Department of the Treasury

Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

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



and ending A For the 2021 calendar year, or tax year beginning в Check if applicable: C Name of organization D Employer identification number Address change MADISON SQUARE PARK CONSERVANCY, INC. ]Name ]change 14 - 1859935Doing business as Initial Ireturn Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final ELEVEN MADISON AVENUE 15FL 212-520-7600 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 6,358,607. Amended NEW YORK, NY 10010 H(a) Is this a group return Applica-F Name and address of principal officer: HOLLY LEICHT-WEINSTEIN Yes X No for subordinates? pending SAME AS C ABOVE No H(b) Are all subordinates included? Yes Tax-exempt status: x 501(c)(3) 501(c)) (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: WWW.MADISONSQUAREPARK.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 2002 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: DEDICATED TO KEEPING HISTORIC 1 Activities & Governance MADISON SQUARE PARK A BRIGHT. BEAUTIFUL AND ACTIVE PUBLIC PARK. 2 Check this box 🕨 🛄 if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 26 3 3 Number of independent voting members of the governing body (Part VI, line 1b) 25 4 4 42 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 5 146 6 6 Total number of volunteers (estimate if necessary) Ο. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Ο. **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) 4,027,402. 4,216,914. 8 Revenue Program service revenue (Part VIII, line 2g) 916,929 1,284,199. 9 1,299,142 414,375. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 28,557 56,098. 11 6,272,030 5,971,586. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ο. 13 0 Ο. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 2,750,407 15 2,651,528. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 1,657,081 2,595,873. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,407,488. 5,247,401. 18 1,864,542. 724,185. 19 Revenue less expenses. Subtract line 18 from line 12 Assets or d Balances **Beginning of Current Year** End of Year 16,446,512 17,758,568. 20 Total assets (Part X, line 16) 444.370. 725,156. **21** Total liabilities (Part X, line 26) Net / 16,002,142. 17,033,412. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block

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

Sign		Signature of officer	Date									
Here		HOLLY LEICHT-WEINSTEIN, EXECUTIVE DIRECTOR										
Paid		t/Type preparer's name DERICK MARTENS	Preparer's signature	Date	Check PTIN if self-employed P00298107							
Preparer	Firm	n's name 🕒 LUTZ AND CARR, CPAS LLP		Firm's EIN ▶ 13-1655065								
Use Only	Firm	n's address 551 FIFTH AVENUE, SUITE	400									
		NEW YORK, NY 10176	Phone no.212-697-2299									
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No											

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2021) MADISON SQUARE PARK CONSERVANCY, INC.	14-1859935	Page <b>2</b>
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	OUR MISSION IS TO PROTECT, NURTURE, AND ENHANCE MADISON SQUARE PARK, A		
	DYNAMIC SEVEN-ACRE PUBLIC GREEN SPACE, CREATING AN ENVIRONMENT THAT		
	FOSTERS MOMENTS OF INSPIRATION.		
	(CONTINUED IN SCHEDULE O)		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	[	Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	[	Yes X No
-	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by e	expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		•
	revenue, if any, for each program service reported.		poriooo, and
4a	(Code:) (Expenses \$1, 848, 708. including grants of \$) (Reven	ue \$	1,321,535.)
	PARK:		/
	THE MADISON SQUARE PARK CONSERVANCY RAISES THE FUNDS THAT SUPPORT THE		
	HORTICULTURE, PARK MAINTENANCE, PARK SECURITY AND A VARIETY OF FREE		
	CULTURAL PROGRAMS FOR ALL AGES. THE CONSERVANCY FUNDS APPROXIMATELY 98%		
	OF THE COST OF PARK MAINTENANCE AND 100% OF THE COST OF SECURITY AND		
	CULTURAL PROGRAMS. APPROXIMATELY 60,000 PEDESTRIANS FLOW THROUGH		
	MADISON SQUARE PARK ON A GIVEN WEEKDAY.		
	OUR MISSION IS TO PROTECT, NURTURE, AND ENHANCE MADISON SQUARE PARK, A		
	DYNAMIC SEVEN-ACRE PUBLIC GREEN SPACE, CREATING AN ENVIRONMENT THAT		
	FOSTERS MOMENTS OF INSPIRATION. AS STEWARDS, WE STRIVE TO ENGAGE THE		
	COMMUNITY THROUGH OUR BEAUTIFUL GARDENS, INVITING AMENITIES, AND		
	WORLD-CLASS PROGRAMMING. WE BELIEVE THAT IN AN URBAN SETTING EVERYONE		
46			18 750 \
4b	(Code:) (Expenses \$1,123,426. including grants of \$) (Reven           ART PROGRAM:	ue \$	10,750.)
	PUBLIC ART HAS THE ABILITY TO ENRICH, TO FASCINATE, AND TO ASTONISH.		
	SINCE 2004, THE MAD. SQ. ART PROGRAM HAS BEEN PARTNERING WITH		
	ACCLAIMED, VISIONARY ARTISTS TO REALIZE OUTDOOR WORK ON A MONUMENTAL		
	SCALE, WORK THAT COMPLEMENTS AND ENHANCES THE ENVIRONMENT. THESE		
	PROJECTS ARE FREE TO THE PUBLIC AND HAVE MADE MADISON SQUARE PARK A		
	WORLD-RENOWNED CULTURAL DESTINATION. IN 2021, THE CONSERVANCY FEATURED EXHIBITIONS BY HUGH HAYDEN AND MAYA LIN WITH ON-SITE AND VIRTUAL		
	PROGRAMMING.		
4c	(Code:         ) (Expenses \$ 781,020. including grants of \$ ) (Reven	ue \$	)
	PARK CAPITAL IMPROVEMENTS:		
	IN OCTOBER 2021, MSPC BEGAN A COMPLETE RECONSTRUCTION OF THE PARK'S DOG		
	RUN. \$781,020 WAS PAID TOWARD THIS PROJECT IN 2021. THE PROJECT WAS		
	COMPLETED IN AUGUST 2022.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 185,324. including grants of \$ ) (Revenue \$		)
4e	Total program service expenses 3,938,478.		
			Form <b>990</b> (2021)
132002	2 12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)		
	3		
540	922 759420 MS2059 2021.04021 MADISON SQUARE PARK	CONSERV	MS2059_1

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Form 990 (2021) MADISON SQUARE PAR MADISON SQUARE PARK CONSERVANCY, INC.

