDE ASSOCIATED COSTS SUCH AS PRINTING AND COPYING DESIGN DRAWINGS, SIGNAGE, PERMIT FEES, AND RELATED POSTAGE.		
d	OUTSIDE CONTRACTORS BUT MAY ALSO INCLUDE ASSOCIATED COSTS SUCH AS PRINTING AND COPYING DESIGN DRAWINGS, SIGNAGE, PERMIT FEES, AND RELATED POSTAGE. Other program services (Describe on Schedule O.)		
	OUTSIDE CONTRACTORS BUT MAY ALSO INCLUDE ASSOCIATED COSTS SUCH AS PRINTING AND COPYING DESIGN DRAWINGS, SIGNAGE, PERMIT FEES, AND RELATED POSTAGE.)	

Form 990 (2019)

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RIVERSIDE PARK CONSERVANCY, INC. 13-3443825 Page 3 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)? Х If "Yes," complete Schedule A 1 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or x similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 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 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? х 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Х Part VI 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 Х 11b С Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 18 1c and 8a? If "Yes," complete Schedule G, Part II 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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
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

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Form 990 (2019)

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Form 990 (2019) RIVERSIDE PARK CONSERVA Part IV Checklist of Required Schedules (continu RIVERSIDE PARK CONSERVANCY, INC.

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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	
~	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		x
35 2	Part V, line 1	34 35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
2	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		x
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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b O Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	
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	990 (2019) RIVERSIDE PARK CONSERVANCY, INC. 13-344382	25	P	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 61			
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 <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country			
, N	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		x
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		x
b				<u> </u>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5</u> c		
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? 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?	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			
11	Section 501(c)(12) organizations. Enter:			
 а	Gross income from members or shareholders N/A 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
122	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	120		
		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
а		150		
	Note: See the instructions for additional information the organization must report on Schedule O.			
a	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	-		
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		Г		(0010)

Form **990** (2019)

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	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec				
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 26		100	
		1		
b				
2		1		
		2		x
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		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5		5		X
6		6		X
7a				
	more members of the governing body?	7a		X
b				
	persons other than the governing body?	7b		x
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		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		X
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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13		13	Х	
14		14	X	
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?			
		15a	Х	
b		15b	Х	
16a				-
	taxable entity during the year?	16a		X
b				
	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		
 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? A ra any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? B told the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? g is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization smalling address? (#Yws," provide the names and addresses on Schelule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a bid the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their polerations are consistent with the organization's exempt purposes? 11a Has the organization have a written conflict of interest policy? (#*No," go to fine 13 14 Wer organization have a written conflict of interest policy? (#*No," go to fine 13 15 Were organization nave a written consistently monitor and enforce compliance with the policy? (# *Yas," describe in Schedul				
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright ^{NY}			
17	List the states with which a copy of this Form 990 is required to be filed ▶ ^{NY} 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	s only)	availa	ble
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright ^{NY} 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 for public inspection. Indicate how you made these available. Check all that apply.	s only)	availa	ble
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ ^{NY} 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 for public inspection. Indicate how you made these available. Check all that apply.			ble
17 18	List the states with which a copy of this Form 990 is required to be filed ▶NY 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 for public inspection. Indicate how you made these available. Check all that apply.			ble
17 18 19	List the states with which a copy of this Form 990 is required to be filed ▶ ^{NY} 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 for public inspection. Indicate how you made these available. Check all that apply.			ble
17 18 19	List the states with which a copy of this Form 990 is required to be filed ▶ ^{NY} 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 for public inspection. Indicate how you made these available. Check all that apply.			ble
17 18 19	List the states with which a copy of this Form 990 is required to be filed ▶ ^{NY} 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 for public inspection. Indicate how you made these available. Check all that apply.			ble

Form 990 (2		13-3443825	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated	
	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with o	r within the organization	's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do			ition) than d	200	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	lirecto	r/trus I	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com				and related organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICAH C. LASHER	1.00				×	Ξæ	ш.			
CHAIRMAN		х		x				0.	0.	0.
(2) GENE BOXER	1.00									
VICE CHAIR		х		x				0.	0.	Ο.
(3) MARGARET HOLEN	1.00									
VICE CHAIR		Х		х				0.	0.	0.
(4) JOHN L. MASCIALINO	1.00									
VICE CHAIR		Х		х				0.	0.	0.
(5) ADAM ZOIA	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) APRIL LANE BENSON	1.00									
SECRETARY		Х		X				0.	0.	0.
(7) LORI BASSMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) VICTORIA BENITEZ	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DEBORAH A. BROWN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) SUSAN CURTIS	1.00									
DIRECTOR		Х						0.	0.	0.
(11) ELIZABETH DELON BHARGAVA	1.00									
DIRECTOR		Х						0.	0.	0.
(12) STEPHEN R. DIPRIMA	1.00									
DIRECTOR		Х						0.	0.	0.
(13) ROBERT J. EPSTEIN	1.00									
DIRECTOR		Х						0.	0.	0.
(14) ANGELA FERNANDEZ	1.00									
DIRECTOR		Х						0.	0.	0.
(15) BESTY GOLDIN	1.00									
DIRECTOR		Х						0.	0.	0.
(16) DAVID GOLDSTICK	1.00									
DIRECTOR		Х						0.	0.	0.
(17) PETER J. HORNICK	1.00									
DIRECTOR		Х						0.	0.	0.
020007 01 00 00										E_{0} (2010)

932007 01-20-20

Form 990 (2019)