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	· ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Tes	
•		1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10	Λ	
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		v
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X X
тэ 14а		13 14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	140		<u> </u>
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
00	complete Schedule G, Part III	19		X
		20a		X
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Part IV Checklist of Required Schedules (continued)

Р	а	a	Р	4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	00-	x	
20	"Yes," complete Schedule L, Part IV	28c 29	X	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	<u>л</u>	
30	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 requidate, terminate, or dissolve and cease operations in res, complete conductive, rarr inter-	51		
52		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
		33		x
34	Sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule H, Part I			
•.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 73	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		X
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Form	990 (2021) MADISON SQUARE PARK CONSERVANCY, INC. 14-1859935		Р	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 4	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country			
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	50		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		<u> </u>
0a	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		<u> </u>
D		6b		
7	Organizations that may receive deductible contributions under section 170(c).			
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			<u> </u>
•	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	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		
-	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand	44-		x
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>
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 the instructions and file Form 4720, Schedule N.	15		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.	10		<u> </u>
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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	2021.04021 MADISON SQUARE PARK CONSERV			

Fdi	1990 (2021) MADISON SQUARE PARK CONSERVANCY, INC.		14-185993			<sup>D</sup> a
	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 t to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	-		ra "No"	respo	n
200	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>			_
Sec	tion A. Governing Body and Management				Yes	Т
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		26	165	-
14	If there are material differences in voting rights among members of the governing body, or if the governing	14		-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
h	Enter the number of voting members included on line 1a, above, who are independent	1b		25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					
-	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under th					
•	of officers, directors, trustees, or key employees to a management company or other person?		-	3		
4	Did the organization make any significant changes to its governing documents since the prior Form					
5	Did the organization become aware during the year of a significant diversion of the organization's as					-
6	Did the organization have members or stockholders?					
	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockho	olders or	10		-
5	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					Ţ
	The governing body?		•	8a		
	Each committee with authority to act on behalf of the governing body?					-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					-
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R					•
			,		Yes	
l0a	Did the organization have local chapters, branches, or affiliates?			10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such c					-
	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 boo			11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		Ū			Ī
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	/es," de	escribe			
	on Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approv	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	2				
а	The organization's CEO, Executive Director, or top management official			15a	х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					ĺ
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	/ith a			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of similar analye				1	
16a	taxable entity during the year?			16a		ĺ
				16a		
	taxable entity during the year?	ate its p	participation	16a		
b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization to	ate its p Inizatio	participation n's	16a 16b		
b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	ate its p Inizatio	participation n's			
b Sec	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization to	ate its p Inizatio	participation n's			
b Sec 17	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? tion C. Disclosure	ate its p Inization	participation n's	16b	) avai	-
b Sec 17	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶ <u>NY</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply	ate its p Inization	participation n's	16b	) avai	- ī
b Sec 17	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluation to ev	ate its p inization	participation n's D-T (section 501(c))	16b	r) avai	- ī
b Sec 17 18	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> 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, a for public inspection. Indicate how you made these available. Check all that apply.	ate its p inization and 990 and Sc	participation n's 	(3)s only	-	1
b Sec 17 18	taxable entity during the year?         If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluation to evaluation to the status with respect to such arrangements?         tion C. Disclosure         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, a for public inspection. Indicate how you made these available. Check all that apply.         □ Own website       □ Another's website       X Upon request       Other (explain	ate its p inization and 990 and Sc	participation n's 	(3)s only	-	- 
b	taxable entity during the year?         If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> 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, a for public inspection. Indicate how you made these available. Check all that apply.         □ Own website       □ Another's website       I Upon request       □ Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, comparisation made its governing documents	ate its p Inization and 990 on on Sc onflict o	Derticipation n's D-T (section 501(c)) hedule O) of interest policy, a	(3)s only	-	
b <b>Sec</b> 17 18	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> <b>tion C. Disclosure</b> 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, a for public inspection. Indicate how you made these available. Check all that apply. ○ Own website ○ Another's website X Upon request ○ Other ( <i>explair</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year.	ate its p Inization and 990 on on Sc onflict o	Derticipation n's D-T (section 501(c)) hedule O) of interest policy, a	(3)s only	-	 
b <b>Sec</b> 17 18	taxable entity during the year?         If "Yes," did the organization follow a written policy or procedure requiring the organization to evalual in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶       №Y         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.       Other ( <i>explain</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year.         State the name, address, and telephone number of the person who possesses the organization's both	ate its p Inization and 990 on on Sc onflict o	Derticipation n's D-T (section 501(c)) hedule O) of interest policy, a	(3)s only	-	

Form 990 (2	2021) MADISON SQUARE PARK CONSERVANCY, INC.	14-1859935	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	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 Complo	to this table for all persons required to be listed. Penert compensation for the calendar year opding with	or within the organization'	e tax voa

omplete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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 Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	bx, unless person is both an ficer and a director/trustee)			is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	suadu		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		ploye	t con /ee		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SHEILA KEARNEY DAVIDSON	3.00				$ \ge $	1.0	ш.			
CHAIR		x		x				٥.	0.	٥.
(2) LESLIE SPIRA LOPEZ	3.00									
SECRETARY		х		х				0.	Ο.	0.
(3) WILLIAM LUKASHOK	3.00									
TREASURER		х		х				0.	Ο.	0.
(4) JOHN BARRY	1.00									
DIRECTOR		х						0.	0.	0.
(5) DAVID BERLINER	1.00									
CHAIR EMERITUS		х						0.	0.	0.
(6) DANIEL BERGER	2.00									
DIRECTOR		Х						0.	0.	0.
(7) WILLIAM CASTRO	1.00									
DIRECTOR, EX OFFICIO		х						0.	0.	0.
(8) ERICA DESAI	1.00									
DIRECTOR		х						0.	0.	0.
(9) JESSICA DISTELBURGER	1.00									
DIRECTOR		х						0.	0.	0.
(10) ANDREW FEDERBUSCH	1.00									
DIRECTOR		х						0.	0.	0.
(11) KRISTI FORBES	1.00									
DIRECTOR		х						0.	0.	0.
(12) STEVEN FULD	1.00									_
DIRECTOR		х						0.	0.	0.
(13) MARC GLOSSERMAN	1.00									_
DIRECTOR		х						0.	0.	0.
(14) LAURIE GOLUB	2.00									
DIRECTOR		х						0.	0.	0.
(15) JOHN GRUDZINA	2.00	l						_		_
DIRECTOR		X		<u> </u>	<u> </u>	<u> </u>		0.	0.	0.
(16) JORDANA GRUNFELD	2.00							_		^
DIRECTOR	1.00	X		<u> </u>	<u> </u>	<u> </u>		0.	0.	0.
(17) LEIGH HARLAN	1.00							_		_
DIRECTOR 132007 12-09-21		Х	L					0.	0.	0. Form <b>990</b> (2021)

132007 12-09-21

10540922 759420 MS2059

8 2021.04021 MADISON SQUARE PARK CONSERV MS2059\_1

Form 990 (2021)

Form 990 (2021) MADISON SQUAR	E PARK CON	SER	VAN	ICY,	IN	IC.			14-1859	9935		P	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	s, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(10			sitior			Reportable	Reportable	1	Es	stimate	ed
	hours per	box	(do not check more the box, unless person is a officer and a director/t				h an	compensation	compensatio	n	ar	nount	of
	week		cer ar	nd a c	lirecto	or/trus	stee)	from	from related	i		other	
	(list any hours for	rector						the	organization			pensa	
	related	er di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			om th	
	organizations	rustee	trust		ee	npen		1099-NEC)	1099-NEC)		-	anizat d relat	
	below	dual ti	itiona		nploy	st cor	5	,				anizati	
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former				5		
(18) MICHAEL L. KAHN	1.00				-								
DIRECTOR		x						0.		Ο.			Ο.
(19) ROBERT T. LAPIDUS	1.00												
DIRECTOR		x						0.		Ο.			Ο.
(20) EMILY ROSE LAOCHUA	1.00												
DIRECTOR		x						0.		Ο.			Ο.
(21) NEIL LUTHRA	2.00												
DIRECTOR		x						0.		Ο.			٥.
(22) SEAN MACISAAC	2.00												
DIRECTOR		x						0.		٥.			٥.
(23) DANNY MEYER	1.00												
DIRECTOR		x						0.		Ο.			Ο.
(24) EDWARD PICCINICH	1.00												
DIRECTOR		х						0.		Ο.			0.
(25) RONALD PIZZUTI	1.00												
DIRECTOR		Х						0.		٥.			٥.
(26) MANUEL PRIOR	1.00												
DIRECTOR		Х						0.		٥.			0.
1b Subtotal								0.		Ο.			٥.
c Total from continuation sheets to Part VI	I, Section A							777,131.		0.		152	,989.
d Total (add lines 1b and 1c)								777,131.		0.		152	,989.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) w	no r	received more than \$100	0,000 of reportab	le			
compensation from the organization													5
										,		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,													
line 1a? If "Yes," complete Schedule J for se											3		X
4 For any individual listed on line 1a, is the su									the organization		-		
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a	-				-	-		-			_		
rendered to the organization? If "Yes," com	olete Schedul	e J i	or s	uch	pers	son					5		X
Section B. Independent Contractors									<u></u>				
1 Complete this table for your five highest con										pens	ation	rom	
the organization. Report compensation for t	ne calendar y	ear	ena	ing v	with	or w	athi		year.				
(A) Name and business	address							(B) Description of s	services	С		<b>C)</b> nsatio	n
ADVANCED FORESTRY SOLUTIONS LLC								FABRICATION OF TRE					
246 COVE ROAD, NEWPORT, NJ 08345								FOR LIN AN				169	,305.
												105	,
2 Total number of independent contractors (ii	ncludina but r	not li	mite	d to	tho	se li	sted	d above) who received n	nore than				
\$100,000 of compensation from the organiz	e e					1		, <b>-</b>					
SEE PART VII, SECTION A CONTINU		TS									Form	<b>990</b> (	(2021)
132008 12-09-21												,	,
						^							

ar	t VII									F
		Check if Schedule O	conta	ains a respo	nse	or note to any line	e in this Part VIII	(B)	(C)	L
							Total revenue	Related or exempt	Unrelated business revenue	Revenue exclud from tax unde sections 512 - 5
2	1 a	Federated campaigns		1a						
	b	Membership dues		1b						
2	С	Fundraising events		1c		423,611.				
		Related organizations								
		Government grants (contr				804,252.				
5	f	All other contributions, gifts,								
5		similar amounts not included				2,989,051.				
2	-	Noncash contributions included in				86,131.				
0	h	Total. Add lines 1a-1f		<u></u>			4,216,914.			
	_		ana			Business Code	0(2,040	0(2,040		
		PARK ACTIVITY LICEN PARK USAGE EVENT FE				900099	862,949.	862,949.		
b	~	ARTWORK FEES	ES			900099 900099	390,000.	390,000.		
	-					900099	18,750. 12,500.	18,750.		
		OIDER EVENTS				500033	12,500.	12,500.		
	e f	All other program service	rovo			├				
		Total. Add lines 2a-2f				►	1,284,199.			
T	3	Investment income (includ								
		other similar amounts)					350,104.			350,2
	4	Income from investment of								
	5	Royalties				►				
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses $\dots$	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss	)	(i) Q						
	7 a	Gross amount from sales of		(i) Securiti		(ii) Other				
		assets other than inventory	7a	362,3	68.					
	b	Less: cost or other basis	_							
			7b 7c	298,0 64,2						
		<i>, ,</i> , , , , , , , , , , , , , , , , ,					64,271.			64,2
		Net gain or (loss) Gross income from fundraisin				▶	04,271.			04,4
	8 a	including \$								
		contributions reported on								
		Part IV, line 18			8a	88,924.				
	b	Less: direct expenses			8b	88,924.				
		Net income or (loss) from				>	0.			
		Gross income from gamin		-						
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from	gami	ng activities	s	►				
	10 a	Gross sales of inventory,	less i	returns						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
_	С	Net income or (loss) from	sales	s of inventor	у					
						Business Code				
B .		REIMBURSED EXPENSES				713990	56,086.	56,086.		
aniiaaau	b	OTHER INCOME				713990	12.			
	c	<u></u>				┝────┤				
		All other revenue					E <i>C</i> 000			
		Total. Add lines 11a-11d				····· <b>P</b>	56,098.	1 240 205	0,	414,3
	12	Total revenue. See instruction	112			🕨 📘	5,971,586.	1,340,285.	۰ <sup>.</sup> ا	Form <b>990</b> (2

MADISON SQUARE PARK CONSERVANCY, INC.

10540922 759420 MS2059

Form 990 (2021)

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MADISON SQUARE PARK CONSERVANCY, INC.