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Form 990 (2019) RIVERSIDE PAR	RK CONSERVA	NCY	, I	NC.					13-344382	:5	F	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Em	ploy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(10		Pos				Reportable	Reportable	E	stimat	ed
	hours per					than c s both		compensation	compensation	ar	nount	t of
	week	offi	cer ar	nd a d	irecto	or/trust	tee)	from	from related		other	r
	(list any	ector						the	organizations	com	pens	ation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	f	rom th	ne
	related	stee o	trustee			ensa		(W-2/1099-MISC)		orç	ganiza	tion
	organizations	al trus	nal tr		loyee	com p e				1	d rela	
	below	ndividual trustee or director	In stit utio nal 1	Officer	ƙey employee	Highest compensated employee	Former			org	anizat	ions
	line)	Ind	lns	0#	Key	Hig e m	Бог			<u> </u>		
(18) ANDREA KRANTZ	1.00											
DIRECTOR		Х						0.	0.			0.
(19) JOSH LEHRER	1.00											
DIRECTOR		Х						٥.	0.			0.
(20) JANE MCINTOSH	1.00											
DIRECTOR		х						0.	0.			0.
(21) BLAKE MIDDLETON	1.00											
DIRECTOR		х						0.	0.			0.
(22) ELIZABETH A. MCNAMARA	1.00									<u> </u>		
DIRECTOR		x						0.	0.			0.
(23) LARA MEHRABAN	1.00								•••			<u>.</u>
DIRECTOR	1.00	x						0.	0.			٥
(24) CATHERINE MORRISON GOLDEN	1 00	^						U.	υ.			0.
·	1.00								0			•
DIRECTOR		х						0.	0.			0.
(25) MARY FRANCES SHAUGHNESSY	1.00											
DIRECTOR		Х						0.	0.	<u> </u>		0.
(26) JOSEPH TANSEY	1.00											
DIRECTOR		Х						0.	0.			0.
1b Subtotal								0.	0.			٥.
c Total from continuation sheets to Part VI	, Section A							391,889.	0.		11	,542.
d Total (add lines 1b and 1c)								391,889.	0.		11	,542.
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable			
compensation from the organization												2
											Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	key e	empl	ove	e, or	hiq	hest compensated empl	ovee on			
line 1a? If "Yes," complete Schedule J for si	uch individual			·	•					3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	х	
5 Did any person listed on line 1a receive or a												
										5		x
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Scheduli	eJī	or sl	icn i	bers	on .				5		1 **
· · · · · · · · · · · · · · · · · · ·									100 000 of company			
1 Complete this table for your five highest co	-	-								tion tr	mc	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	rith c	or wi	thin		ear.			
(A)	addraaa							(B)	om/iooo		C)	
Name and business								Description of s	ervices (Compe	IISauc	
KIDS OF SUMMER , 180 CABRINI BLVD. AN	PT.											
36, NEW YORK, NY 10033							_	SPORTS CAMP PROVID	ERS		266	,513.
CARLOS OLIVEIRA SOCCER ACADEMY, 118-3												
QUEENS BLVD, #400, FOREST HILLS , NY	11375							SPORTS CAMP PROVID	ERS		188	,335.
NASTASI BUILDERS, LLC.												
321 NEWARK STREET , HOBOKEN, NJ 07030)							CONSTRUCTION			144	,488.
NCHENG LLP, 40 WALL STREET, 32ND FLOO	DR,											
SUITE 3222, NEW YORK, NY 10005								ACCOUNTING			142	,076.
2 Total number of independent contractors (ir	ncludina but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	•			-		4	_,	,				
SEE PART VII, SECTION A CONTINU		TS								Form	990	(2019)
932008 01-20-20											-	,_010)
002000 01-20-20												

	PARK CONSERVA								13-34438	325
		nplo	yee			ligh	est (, ,	(F)
(A) Name and title	(B) Average				C) ition			(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours	(cl	heck				ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensatior
	(list any	ecto r				am plc		organization	(W-2/1099-MISC)	from the
	hours for	or di	ee			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		96	bens				and related
	organizations	ual tr	ional		ploy6	t corr				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
27) JESSE Y. RAMOS	40.00	-	=		×	<u> </u>	ш			
HIEF OPERATING OFFICER				x				137,620.	0.	11,54:
28) DANIEL GARODNICK	40.00									
HEIF EXECUTIVE OFFICER &				х				254,269.	0.	(
		-								
		-								
		<u> </u>								
otal to Part VII, Section A, line 1c								391,889.		11,54

932201 04-01-19

		Check if Schedule O	cont	ains a respo	onse	or note to any line	An this Part VIII	(B)	(C)	<u>(</u> D)
							Total revenue	Related or exempt function revenue		Revenue exclu from tax und sections 512 -
'n	1 a	Federated campaigns		1a						30010113 0 12
						44,415.				
0		Fundraising events				836,779.				
		Related organizations								
a		Government grants (cont								
		All other contributions, gifts								
e	•	similar amounts not include				3,151,546.				
5	-				<u>۴</u>	441,296.				
	-	Noncash contributions included in					4,032,740.			
σ	n	Total. Add lines 1a-1f				Business Code	1,052,740.			
	0 -	RPC - SOUTH MAINTE	NANC	R FERS		713990	1,647,423.	1,647,423.		
		SPORTS CAMP FEES	INANC	E FEED		713990	866,831.	866,831.		
ne	b	RCTA FEES				713990		526,581.		
/eu	C					713990	526,581.	520,501.		
Revenue	d									
	e									
		All other program service					3,040,835.			
		Total. Add lines 2a-2f					5,040,055.			
	3	Investment income (inclu					30,620.			30,6
		other similar amounts)					50,020.			50,0
	4	Income from investment		-		. [
	5	Royalties		(i) Rea		(ii) Personal				
	~	a				(II) Personal				
		Gross rents			0.					
		Less: rental expenses								
		Rental income or (loss)	6c	44,	100.		44 100	44 100		
		Net rental income or (los	·				44,100.	44,100.		
	7 a	Gross amount from sales of	f	(i) Securi		(ii) Other				
		assets other than inventory	7a	753,	068.					
	b	Less: cost or other basis								
		and sales expenses								
		Gain or (loss)			0.					
	d	Net gain or (loss)				🕨				
	8 a	Gross income from fundrais								
		including \$	836	,779. of						
		contributions reported or	n line	1c). See						
		Part IV, line 18			8a	44,968.				
	b	Less: direct expenses \dots			8b	196,868.				
	С	Net income or (loss) from	n fund	Iraising eve	nts	>	-151,900.			-151,9
	9 a	Gross income from gami	ing ac	tivities. See	•					
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from	n gam	ing activitie	s <u></u>	►				
-	10 a	Gross sales of inventory,	less	returns						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from			ry	>				
Γ						Business Code				
	11 a	OTHER INCOME				900099	88,606.	88,606.		
	b						-	-		
	С									
Ĩ		All other revenue								
1		Total. Add lines 11a-11d				▶	88,606.			
	е									

RIVERSIDE PARK CONSERVANCY, INC.