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Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·	<u> </u>	·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	283,458.	99,210.	113,383.	70,865
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,809,317.	1,295,519.	257,236.	256,562
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	44,675.	33,074.	5,587.	6,014
9	Other employee benefits	334,279.	231,417.	53,115.	49,74
10	Payroll taxes	179,799.	120,695.	31,230.	27,87
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2,874.		2,874.	
с	Accounting	35,223.		35,223.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	60,062.		60,062.	
g	Other. (If line 11g amount exceeds 10% of line 25,	,		,	
Ŭ	column (A), amount, list line 11g expenses on Sch 0.)	1,630,452.	1,578,335.	51,717.	40
12	Advertising and promotion				
13	Office expenses	93,290.	14,051.	77,774.	1,465
14	Information technology	,	,	,	
15	Royalties				
16	Occupancy				
17	Travel	124,926.	102,552.	2,313.	20,063
18	Payments of travel or entertainment expenses	,	,	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	82,727.	54,600.	14,891.	13,236
23	Insurance	41,846.	17,728.	24,118.	,
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)	,	,		
а	PRINTING & DESIGN	203,608.	185,314.	3,201.	15,093
a b	OTHER EXPENSES	108,289.	85,989.	13,724.	8,576
с С	SUPPLIES	102,545.	91,557.	9,836.	1,15
c d	REPAIRS AND MAINTENANCE	44,908.	9,232.	26,114.	9,56
		65,123.	19,205.	3,506.	42,41
е 25	All other expenses	5,247,401.	3,938,478.	785,904.	523,019
	Joint costs. Complete this line only if the organization	5,217,101.	5,550,770.	, ,	525,013
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

132010 12-09-21

Check here

10540922 759420 MS2059

if following SOP 98-2 (ASC 958-720)

12 2021.04021 MADISON SQUARE PARK CONSERV MS2059\_1

Form **990** (2021)

10540922 759420 MS2059

#### 33,531. 31,656. 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 338,883. 9 166,952, 9 **10a** Land, buildings, and equipment: cost or other 627,605 basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 385,746. b Less: accumulated depreciation 10b 280,215. 241,859. 10c Investments - publicly traded securities 11,243,207, 12,325,115. 11 11 Investments - other securities. See Part IV, line 11 314,832. 315,141. 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 16,446,512. 17,758,568. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 214,665. 471,335. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 78,043 73,229. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 151,662. 25 180,592. of Schedule D 444,370. 725,156. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔟 and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 2,007,789, 27 2,311,029. 27 13,994,353. Net assets with donor restrictions 14,722,383. 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29

MADISON SQUARE PARK CONSERVANCY, INC.

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances ...

14-1859935

1

2

3

30

31

32

33

17,033,412.

17,758,568.

Form 990 (2021)

16,002,142.

16,446,512.

(A)

Beginning of year

378,450,

1,964,605.

2,064,720

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228,215.

2,770,392.

1,507,307.

(B)

End of year

Form 990 (2021)
Part X Balance Sheet

1

2

3

Assets

\_iabilities

Net Assets or Fund Balances

30 31

32

33

Form	1990 (2021) MADISON SQUARE PARK CONSERVANCY, INC.	14-1859935		Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	,971	,586.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,247	,401.
3	Revenue less expenses. Subtract line 2 from line 1	3		724	,185.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16	,002	,142.
5	Net unrealized gains (losses) on investments	5		457	,085.
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		-150	,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	17	,033	,412.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

132012 12-09-21

SCHEDULE A
------------

Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	e of t	e of the organization						Employer identification number				
_				ONSERVANCY, INC.					4-1859935			
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.				
The	organ	nization is not a private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(1	l)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	(b)(1)(A)(ii	i).					
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:										
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental u	unit describ	oed in			
		section 170(b)(1)(A)(iv). (C		<b>c</b>		, ,						
6		A federal, state, or local gov		nental unit described in s	section 17	70(b)(1)(A)	(v).					
	X	An organization that norma	-					he general	nublic described in			
•		section 170(b)(1)(A)(vi). (Co			ioni a gov	ommonitai		ne general				
8		A community trust describe			• 11 )							
9						nd in coniu	notion with a	land grant	collogo			
9		An agricultural research org										
		or university or a non-land-g	frant college of agric			name, city	, and state o	r the colleg	eor			
40		university:						h	- I ama a marchine for an			
10		An organization that norma										
		activities related to its exem										
		income and unrelated busir		(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.			
		See section 509(a)(2). (Cor										
11		An organization organized a		•	•							
12		An organization organized a	•		•		-					
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section {	509(a)(2).	See section {	5 <b>09(a)(3).</b> (	Check the box on			
		_lines 12a through 12d that	describes the type c	of supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.				
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s),	typically by	' giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or truste	ees of the s	supporting			
		organization. You must c	omplete Part IV, Se	ections A and B.								
b		<b>Type II.</b> A supporting orga	anization supervised	l or controlled in connec	tion with it	s supporte	ed organizatio	on(s), by ha	ving			
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
с		Type III functionally inte	grated. A supportin	g organization operated	in connec <sup>-</sup>	tion with, a	and functiona	lly integrate	ed with,			
		its supported organization										
d		Type III non-functionally		· ·			-	rted organi	zation(s)			
		that is not functionally int										
		requirement (see instruct		• •	•		-					
e		Check this box if the orga	-					II Type III				
-		functionally integrated, or					,,,	, . , pe				
f	Ente	er the number of supported of										
		vide the following information	•									
9		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10	in your governi Yes	No	support (see ir	nstructions)	support (see instructions)			
				above (see instructions))								
Tota	1											

Schedule A	Earm	000	202-
Schedule A	(FOIIII	990	202

Part II

Page 2

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) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,948,008.	6,788,718.	5,650,121.	4,027,402.	4,216,914.	23,631,163.
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						
	Total. Add lines 1 through 3	2,948,008.	6,788,718.	5,650,121.	4,027,402.	4,216,914.	23,631,163.
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)						450,316.
	Public support. Subtract line 5 from line 4.						23,180,847.
	ction B. Total Support			( ) == ( )			
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2,948,008.	6,788,718.	5,650,121.	4,027,402.	4,216,914.	23,631,163.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	214 626	250 524	245 056	201 115	250 104	
_	and income from similar sources	314,636.	358,534.	345,976.	391,115.	350,104.	1,760,365.
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					10	10
	assets (Explain in Part VI.)					12.	12.
	Total support. Add lines 7 through 10						25,391,540.
	Gross receipts from related activities,	•	,				7,128,195.
13	First 5 years. If the Form 990 is for th	-					
Sec	organization, check this box and stop ction C. Computation of Public	ic Support Per	rcentage				
	Public support percentage for 2021 (I		-	olump (f))		14	91.29 %
	Public support percentage for 2021 (i Public support percentage from 2020					15	89.70 %
	33 1/3% support test - 2021. If the c						,,,
104	stop here. The organization qualifies	-					
h	<b>33 1/3% support test - 2020.</b> If the c						······ · · · · · · · · · · · · · · · ·
~	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
170	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		-	
h	10% -facts-and-circumstances test	•	• •		•	17a and line 15 is	
N.	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio		-				
				, ,			Form 990) 2021

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
<b>3</b> 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						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				_		
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third	, fourth, or fifth tax	vyear as a section	501(c)(3) orga	anization,
check this box and <b>stop here</b>						
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2021 (I	ine 8, column (f), (	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves			)			
17 Investment income percentage for 20	<b>21</b> (line 10c, colur	mn (f), divided by	line 13, column (f)	)	17	%
18 Investment income percentage from 2					18	%
<b>19a 33 1/3% support tests - 2021.</b> If the		•				
more than 33 1/3%, check this box a	-					
b 33 1/3% support tests - 2020. If the						/3%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio						
132023 01-04-22		,	,			dule A (Form 990) 2021
			17			

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Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2021

Sche	edule A (Form 990) 2021 MADISON SQUARE PARK CONSERVANCY, INC.	14-1859935	P	age <b>5</b>
Pa	Int IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of 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 <b>Part VI</b> how the supported organization(s effectively operated, supervised, or controlled the organization's activities. If the organization had more than one su organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated and	s officers, s) upported		

2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised, or controlled the supporting organization.
Sec	tion C. Type II Supporting Organizations

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

			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		

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

#### Section E. Type III Functionally Integrated Supporting Organizations

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c L		The organization supported	a governmental entity	y. Describe in Part VI how	you supported a	governmental entity	(see instructions).
-----	--	----------------------------	-----------------------	----------------------------	-----------------	---------------------	---------------------

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2 Activities Test. Answer lines 2a and 2b below.

Section D. All Type III Supporting Organizations

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- 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.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

За

No

Yes

2

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Schedule A (Fo

Page 6

_	t V Type III Non-Functionally Integrated 509(a)(3) Supporti			4-1009900 Pag
1	Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI). See instruction
-	All other Type III non-functionally integrated supporting organizations mus	-		
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting org	anization (see

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

Schedule A (Form 990) 2021

132026 01-04-22

Par	t V   Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex		1		
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pa	rovide details in <b>Part VI</b> )		5	
-	Other distributions (describe in Part VI). See instructions.	· · · ·		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is responsive	e		
	(provide details in Part VI). See instructions.	•		8	
9	Distributable amount for 2021 from Section C, line 6			9	
-	Line 8 amount divided by line 9 amount			10	
	*	(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	IS	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
-	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021		QUARE PARK C					14-185993	
Part VI	Part IV, Section A, I line 1; Part IV, Sect	<b>Information.</b> Pro lines 1, 2, 3b, 3c, 4b, tion D, lines 2 and 3; 6, and 8; and Part V,	4c, 5a, 6, 9a, 9 Part IV, Section	b, 9c, 11a, E, lines 1c,	11b, and 11c 2a, 2b, 3a, a	; Part IV, Sect .nd 3b; Part V,	ion B, lines line 1; Part	1 and 2; Part I V, Section B, I	V, Section C, ine 1e; Part V,
32028 01-04-2	22				22			Schedule /	A (Form 990) 202
40922	759420 MS2	2059	2021.04	4021 M	ADISON	SQUARE	PARK	CONSERV	MS2059_1

SCHEDULE D	
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### (Form 990)

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

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

MADISON SQUARE PARK CONSERVANCY, INC.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

14-1859935

Par			s or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		(1) =	
		(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	-		
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of		•	
Der				YesNo
Par		-	Part IV, line	7.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recrea			y important land area
	Protection of natural habitat	Preservation o	f a certified h	istoric structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conser	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			
b				
c	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ie organizatio	on during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	iservation ea	sements during the year
-				
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conserv-	ation easeme	ents during the year
8	Does each conservation easement reported on line 2(d) abo	ve esticity the requirements of eastion 17		
0				Yes No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat			
5	balance sheet, and include, if applicable, the text of the foot			
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	of Art. Historical Treasures, or C	Other Simi	lar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance	sheet works
	of art, historical treasures, or other similar assets held for pu			
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 95			et works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		►	\$
	···· · · · · · · · · · · · · · · · · ·		•	\$
2	If the organization received or held works of art, historical tre			de
	the following amounts required to be reported under FASB A		•	
а	Revenue included on Form 990, Part VIII, line 1	-	►	\$
	Assets included in Form 990, Part X			
-	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2021
	10-28-21			· ·
		28		

Sche	dule D (Form 990) 2021 MADISON SQU	ARE PARK CONSER	VANCY, INC.			14-185	9935	P	age <b>2</b>
Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other	Similar Ass	ets(contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that m	iake sigr	nificant use of it	S		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	how they further t	he organization'	s exemp	t purpose in Pa	art XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical trea	sures, or other s	similar as	ssets			
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's co	ollection?			Yes		<u>No</u>
Pai	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Ye	s" on Fo	orm 990, Part I\	/, line 9, oi	r	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	is or other asset	s not inc	cluded _			_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:						
Am							Amoun	t	
с	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line :	21, for escrow or cu	ustodial account	t liability'	?L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Pa	t V Endowment Funds. Complete if	the organization and							
	_	(a) Current year	(b) Prior year	(c) Two years b	ack (d)	Three years bac		-	
1a	Beginning of year balance	10,988,708.	10,016,870.	9,111,1	.87.	9,880,625	. 9	,039	,669.
b	Contributions	ntributions						33	,337.
с	Net investment earnings, gains, and losses	790,554.	997,970.	1,207,6	12.	-117,438	•	807	,619.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs		26,132.	301,9	29.	592,000			
f	Administrative expenses								
g	End of year balance	11,779,262.	10,988,708.	10,016,8	70.	9,111,187	. 9	,880	,625.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	.0000	%						
b	Permanent endowment  65.1860	%							
с	Term endowment > 34.8140 9	6							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administered	I for the	organization			
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Pa	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, P	art X, lin	e 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other	( <b>c)</b> Accu	imulated	<b>(d)</b> Boo	k valu	е
		basis (investm	ient) basis	(other)	depre	ciation			
1a	Land								
	Buildings								
	Leasehold improvements			295,930.		199,752.		96	,178.
	Equipment			331,675.		185,994.		145	,681.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part 2	X, column (B), line 1	0c.)	<u></u>			241	,859.
						Schedu	le D (Forn	n 990)	) 2021

Schedule D (	Form 990) (	2021	MADISON	SQUARE	PARK	CONSERVANCY,	INC.
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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or 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	e 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	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	(b) Book value
			(b) BOOK value
(1) Federal income taxes			100 500
(2) DUE TO THE CITY OF NEW YORK			180,592.
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)	05.)		100 500
Total. (Column (b) must equal Form 990, Part X, col. (B) lin 2. Liability for uncertain tax positions. In Part XIII, provide			180,592.