Form 990 (2019)

Page **9**

13 - 3443825

RIVERSIDE PARK CONSERVANCY, INC.

13-3443825 Page **10**

	Check if Schedule O contains a respons	e or note to any line in t (A)		(C)	(D)
	de amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants a	and other assistance to domestic organizations				
and don	nestic governments. See Part IV, line 21				
2 Grants	and other assistance to domestic				
individu	uals. See Part IV, line 22				
3 Grants	and other assistance to foreign				
•	ations, foreign governments, and foreign				
individu	uals. See Part IV, lines 15 and 16				
4 Benefit	s paid to or for members				
5 Compe	ensation of current officers, directors,				
trustee	s, and key employees	403,433.	246,816.	85,272.	71,345
6 Compen	isation not included above to disqualified				
persons	(as defined under section 4958(f)(1)) and				
persons	described in section 4958(c)(3)(B)				
7 Other s	alaries and wages	2,974,370.	2,180,562.	433,797.	360,011
	plan accruals and contributions (include				
section	401(k) and 403(b) employer contributions)				
9 Other e	employee benefits	405,860.	318,734.	36,471.	50,655
0 Payroll	taxes	200,031.	157,091.	17,975.	24,965
	or services (nonemployees):				
a Manag	ement				
	nting	176,813.		176,813.	
	ng				
	ional fundraising services. See Part IV, line 17				
	nent management fees				
	(If line 11g amount exceeds 10% of line 25,				
-	(A) amount, list line 11g expenses on Sch 0.)	167,813.	144,424.	17,459.	5,930
	sing and promotion				
	expenses	222,880.	174,103.	22,678.	26,099
	ation technology	,	,	,	,
	es				
	ancy	67,421.	52,947.	6,059.	8,415
7 Travel		, .	,	, .	/
_	nts of travel or entertainment expenses				
	federal, state, or local public officials				
-	ences, conventions, and meetings				
0 Interest					
	F				
	nts to affiliates	2,819.		2,819.	
		27,901.	21,911.	2,508.	3,482
3 Insuran	kpenses. Itemize expenses not covered	27,501.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,000.	5,101
4 Other ex above (L	List miscellaneous expenses on line 24e. If				
line 24e	amount exceeds 10% of line 25, column (A)				
שמגמ	, list line 24e expenses on Schedule 0.)	1,026,563.	1,026,504.	56.	
	S CAMP	750,675.	750,675.	50.	
		,			
	SUPPLIES	299,695.	299,695.	7 565	
ŭ		278,280.	270,715.	7,565.	75 443
	er expenses	207,561.	127,636.	4,482.	75,443
	nctional expenses. Add lines 1 through 24e	7,212,115.	5,771,813.	813,954.	626,348
	sts. Complete this line only if the organization				
•	d in column (B) joint costs from a combined				
	onal campaign and fundraising solicitation.				
Check he	re 🕨 📄 if following SOP 98-2 (ASC 958-720)				Form 990 (201

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Form 990 (2019)

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			305,759.	1	392,635.
	2	Savings and temporary cash investments			3,506,067.	2	4,060,565.
	3	Pledges and grants receivable, net			735,021.	3	488,546.
	4	Accounts receivable, net				4	· · ·
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these		,		5	
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net		Г		7	
Assets	8	Inventories for sale or use		Г		8	
As	9	Prepaid expenses and deferred charges			13,459.	9	
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	70,080.			
	b	Less: accumulated depreciation		61,959.	20,028.	10c	8,121.
	11	Investments - publicly traded securities			948,661.	11	1,212,499.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets	Г		14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			5,528,995.	16	6,162,366.
	17	Accounts payable and accrued expenses			581,163.	17	924,847.
	18	Grants payable		18			
	19	Deferred revenue			230,187.	19	415,404.
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F			21		
۵	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa					
ili		controlled entity or family member of any of these		,		22	
Lie	23	Secured mortgages and notes payable to unrelat		F		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay	-	Γ			
		parties, and other liabilities not included on lines					
		of Schedule D	, ,			25	
	26	Total liabilities. Add lines 17 through 25		811,350.	26	1,340,251.	
		Organizations that follow FASB ASC 958, check	ck here 🕨 🗌	X			
ŝ		and complete lines 27, 28, 32, and 33.					
and	27				900,944.	27	951,029.
Ba	28	Net assets with donor restrictions		Г	3,816,701.	28	3,871,086.
p L		Organizations that do not follow FASB ASC 95					
머니		and complete lines 29 through 33.					
۶.	29					29	
sets	30	Paid in or capital surplus, or land, building, or equ		Г		30	
Ast	31	Retained earnings, endowment, accumulated inc		Г		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,717,645.	32	4,822,115.
~	33	Total liabilities and net assets/fund balances			5,528,995.	33	6,162,366.

RIVERSIDE PARK CONSERVANCY, INC. Part X Balance Sheet

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

Page 11 13-3443825

	5,001. 2,115. 7,114. 7,645.
1 Total revenue (must equal Part VIII, column (A), line 12)	2,115. 7,114. 7,645.
	2,115. 7,114. 7,645.
	2,115. 7,114. 7,645.
	7,114. 7,645.
2 Total expenses (must equal Part IX, column (A), line 25) 2 7,21	7,645.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1 504
	1,584.
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 4,82	2,115.
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	
Y	s No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	x
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
Separate basis X Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
Act and OMB Circular A-133? 3a	x
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2019)