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) 2021

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Sche	dule D (Form 990) 2021 MADISON SQUARE PARK CONSERVANCY, INC.			14-1859935	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	l2a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,391,221.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	457,085.		
b	Donated services and use of facilities	2b	22,612.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	479,697.
3	Subtract line 2e from line 1			3	5,911,524.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	60,062.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	60,062.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,971,586.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	l2a.			
1	Total expenses and losses per audited financial statements			1	5,359,951.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	172,612.		
b	Prior year adjustments	2b			
	Other losses				
d					
е	Add lines 2a through 2d			2e	172,612.
3	Subtract line 2e from line 1			3	5,187,339.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	60,062.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b	-		4c	60,062.
_5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			5	5,247,401.
Pa	t XIII Supplemental Information.				
Drov	do the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; E	Dort IV/ linea the	and Ob: Dout V line	1. Dort V line 0	· Dort VI

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 ORGANIZATION'S ENDOWMENT FUNDS CONSIST OF THE FOLLOWING:

THE PARK FUND IS AN ENDOWMENT FUND RESTRICTED TO THE MAINTENANCE,

BEAUTIFICATION AND PROGRAMMING OF MADISON SQUARE PARK.

THE SOL LEWITT FUND FOR ARTISTS' WORK IS A RESTRICTED ENDOWMENT FUND FOR

THE PRESENTATION OF ART EXHIBITIONS.

THE MARTIN FRIEDMAN FUND FOR MAD SQ ART IS A RESTRICTED ENDOWMENT FUND FOR

THE PRESENTATION OF MAD SQ ART PERSONNEL AND EXHIBITIONS.

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132055 10-28-21		Schedule D (Form 990) 2021
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SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities								OMB No. 1545-0047
(Form 990)	Complete if the	, or if the	2021					
Department of the Treasury			Open to Public					
Internal Revenue Service	► Go		Inspection					
Name of the organization	Employer ide 14-1859935	entification number						
Part I Fundrais		JARE PARK CONSERVANCY, INC. Complete if the organization answe	ered "Y	'es" o	n Form 990. Part IV.	line 1		
	complete this par							
	-	sed funds through any of the followir	-					
a Mail solicitat	tions email solicitations				overnment grants nment grants			
c Phone solici		g Special						
d 🗌 In-person so	olicitations	<b>5</b>		5				
U U		or oral agreement with any individual	•	•				
		art VII) or entity in connection with p			•			
compensated at le	•	viduals or entities (fundraisers) pursu organization.		agree	ements under which	the n		be
	<b>_</b>		/	Did		60	Amount paid	<u> </u>
(i) Name and addres		(ii) Activity	(iii) fundr have c	ustody	(iv) Gross receipts	tò (	or retained by) fundraiser	(vi) Amount paid to (or retained by)
or entity (fund	draiser)		or con contrib	trol of	from activity		ted in col. (i)	organization
			Yes	No				
Total								
		n is registered or licensed to solicit		oution	s or has been notifie	d it is	exempt from	registration
or licensing.								
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ.		Schedul	e G (Form 990) 2021

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MADISON SQUARE PARK CONSERVANCY, INC.

14-1859935 Page **2** 

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

	<u>_</u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		TASTE OF ASIA		NONE	(add col. (a) through
		FUNDRAISER			col. (c))
e		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	512,535.			512,535.
:	2 Less: Contributions	423,611.			423,611.
	<b>3</b> Gross income (line 1 minus line 2)	88,924.			88,924.
4	4 Cash prizes				
	5 Noncash prizes				
chense	6 Rent/facility costs	38,913.			38,913.
Direct Expenses	7 Food and beverages	48,410.			48,410
_	8 Entertainment				
	9 Other direct expenses	1,601.			1,601
	<b>10</b> Direct expense summary. Add lines 4 through	( )			88,924.
	11 Net income summary. Subtract line 10 from li				0.
Par	<b>t III Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or i	reported more than	
Revenue		(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1 Gross revenue				
Τ					
ses	2 Cash prizes				

kpense	3	Noncash prizes						
Direct Expense	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes%	└── Yes % └── No			
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
9	Ent	er the state(s) in which the organization condu	ucts gaming activities:					
а	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?
 Ves

 b If "Yes," explain:
 Ves

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Schedule G (Form 990) 2021

	edule G (Form 990) 2021	~ / -	14-18599	35	Page <b>3</b>
11	Does the organization conduct of	gaming activities with nonmembers?	L	Yes	No
	Is the organization a grantor, be	neficiary or trustee of a trust, or a member of a partnership or other entity formed	_		
	to administer charitable gaming	?	L	Yes	No
13	Indicate the percentage of gami	ng activity conducted in:			
				3a	%
				3b	%
14	Enter the name and address of t	the person who prepares the organization's gaming/special events books and record	ls:		
	Name 🕨				
	Address ►				
<b>1</b> 5a	Does the organization have a co	ntract with a third party from whom the organization receives gaming revenue? $_{\dots\dots}$		Yes	🗌 No
b	If "Yes." enter the amount of ga	ming revenue received by the organization $\blacktriangleright$ \$ and the amount of the second se	unt		
		the third party $\triangleright$ \$			
c	If "Yes," enter name and addres				
	·····				
	Name 🕨				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	▶ \$			
	<b>-</b>				
	Description of services provided	▶			
	Director/officer	Employee Independent contractor			
	Mandatory distributions:	ar state law to make aboritable distributions from the coming proceeds to			
a		er state law to make charitable distributions from the gaming proceeds to	Г	Ves	
h	For the amount of distribution	s required under state law to be distributed to other exempt organizations or spent i	∟ n the	162	
N	organization's own exempt activ		i uic		
Ра		rmation. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part I	II, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, a	as applicable. Also provide any additional information. See instructions.			
1320	83 10-21-21		Schedule	G (Forn	n 990) 2021
		35			

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		Schedule G (Form 990

sc	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	21	[
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					i
Depa	tment of the Treasury		Open to			
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organization		Employer ide		on nu	mber
		MADISON SQUARE PARK CONSERVANCY, INC.	14-1859	935		
Pa	rt I Questions	Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Forn	1990,			
		ine 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or cl					
	Travel for comp					
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary s	pending account Personal services (such as maid, chauffe	Jr, chet)			
h	If any of the bayes	n line to are absolved, did the exception follow a written policy recording powerst ar				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or rovision of all of the expenses described above? If "No," complete Part III to explain		16		
2				. 1b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors, s, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onicer					
3	Indicate which if an	y, of the following the organization used to establish the compensation of the organization'	e			
Ŭ		ctor. Check all that apply. Do not check any boxes for methods used by a related organization				
		tion of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		ompensation consultant				
	X Form 990 of ot		committee			
			Johnmittee			
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 rel					
а	Receive a severance	e payment or change-of-control payment?		4a		х
b	Participate in or rece	eive payment from a supplemental nonqualified retirement plan?				Х
с		eive payment from an equity-based compensation arrangement?				Х
		es 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 o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the re	evenues of:				
а	The organization?			. 5a		X
b	Any related organization	ation?		. 5b		X
		r 5b, describe in Part III.				
6	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the ne	et earnings of:				
а						X
b	Any related organization	ation?				X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
		es 5 and 6? If "Yes," describe in Part III		. 7		X
8	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
		otion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		. 8		X
9		d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?				
LHA	For Paperwork Re	duction Act Notice, see the Instructions for Form 990.	Schedul	e J (Forr	n 990	) 2021

132111 11-02-21

Schedule J (Form 990) 2021

14-1859935

#### 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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARGARET KEATS MYER	(i)	240,000.	0.	0.	21,600.	21,858.	283,458.	0.
EXECUTIVE DIRECTOR	(ii)	٥.	0.	0.	0.	0.	0.	0.
(2) BROOKE KAMIN RAPAPORT	(i)	160,385.	8,250.	0.	6,745.	23,670.	199,050.	0.
DEP DIR & MARTIN FRIEDMAN SR CURATOR	(ii)	٥.	0.	0.	0.	0.	0.	0.
(3) THOMAS REIDY	(i)	122,544.	6,371.	0.	5,314.	23,670.	157,899.	0.
DEP DIR, FINANCE & SPECIAL PROJECTS	(ii)	٥.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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.

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Department of the Treasury

Internal Revenue Service

(Form 990)

## **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Name of the	organization
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Employer	identification	numbe

OMB No. 1545-0047

ZU

Inspection

**Open To Public** 

Name of the organization	Employer ident	ification r	numbei				
MADISON	MADISON SQUARE PARK CONSERVANCY, INC.						
Part I Excess Benefit Tran	sactions (section 501(c)(3), section 50	1(c)(4), and section 501(c)(29) orga	nizations only).				
Complete if the organization	on answered "Yes" on Form 990, Part IV,	line 25a or 25b, or Form 990-EZ, Pa	art V, line 40b.				
1 (a) Name of diagonalities areas	(d) (		orrected?				
(a) Name of disqualified person	person and organization	(c) Description of transaction		Yes	No		
2 Enter the amount of tax incurred b section 4958	y the organization managers or disqualifie	ed persons during the year under	► \$				
3 Enter the amount of tax, if any, on	line 2, above, reimbursed by the organization	ition	▶ \$				

#### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Lo fron	an to or n the zation?	<b>(e)</b> Original principal amount	(f) Balance due	(g) defa	) In ault?	<b>(h)</b> Ap by bo comm	proved ard or hittee?	(i) W agreei	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
Total					> \$							

#### Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	<b>(d)</b> Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2021

132131 11-02-21

# MADISON SQUARE PARK CONSERVANCY. INC. 14-1859935 Schedule L (Form 990) 2021 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (d) Description of (a) Name of interested person (c) Amount of òrganization's person and the organization transaction transaction revenues? Yes No SHAKE SHACK ENTERPRISES AN ENTITY IN WHICH 862,949.THE ORGANIZ Х Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SHAKE SHACK ENTERPRISES (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: AN ENTITY IN WHICH BOARD MEMBER DANNY MEYER HAS AN OWNERSHIP INTEREST (C) AMOUNT OF TRANSACTION \$ 862,949. (D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION RECEIVES SUBLICENSING REVENUE FROM THIS ENTITY (E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990) 2021

132132 11-02-21

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047 202

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.

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

**Open to Public** Inspection

1

Name (	of the	organ	ization
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zation					
	MADISON	SQUARE	PARK	CONSERVANCY,	INC.

Employer identification number	
14-1859935	

Par	t I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1 <u>0</u>	(d) Method of de noncash contribu		•	3
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	9	86,131	.FAIR MARKET VALU	E		
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 organi for which the organization completed Form 82						0	
	for which the organization completed Form oz	00, Fait V, L	Jonee Acknowledg	29			Yes	No
30a	During the year, did the organization receive b						165	INU
	must hold for at least three years from the date							
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31								Х
32a	Does the organization hire or use third parties contributions?		•	cit, process, or sell noncas		32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	or a type of propert	y for which column (a) is ch	ecked,			
	describe in Part II.							
				•	<u> </u>		000	000

**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. Part II

132142 11-17-21			Schedule M	(Form 990) 2021
40922 759420 MS2059		43		
40922 759420 MS2059	2021.04021	MADISON SOUARE	PARK CONSERV	MS2059 1

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SCHEDULE O	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questions or		OMB No. 1545-0047
(Form 990) Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	•	Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	1	Inspection
Name of the organization	MADISON SQUARE PARK CONSERVANCY, INC.	Employe 14-185	r identification number
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
AS STEWARDS, WE ST	RIVE TO ENGAGE THE COMMUNITY THROUGH OUR BEAUTIFUL		
GARDENS, INVITING	AMENITIES, AND WORLD-CLASS PROGRAMMING. WE BELIEVE		
THAT IN AN URBAN S	ETTING EVERYONE DESERVES ACCESS TO A PARK THAT ALLOWS		
FOR RECREATION, RE	SPITE, AND REFLECTION.		
FORM 990 PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
· · ·	A PARK THAT ALLOWS FOR RECREATION, RESPITE, AND		
REFLECTION.			
FORM 990, PART III	, LINE 4D, OTHER PROGRAM SERVICES:		
SUSTAINABILITY			
EXPENSES \$ 185,324	. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.		
FORM 990, PART VI,	SECTION A, LINE 1A:		
THE BOARD OF DIREC	FORS OF THE CONSERVANCY, PER THE ORGANIZATION'S BY-LAWS,		
HAS DESIGNATED FROM	M AMONG ITS MEMBERS, AN EXECUTIVE COMMITTEE. THIS		
COMMITTEE HAS ALL	THE AUTHORITY OF THE BOARD, EXCEPT TO THE FOLLOWING		
MATTERS: 1. THE SU	BMISSION TO THE BOARD OF DIRECTORS OF ANY ACTION		
REQUIRING DIRECTOR	S' APPROVAL UNDER THE LAW; 2. THE FILLING OF VACANCIES IN		
THE BOARD; 3. THE	AMENDMENT OR REPEAL OF THE BY-LAWS, OR THE ADOPTION OF		
NEW BY-LAWS; 4. TH	E AMENDMENT OR REPEAL OF ANY RESOLUTION OF THE BOARD		
WHICH BY ITS TERMS	, SHALL NOT BE SO AMENDABLE OR REPEALABLE. THE COMMITTEE		
WILL CONSIST OF TH	E BOARD CHAIRPERSON, THE OFFICERS OF THE BOARD AND THE		
HEADS OF THE STAND	ING COMMITTEES. THE BOARD CHAIRPERSON MAY RECOMMEND TO		
	ITTEE THAT ADDITIONAL MEMBERS BE APPOINTED, SUBJECT TO	Coho	dule O (Form 990) 2021
132211 11-11-21		SCIE	

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10540922 759420 MS2059 2021.04021 MADISON SQUARE PARK CONSERV MS2059\_1

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization	Employer identification number
MADISON SQUARE PARK CONSERVANCY, INC.	14-1859935

FORM 990, PART VI, SECTION A, LINE 8A:

THE MAY 2021, SEPTEMBER 2021, AND DECEMBER 2021 BOARD OF TRUSTEES MEETING

MINUTES WERE PREPARED AND APPROVED IN APRIL 2022.