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public

Inspection

Nam	e of t	ne organization	THE DARK CONCER	WANGY THE					Identification number	
Par	41	Reason for Public C	IDE PARK CONSER		malata th	ia nort \ Ca			13-3443825	
							e instructions	i.		
ſ	organ	ization is not a private found		•		,				
1		A church, convention of chu					I)(A)(I).			
2		A school described in secti					···			
3		A hospital or a cooperative					•			
4		A medical research organiza	ation operated in cor	njunction with a nospital	described	in sectio	A)(1)(d)/11 n	(III). Enter	the hospital's name,	
- (city, and state:						- :+	. al 1:a	
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
•										
6 -		A federal, state, or local gov	-							
7	<u> </u>	An organization that normal	•	ntial part of its support fr	om a gove	ernmentai	unit or from tr	ie general p	Dudiic described in	
o [section 170(b)(1)(A)(vi). (Co								
8		A community trust describe								
9		An agricultural research org				-		-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
10		university: An organization that normal	Illy roopiyoo: (1) moro	than 22 1/20/ of its supr	ort from a	ontributio	no momborol	in food on	d aroos respirate from	
10				••			-	•	•	
		activities related to its exem income and unrelated busin							-	
		See section 509(a)(2). (Cor				ses acqui		anization a		
11		An organization organized a		vely to test for public sat	atv Saa	section 5(10(2)(4)			
12		An organization organized a		•	•			rry out the	nurnoses of one or	
		more publicly supported or	•	•	•			•		
		lines 12a through 12d that of	-							
а		Type I. A supporting orga	• •			-		-	nivina	
ŭ		the supported organizatio	-	-	• • • •	-				
		organization. You must c								
b		Type II. A supporting orga			ion with its	s supporte	ed organizatio	n(s), by hay	ina	
-		control or management of	-				-		-	
		organization(s). You mus			and perce			90 iiio oolph		
с		Type III functionally inte			in connect	tion with, a	and functional	lv integrate	d with.	
		its supported organization		•••				, ,		
d		Type III non-functionally		-				ted organiz	ation(s)	
		that is not functionally inte	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	uirement and	an attentiv	reness	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .			
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
g		vide the following information			(iii) is the even					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount or		(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)	
Total										
		aperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 or	990-EZ.	932021 09-	25-19 Sche	dule A (For	m 990 or 990-EZ) 2019	

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Schedule A (Form 990 or 990 EZ) 2019 RIVERSIDE PARK CONSERVANCY, INC.

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,735,966.	2,470,732.	1,716,890.	4,089,905.	4,032,740.	15,046,233.
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	2,735,966.	2,470,732.	1,716,890.	4,089,905.	4,032,740.	15,046,233.
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)						1,936,838.
6	Public support. Subtract line 5 from line 4.						13,109,395.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	2,735,966.	2,470,732.	1,716,890.	4,089,905.	4,032,740.	15,046,233.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	66,825.	23,268.	25,296.	71,661.	74,720.	261,770.
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.)	15,080.	9,590.	32,367.	47,404.	88,606.	193,047.
11	Total support. Add lines 7 through 10						15,501,050.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
	First five years. If the Form 990 is for	-				1 501(c)(3)	
	organization, check this box and stop	-			•		
See	ction C. Computation of Publi						
14	Public support percentage for 2019 (li	ine 6, column (f) div	vided by line 11, co	olumn (f))		14	84.57 %
15	Public support percentage from 2018	Schedule A, Part I	I, line 14			15	85.30 %
16a	1 33 1/3% support test - 2019. If the c	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this boy	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				► X
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstand	es" test, check thi	is box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		
b	0 10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	•
	organization meets the "facts-and-circ	umstances" test. 7	The organization qu	ualifies as a public	ly supported orgar	nization	
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
					Sche	edule A (Form 990	or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 RIVERSIDE PARK CONSERVANCY, INC.

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.)

Sec	ction A. Public Support	_	-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,
_	check this box and stop here						
Sec	ction C. Computation of Publi	ic Support Per	centage			, <u>,</u>	
	Public support percentage for 2019 (I		•	column (f))		15	%
-	Public support percentage from 2018					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box a						▶∟
b	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl			
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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	Supporting organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	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			
<u></u>	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. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI). See instru	ctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Y (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 Y (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Ye	ar
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	anization (see	

instructions).

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions		v 7	Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
<u>a</u>	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	(Form 990 or 990-EZ) 2019 RIVERSIDE PARK CONSERVANCY, INC.	13-3443825	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, an line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also c (See instructions.)	d 11c; Part IV, Section B, lines 1 and 2; Part IV, Sectio 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; F	on C,
932028 09-25-1	⁹ 21	Schedule A (Form 990 or 990)-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

	RIVERSIDE PARK CONSE	ERVANCY, INC.	13-3443825				
Organization typ	Organization type (check one):						
Filers of:	Section:						

Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Part I

Page 2

Employer identification number

13-3443825

RIVERSIDE PARK CONSERVANCY, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	MS. LAURA H. RICHARDS AND MR. JIM NAUGHTON PO BOX 400 CARROLLTON, GA 30112	\$391,160.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) Tatal contributions	(d) Turna af cambridantian
<u>No.</u>	Name, address, and ZIP + 4 MR. AND MRS. LAWRENCE H. LINDEN 41 RIVERSIDE DRIVE NEW YORK, NY 10024	Total contributions \$241,310.	Type of contribution Person X Payroll
(a) No	(b)	(c) Total contributions	(d) Turne of contribution
<u>No.</u> <u>3</u>	Name, address, and ZIP + 4 THE THOMPSON FAMILY FOUNDATION, INC 230 PARK AVENUE, SUITE 1541 NEW YORK, NY 10169	\$500,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CHARINA ENDOWMENT FUND 375 PARK AVENUE, SUITE 1602 NEW YORK, NY 10152	\$207,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MR. DAVID KORNACKER 155 WEST 68TH STREET #823 NEW YORK, NY 10023	\$154,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BOOTH FERRIS FOUNDATION 390 MADISON AVENUE, 14TH FLOOR NEW YORK, NY 10017	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

923452 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

13-3443825

RIVERSIDE PARK CONSERVANCY, INC.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	INTEL CORP COM STOCKS		
		\$386,400.	11/05/01
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-06		\$	90, 990-EZ, or 990-PF) (;

24

11051103 152490 0651EY

Page 4

ame of organization		Employer identification number
VERSIDE PARK CONSERVANCY, INC.		13-3443825
Part III Exclusively religious, charitable, etc., contributor	(a) through (e) and the following line er s, charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
a) No. from (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		
	(e) Transfer of gi	
Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gi	ft
Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
a) No.		
from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gi	[
Transferee's name, address,		Relationship of transferor to transferee
a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gi	ft
Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
I 3454 11-06-19	25	Schedule B (Form 990, 990-EZ, or 990-PF) (2