FORM 990, PART VI, SECTION A, LINE 8B:

THE FEBRUARY 2021, JUNE 2021, AND OCTOBER 2021 FINANCE COMMITTE MEETING

MINUTES WERE PREPARED AND APPROVED IN APRIL 2022.

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

THE 990 IS REVIEWED BY THE ORGANIZATION'S EXECUTIVE DIRECTOR, BUSINESS

OPERATIONS MANAGER, TREASURER, AND THE AUDIT, FINANCE AND INVESTMENT

COMMITTEE. THE FINAL 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO

FILING.

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

PER THE ORGANIZATION'S BY-LAWS, A CONFLICT OF INTEREST IS DEEMED TO EXIST

WHENEVER AN INDIVIDUAL IS IN THE POSITION TO APPROVE OR INFLUENCE

CORPORATION POLICIES OR ACTIONS WHICH INVOLVE OR COULD ULTIMATELY HARM OR

BENEFIT FINANCIALLY: A. THE INDIVIDUAL; B. ANY MEMBER OF HIS IMMEDIATE

FAMILY; OR C. ANY ORGANIZATION IN WHICH HE OR AN IMMEDIATE FAMILY MEMBER IS

A DIRECTOR, TRUSTEE, OFFICER, MEMBER, PARTNER OR MORE THAN 10% SHAREHOLDER.

A DIRECTOR OR OFFICER WHO HAS OR LEARNS ABOUT A POTENTIAL CONFLICT OF

INTEREST SHOULD DISCLOSE PROMPTLY TO THE SECRETARY OF THE CORPORATION THE

MATERIAL FACTS SURROUNDING ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST.

FOLLOWING RECEIPT OF INFORMATION CONCERNING A CONTRACT OR TRANSACTION

INVOLVING A POTENTIAL CONFLICT OF INTEREST, THE BOARD WILL CONSIDER THE

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	550,090. 22,546.

Name of the organization MADISON SQUARE PARK CONSERVAN	NCY, INC.	Employer identification numb 14-1859935
TOTAL EXPENSES	573,036.	
PUBLIC RELATIONS SERVICES:		
PROGRAM SERVICE EXPENSES	64,170.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	64,170.	
PARK SECURITY:		
PROGRAM SERVICE EXPENSES	353,768.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	353,768.	
LANDSCAPING:		
PROGRAM SERVICE EXPENSES	109,980.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	109,980.	
ARBORISTS:		
PROGRAM SERVICE EXPENSES	72,580.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	72,580.	
PERFORMERS:		
PROGRAM SERVICE EXPENSES	2,100.	Schedule O (Form 990) 2

Schedule O (Form 990) 2021 Name of the organization		Page 2 Employer identification number
MADISON SQUARE PARK CONSERVAL	NCY, INC.	14-1859935
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	2,100.	
SOUND ENGINEERS:		
PROGRAM SERVICE EXPENSES	20,625.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	20,625.	
PROGRAM CONSULTANTS:		
PROGRAM SERVICE EXPENSES	2,500.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	2,500.	
ARTIST - STUDIO:		
PROGRAM SERVICE EXPENSES	40,000.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	40,000.	
FABRICATIONS:		
PROGRAM SERVICE EXPENSES	238,160.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	238,160.	
132212 11-11-21	48	Schedule O (Form 990) 2021

Name of the organization MADISON SQUARE PARK CONSERVAL	NCY, INC.	Employer identification numb 14-1859935
INSTALLATION/DEINSTALLATION:		
PROGRAM SERVICE EXPENSES	45,445.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	45,445.	
ESSAYISTS/EDITORS:		
PROGRAM SERVICE EXPENSES	3,600.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	3,600.	
PHOTOGRAPHER FEES:		
PROGRAM SERVICE EXPENSES	5,000.	
MANAGEMENT AND GENERAL EXPENSES	4,000.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	9,000.	
PEST MANAGEMENT:		
PROGRAM SERVICE EXPENSES	22,646.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	22,646.	
HORTICULTURE:		
PROGRAM SERVICE EXPENSES	16,617.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	Schedule O (Form 990) 2

Schedule O (Form 990) 2021 Name of the organization		Page Employer identification numbe
MADISON SQUARE PARK CONSERVANCY, INC	•	14-1859935
OTAL EXPENSES	16,617.	
ARBAGE REMOVAL:		
PROGRAM SERVICE EXPENSES	26,951.	
IANAGEMENT AND GENERAL EXPENSES	0.	
UNDRAISING EXPENSES	0.	
TOTAL EXPENSES	26,951.	
SNOW REMOVAL:		
ROGRAM SERVICE EXPENSES	3,200.	
IANAGEMENT AND GENERAL EXPENSES	0.	
UNDRAISING EXPENSES	0.	
OTAL EXPENSES	3,200.	
'RANSLATOR :		
PROGRAM SERVICE EXPENSES	903.	
ANAGEMENT AND GENERAL EXPENSES	0.	
UNDRAISING EXPENSES	0.	
OTAL EXPENSES	903.	
AYROLL SERVICE FEES:		
ROGRAM SERVICE EXPENSES	0.	
ANAGEMENT AND GENERAL EXPENSES	25,171.	
UNDRAISING EXPENSES	0.	
OTAL EXPENSES	25,171.	
OTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,630,452.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
32212 11-11-21	50	Schedule O (Form 990) 202

<sup>2021.04021</sup> MADISON SQUARE PARK CONSERV MS2059\_1

Schedule O (Form 990) 2021 Name of the organization MADISON SQUARE PARK CONSERVANCY, 1	Pa Employer identification num INC. 14-1859935
NET ASSETS RELEASED FROM RESTRICTION RELATED TO NONCASH	
JSE OF FACILITIES UNDER LONG-TERM LEASE	-150,000.
FOTAL TO FORM 990, PART XI, LINE 9	-150,000.
132212 11-11-21	Schedule O (Form 990) 2 51