11051103 152490 0651EY

	HEDULE D n 990)	Supplementa ► Complete if the org Part IV, line 6, 7, 8, 9, 10	anization answered " , 11a, 11b, 11c, 11d, ⁻	Ves" on Form 990		2019 Open to Public
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9	Attach to Form 990.			Inspection
	e of the organizat				Employer	identification number
		RIVERSIDE PARK CONSERVANCY,				13-3443825
Pa	rt I Organiz	ations Maintaining Donor Advise	d Funds or Other	Similar Funds or A	counts.	Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advi	ised funds	(b) Funds and	d other accounts
1		end of year				
2		of contributions to (during year)				
3 4		of grants from (during year)				
4 5		at end of year ion inform all donors and donor advisors in v			hs	
Ŭ	-	on's property, subject to the organization's	-			Yes No
6		ion inform all grantees, donors, and donor a				
	for charitable pur	poses and not for the benefit of the donor o	r donor advisor, or for	any other purpose confer	ing	
	impermissible priv	vate benefit?				Yes No
Pa	rt II Conserv	vation Easements. Complete if the or	ganization answered "	Yes" on Form 990, Part IV	, line 7.	
1		servation easements held by the organization	· · · · · · ·	···		
		n of land for public use (for example, recrea	tion or education)	Preservation of a hist		
		of natural habitat n of open space	L	Preservation of a cert	ified historic s	structure
2		a through 2d if the organization held a qualit	fied conservation cont	ribution in the form of a co	nservation ea	esement on the last
2	day of the tax yea	• • •				at the End of the Tax Year
а					2a	
b	Total acreage res	tricted by conservation easements			2b	
		rvation easements on a certified historic stru			2c	
d	Number of conse	rvation easements included in (c) acquired a	after 7/25/06, and not	on a historic structure		
		nal Register			2d	
3		rvation easements modified, transferred, rel	eased, extinguished, c	or terminated by the organ	ization during	the tax
	year	where property subject to appear sticp and	amont is located			
4 5		where property subject to conservation east ation have a written policy regarding the per		ection handling of		
5	•	forcement of the conservation easements it	e , 1			Yes No
6		er hours devoted to monitoring, inspecting,				
	▶		.	C C		0 /
7	Amount of expen	ses incurred in monitoring, inspecting, hanc	lling of violations, and	enforcing conservation ea	sements duri	ng the year
	►\$					
8		rvation easement reported on line 2(d) abov				
~	and section 170(h					
9		ibe how the organization reports conservation include, if applicable, the text of the footr		-		tho
		counting for conservation easements.	iote to the organization		at describes i	une
Pa	rt III Organiz	ations Maintaining Collections of	Art, Historical Ti	reasures, or Other S	imilar Ass	ets.
		if the organization answered "Yes" on Form				
1a	If the organizatior	n elected, as permitted under FASB ASC 95	8, not to report in its re	evenue statement and bal	ance sheet w	orks
	of art, historical tr	easures, or other similar assets held for put	olic exhibition, education	on, or research in furthera	nce of public	
	•	n Part XIII the text of the footnote to its finar				
b	-	n elected, as permitted under FASB ASC 95				
		sures, or other similar assets held for public	exhibition, education,	or research in furtherance	e of public se	rvice,
	-	ving amounts relating to these items:			•	
		uded on Form 990, Part VIII, line 1			N A	
2	• •	received or held works of art, historical tre		r assets for financial gain.		
-		punts required to be reported under FASB A				

а	Revenue included on Form 990, Part VIII, line 1	l

		_	_				
b	Assets	s included	in	Form	990,	Part	Х

11051103 152490 0651EY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

Schedule D (Form 990) 2019

26 2019.04030 RIVERSIDE PARK CONSERVANC 0651EY_1

▶ \$

▶ \$

Sche		ARK CONSERVANCY				3443825	Page 2	
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	er Similar Ass	sets _{(conti}	nued)	
3	Using the organization's acquisition, accessio	n, and other records	, check any of the f	ollowing that make	significant use of	its	,	
	collection items (check all that apply):							
а								
b								
с	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt purpose in F	Part XIII.		
5	During the year, did the organization solicit or							
-	to be sold to raise funds rather than to be ma			•		Yes	No	
Par	t IV Escrow and Custodial Arrang							
	reported an amount on Form 990, Parl		to in the organizatio		111 onn 666, 1 ar	10, 1110 0, 01		
10	Is the organization an agent, trustee, custodia		any for contribution	s or other assets not	tincluded			
Ia						Yes	No	
L	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a							
D	in res, explain the arrangement in Part XIII a	ind complete the loli	owing table.					
	De sienie a belen ee					Amoun	t	
	Beginning balance							
	Additions during the year							
	Distributions during the year							
f	0							
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •	Yes		
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete if							
	-	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years b			
	Beginning of year balance	3,816,701.	2,042,251.				,844,508.	
b	Contributions	1,609,112.	2,594,790.	497,817.			,515,535.	
С	Net investment earnings, gains, and losses	258,884.	24,347.	132,470.	66,2	65.	-3,492.	
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	1,813,611.	844,687.	843,095.	895,2	84. 1	,168,986.	
f	Administrative expenses							
g	End of year balance	3,871,086.	3,816,701.	2,042,251.	2,255,0	59. 2	,187,565.	
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment 14.58	%	_					
с	Term endowment 85.42	6						
	The percentages on lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the posses	•	tion that are held ar	nd administered for t	he organization			
	by:						Yes No	
	(i) Unrelated organizations					3a(i)	X	
	(ii) Related organizations						x	
h	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	n Schedule B?			<u>od(ii)</u> 3b		
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipme		inent lands.					
	Complete if the organization answered		Part IV line 11a S	ee Form 000 Part X	line 10			
				- I	Accumulated		k value	
	Description of property	(a) Cost or ot basis (investm	• • •		epreciation	(a) 600	k value	
	Land	· · · · ·	Dabis					
	Land							
	Buildings			20.250	12 202		C 0.01	
	Leasehold improvements			20,350.	13,389.		6,961.	
	Equipment			49,730.	48,570.		1,160.	
	Other					ļ	0.111	
Tota	I. Add lines 1a through 1e. <i>(Column (d) must ec</i>	ual Form 990. Part >	<u>(, column (B), line 1</u>	0c.)		<u> </u>	8,121.	
					Sche	dule D (Forr	n 990) 2019	

932052 10-02-19

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

(8) (9)

Sche	dule D (Form 990) 2019 RIVERSIDE PARK CONSERVANCY, INC.		13-3443825	Page 4			
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue p	er Return.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements	1					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities	2b					
с	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d		2e				
3	Subtract line 2e from line 1		3				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4 a					
b	Other (Describe in Part XIII.)						
С	c Add lines 4a and 4b						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)						
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	•	s per Return.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements		1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d		2e				
3	Subtract line 2e from line 1		3				
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						
b	Other (Describe in Part XIII.)	4b					
с	c Add lines 4a and 4b						
5	5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5						
Pa	t XIII Supplemental Information.						

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

PART V, LINE 4:

THE INCOME FROM THE PERMANENT ENDOWMENTS ARE GENERALLY FOR THE CONTINUED

MAINTENANCE OF A SITE WITHIN RIVERSIDE PARK. THE TEMPORARILY RESTRICTED

NEW ASSETS ARE RESTRICTED FOR SPECIFIC PARK SITES OR USER GROUP PROGRAMS.

932054 10-02-19

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	vities	OMB No. 1545-0047		
(Form 990 or 990-EZ) 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.							, or if the	2019		
Department of the Treasury Attach to Form 990 or Form 990-EZ.								Open to Public Inspection		
								entification number		
		PARK CONSERVANCY, INC.					13-34438			
Part I Fundrais	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	line 1	17. Form 990-E	Z filers are not		
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	e organization rais tions email solicitations tations licitations on have a written c red in Form 990, P) highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ rofessi	non-g gover ising ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	stees	Ye			
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (Amount paid (or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No						
		I								
Total 3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	▶ utions	or has been notified	l it is	exempt from r	egistration		
HA For Paperwork P	eduction Act Noti	ce, see the Instructions for Form 9	990 or		7	Scho	dule C /Form	990 or 990-EZ) 2019		
	Guiden ACLINOLI		00 00	530-E	. _ . ``	JUINE		550 01 390-EZJ 20 19		

932081 09-11-19

Schedule G (Form 990 or 990 EZ) 2019 RIVERSIDE PARK CONSERVANCY, INC.

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL GALA	HIPPO EVENT	4	(add col. (a) through
۵			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	814,228.	32,311.	35,208.	881,747.
	2	Less: Contributions	772,853.	32,311.	31,615.	836,779.
	3	Gross income (line 1 minus line 2)	41,375.		3,593.	44,968.
	4	Cash prizes				
<i>"</i>	5	Noncash prizes				
bense	6	Rent/facility costs	17,800.			17,800.
Direct Expenses	7	Food and beverages	96,900.		9,600.	106,500.
ā	8	Entertainment	10,900.	6,780.		17,680.
	9	Other direct expenses		6,230.	245.	54,888.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	196,868.
		Net income summary. Subtract line 10 from li				-151,900.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(h) Dull taba/instant		(d) Total coming (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Rev(1	Gross revenue				
	2	Cash prizes				

es	2	Cash prizes								
xpens	3	Noncash prizes								
Direct Expenses	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 5 in column (d)										
	 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 									
b If "No," explain:										
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:									

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2019 RIVERSIDE PARK CONSERVANCY, INC.	13-34	14382	5	Pa	ge 3
	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:					
a	The organization's facility		13a			%
	An outside facility		13b			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			•		
	Name					
	Address					
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes] No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amour	nt				
	of gaming revenue retained by the third party ▶ \$					
c	If "Yes," enter name and address of the third party:					
	Name					
	Address 🕨					
16						
10	Gaming manager information:					
	Name					
	Gaming manager compensation 🕨 💲					
	Description of services provided 🕨					
	Director/officer Employee Independent contractor					
17	Mandatory distributions:					
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to					,
	retain the state gaming license?			Yes		No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he				
_	organization's own exempt activities during the tax year 🕨 \$					
Pa	TT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	nd Part	: III, lin	es 9,	9b, 1()b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.					
1320	83 09-11-19 Schedule G 32	(Form	990 0	or 990)-EZ)	2019

• •	
	Schedule G (Form 990 or 990-EZ)

SCHEDULE J (Form 990) Compensation Information OMB No. 1545-0047 Perform 1 for certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2019 Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Open to Public Inspection Name of the organization Employer identification numb 13-3443825 Part I Questions Regarding Compensation Ia Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes First-class or charter travel Housing allowance or residence for personal use	er 0
Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	
Department of the Treasury Internal Revenue Service Attach to Form 990. Open to Public Inspection Name of the organization Employer identification number 13-3443825 Part I Questions Regarding Compensation 13-3443825 Ia Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part II to provide any relevant information regarding these items. Yes	
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number is a standard in the instructions and the latest information. Imployer identification number is a standard in the inspection instructions and the latest information. Imployer identification number is a standard in the inspection in the inspection in the inspection is a standard in the inspection in the inspection is a standard in the inspection in the inspection in the inspection is a standard in the inspection in the inspecting in the inspecting in the inspecting in the inspection in the i	
RIVERSIDE PARK CONSERVANCY, INC. 13-3443825 Part I Questions Regarding Compensation Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes N	
Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	0
Ia Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes N	<u> </u>
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	<u>o</u>
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	
First-class or charter travel Housing allowance or residence for personal use	
Travel for companions Payments for business use of personal residence	
Tax indemnification and gross-up payments	
Discretionary spending account Personal services (such as maid, chauffeur, chef)	
b If any of the bayes on line to are absolved, did the argonization follow a written policy recording payment or	
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 1	
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's	
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	
establish compensation of the CEO/Executive Director, but explain in Part III.	
Compensation committee	
Independent compensation consultant Compensation survey or study	
Form 990 of other organizations Approval by the board or compensation committee	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	
organization or a related organization:	
a Receive a severance payment or change-of-control payment?	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	
c Participate in, or receive payment from, an equity-based compensation arrangement?	_
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
contingent on the revenues of:	
a The organization? 5a 2	
b Any related organization? 5b 2	_
If "Yes" on line 5a or 5b, describe in Part III.	
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
contingent on the net earnings of:	
a The organization?	
b Any related organization?	_
If "Yes" on line 6a or 6b, describe in Part III.	
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	
not described on lines 5 and 6? If "Yes," describe in Part III 7 2	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Begulations section 53 4958-4(a)(3)? If "Yes " describe in Part III 8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 9 Regulations section 53.4958.6(c)?	
Regulations section 53.4958-6(c)? 9 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 20	10

932111 10-21-19

Schedule J (Form 990) 2019

13-3443825

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DANIEL GARODNICK	(i)	254,269.	0.	0.	0.	0.	254,269.	0.
CHEIF EXECUTIVE OFFICER &	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. ►

2019 Open to Public Inspection

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Х

			l
Name	of the	organization	1

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

Nam	e of the organization					Employer identification numb
	RIVERSIDE PARK CON	SERVANCY,	INC.			13-3443825
Pa	rt I Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) Method of determining noncash contribution amounts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	Х	8	441,296.	FMV	
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution - Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ► ()					
26	Other ► ()					
27	Other ► ()					
28	Other ()					
29	Number of Forms 8283 received by the organized	•				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement 29		
00				and a Dark I. Barry 4.11	h 00	Yes N
30a	During the year, did the organization receive b					
	must hold for at least three years from the date			-		
	exempt purposes for the entire holding period	·				<u>30a</u> 2

b If "Yes," describe the arrangement in Part II. 31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a **b** If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

932141 09-27-19

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

	2.0	
032142 09-27-19		Schedule M (Form 990) 2019

11051103 152490 0651EY

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 13-3443825

Name of the organization RIVERSIDE PARK CONSERVANCY, INC.

FORM 990, PART III, LINE 1

THE MISSION OF THE RIVERSIDE PARK CONSERVANCY IS TO RESTORE, MAINTAIN,

AND IMPROVE RIVERSIDE PARK IN PARTNERSHIP WITH THE CITY OF NEW YORK FOR

THE ENJOYMENT AND BENEFIT OF ALL NEW YORKERS. WE SUPPORT THE

PRESERVATION OF THE PARK'S HISTORIC LANDSCAPE, STRUCTURES, AND

MONUMENTS, ENGAGE THE COMMUNITY IN ACTIVE STEWARDSHIP OF THE PARK, AND

PROVIDE A WIDE RANGE OF PUBLIC PROGRAMS.

FROM 59TH STREET TO 181ST STREET, FROM RIVERFRONT TO CITYSIDE WE WORK

TO ENHANCE THIS OLMSTED GEM FOR PRESENT AND FUTURE GENERATIONS.

WHATEVER IT NEEDS, RIVERSIDE PARK CONSERVANCY IS BY ITS SIDE. THINK OF

US AS ITS GARDENER. ITS ADVOCATE. ITS SUSTAINABILITY MANAGER. ITS ART

CURATOR. ITS HISTORIAN. ITS VISIONARY. AND ITS GUARDIAN.

WE WORK SIDE-BY-SIDE WITH THE NEW YORK CITY PARKS DEPARTMENT, AND WE

MAKE IMPROVEMENTS AS DIVERSE AS THE PARK ITSELF AND THE CITY IT SERVES.

WITH THE DEDICATION AND GENEROSITY OF NEIGHBORS AND PARK LOVERS LIKE

YOU, WE CAN ELEVATE YOUR PARK EXPERIENCE AND PRESERVE THIS HISTORIC

TREASURE FOR GENERATIONS TO COME.

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

THE PREPARED 990 IS REVIEWED BY SENIOR MANAGEMENT AND A DRAFT IS

DISTRIBUTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

39

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
RIVERSIDE PARK CONSERVANCY, INC.	13-3443825
BEFORE/DURING THE NOVEMBER BOARD MEETING. DIRECTORS ARE REQUESTED TO SUBMIT	

THEIR ANNUAL DECLARATIONS. STAFF MONITORS COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15:

COMPARABILITY DATA IS USED BY THE BOARD OF DIRECTORS WHEN REVIEWING

COMPENSATION DURING THE ANNUAL BUDGET APPROVAL PROCESS. ALL COMPENSATION

DISCUSSIONS ARE HELD IN CLOSED SESSION BY THE DIRECTORS; ONLY THE ULTIMATE

APPROVAL OF THE BUDGET ON THE WHOLE IS RECORDED IN THE MEETING

MINUTES.

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

THE CONSERVANCY MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY AVAILABLE UPON REQUEST. ADDITIONALLY, THE FORM 990 AND FINANCIAL

STATEMENTS ARE AVAILABLE ON THE CONSERVANCY'S WEBSITE.

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

932161 09-10-19 LHA

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

RIVERSIDE PARK CONSERVANCY, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
RIVERSIDE TENNIS ASSOCIATION, LLC -					
20-5928005, 475 RIVERSIDE DRIVE, SUITE 455,	7				
NEW YORK, NY 10115	R&M COURTS	NEW YORK	679,654.	78,912.	CONSERVANCY
	-				
	-				
	-				

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year

organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
	1						
	1						
	1						
	1						

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

Schedule R (Form 990) 2019

Open to Public Inspection

Employer identification number

13-3443825



Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?		Genera manag partne	or Percentage ^{ng} ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo	
]											
	1											
	1											
											+	
	1											
	1											
	1											
	1		l									

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	i) :tion b)(13) rolled tity?		
		country)						Yes	No		

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
с	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g		1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
- I	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
	Reimbursement paid by related organization(s) for expenses	1q		
	Other transfer of cash or property to related organization(s)	1r		
S	Other transfer of cash or property from related organization(s)	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
<u>(4)</u>				
<u>(5)</u>				
(6)				

Schedule R (Form 990) 2019 RIVERSIDE PARK CONSERVANCY, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	Are Partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2019

Form	990-T	E	Exempt Organization Bus (and proxy tax under		ss Incom		x Return	۱	OMB No. 1545-0047
		For ca							2019
	ment of the Treasury I Revenue Service		► Go to www.irs.gov/Form990T for in • Do not enter SSN numbers on this form as it may	structio		informati		·	Open to Public Inspection for 501(c)(3) Organizations Only
A [Check box if address changed		Name of organization (Check box if name cl					D Emplo (Empl	over identification number loyees' trust, see lotions.)
B Fx	empt under section	Print	RIVERSIDE PARK CONSERVANCY, INC.						13-3443825
] 501(c)(3)	or	Number, street, and room or suite no. If a P.O. boy	k. see in	structions.				ated business activity code nstructions.)
	408(e) 220(e)	Туре	475 RIVERSIDE DRIVE, NO. 455	,				(366 1	iisi dedolis.)
	408A 530(a)		City or town, state or province, country, and ZIP or NEW YORK, NY 10115	r foreig	n postal code				
C Boo	k value of all assets nd of year								
a.e	5,975,	563.	G Check organization type ▶ 🛛 501(c) corp	oration	501(c)	trust	401(a)) trust	Other trust
H Ent	er the number of the o	organiza	tion's unrelated trades or businesses. 🕨		De	escribe th	e only (or first) un	irelated	
	de or business here 🖡	-					omplete Parts I-V.		
des	cribe the first in the b	lank spa	ce at the end of the previous sentence, complete Pa	rts I an	d II, complete a Sc	chedule M	for each addition	al trade	or
	iness, then complete								
			poration a subsidiary in an affiliated group or a paren	it-subsi	diary controlled gr	roup?	► L	Ye	es X No
			ifying number of the parent corporation. ► SABRINA DUKES, RPC			Talanhan	e number 🕨 2:	10 07	0 2070
			le or Business Income		(A) Income	1	(B) Expenses		(C) Net
	Gross receipts or sale					,	(D) Expenses	,	
	Less returns and allow		c Balance	1c					
			A, line 7)	2					
	Gross profit. Subtract			3					
4 a	Capital gain net incom	ne (attac	h Schedule D)	4a					
			art II, line 17) (attach Form 4797)	4b					
			sts	4c					
5	Income (loss) from a	partners	ship or an S corporation (attach statement)	5					
	Rent income (Schedu			6					
			ne (Schedule E)	7					
		,	nd rents from a controlled organization (Schedule F)	8					
			on $501(c)(7)$, (9), or (17) organization (Schedule G)						
			me (Schedule I)	10					
			; J)	11 12		-			
	Other income (See ins			12		0.			
Pa	rt II Deductio	ns No	gh 12 ot Taken Elsewhere (See instructions fo		ations on deduct				
			be directly connected with the unrelated busin						
14	Compensation of off	icers. di	rectors, and trustees (Schedule K)					14	
15								15	
16								16	
17								17	
18	Interest (attach sche	dule) (s	ee instructions)					18	
19								19	
20			562)						
21			n Schedule A and elsewhere on return					21b	
22								22	
23			mpensation plans					23	
24 25	Employee benefit pro	-						24 25	
25 26	Excess readership of	1125 (30 19te (90	chedule I)					25	
20 27	Other deductions (at	tach sch	nedule)					20	
28	Total deductions. A	dd lines	14 through 27					28	0.
29	Unrelated business t	axable i	ncome before net operating loss deduction. Subtract	t line 28	s from line 13			29	0.
30			loss arising in tax years beginning on or after Januar						
	-	-		-				30	0.
31			ncome. Subtract line 30 from line 29					31	0.
92370	1 01-27-20 LHA FO	or Paper	work Reduction Act Notice, see instructions.	_					Form 990-T (2019)

⁴⁶ 2019.04030 RIVERSIDE PARK CONSERVANC 0651EY_1

Dout III			المملم	Duainaan Taw	ملطم
Form 990-T (20	19)	RIVERSIDE	PARK	CONSERVANCY,	INC

Part	111	I otal Unrelated Business Taxad						1	
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)						32		0.
	Amounts paid for disallowed fringes						<u>33</u> 34		
	· · · · · · · · · · · · · · · · · · ·								0.
	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35							1.0	
								1,0	000.
39									0
Part IV Tax Computation							39		0.
									0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:						40		
	Tax rate schedule or Schedule D (Form 1041)						41		
42	Proxy tax. See instructions						42		
	Alternative minimum tax (trusts only)								
44	Tax on Noncompliant Facility Income. See instructions								
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies								0.
45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 45 Part V Tax and Payments									
46 a	Foreign	tax credit (corporations attach Form 1118; tru	sts attach Form 1116)						
b	Other ci	redits (see instructions)			46b				
C	General	business credit. Attach Form 3800			46c				
		or prior year minimum tax (attach Form 8801 o							
e	e Total credits. Add lines 46a through 46d								
47	Subtract line 46e from line 45						47		0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu Total tax. Add lines 47 and 48 (see instructions)						48		
							49		0.
	0 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3								0.
		nts: A 2018 overpayment credited to 2019				962	-		
					2,250	<u>-</u>			
		osited with Form 8868					_		
		organizations: Tax paid or withheld at source					_		
		withholding (see instructions)					-		
		or small employer health insurance premiums			<u>51f</u>		-		
g		redits, adjustments, and payments:							
50			her					3.0	212.
							<u>52</u> 53	5,2	112.
							<u>54</u> 55	3 2	212.
							56		212.
Part		Statements Regarding Certain		her Informat	tion (se	/		,	
57									
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file								
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country								
	here	▶							X
58	During	the tax year, did the organization receive a dist	ribution from, or was it t	he grantor of, or t	ransferor to	o, a foreign trust?			Х
	lf "Yes,"	'es," see instructions for other forms the organization may have to file.							
59									
Cian		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.						belief, it is true,	
Sign Here	Ma						/lay the IF	RS discuss this return wit	th
nere	TREASURER							rer shown below (see	
		Signature of officer	Date	Title		ir	_	ns)? X Yes	No
		Print/Type preparer's name	Preparer's signature		Date		if PT	IN	
Paid Preparer			\cap	.00	11/5/20	self- employed		00100000	
		JAMES J. REILLY	James Re		11/3/20			00183769	
Use	Only						-	13-3628255	
		ONE BATTERY PARK PLAZA					010_64	51-777	
000711	1 07 00						212-0t	51-7777	2010
923711 (J 1-27-20							Form 990-T (2	2019)

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