Reviewed Financial Statements

Washington Square Park Conservancy, Inc.

June 30, 2022

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To the Board of Directors of Washington Square Park Conservancy, Inc.

We have reviewed the accompanying financial statements of Washington Square Park Conservancy, Inc.(a nonprofit organization), which comprise the statement of financial position as of June 30, 2022, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

Accountant's Responsibility

Our responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

We are required to be independent of Washington Square Park Conservancy, Inc (a nonprofit organization) and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our review.

Accountant's Conclusion

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

Manie Manie America

White Plains, New York

March 27, 2023

WASHINGTON SQUARE PARK CONSERVANCY, INC. STATEMENT OF FINANCIAL POSITION JUNE 30, 2022

ASSETS	
Cash and cash equivalents	\$ 558,053
Contributions and grants receivable	87,616
Due from employee retention credit	65,937
Prepaid expenses	 3,740
Total assets	\$ 715,346
LIABILITIES AND NET ASSETS	
Liabilities:	
Accounts payable and accrued expenses	\$ 117,443
NET ASSETS	
Without donor restrictions	462,684
With donor restrictions	
Purpose restricted	 135,219
Total net assets	597,903
Total liabilities and net assets	\$ 715,346

WASHINGTON SQUARE PARK CONSERVANCY, INC. STATEMENT OF ACTIVITIES YEAR ENDED JUNE 30, 2022

	Without Donor Restrictions		With Donor Restrictions		Total
REVENUE AND OTHER SUPPORT	-				
Grants	\$	46,000	\$	35,000	\$ 81,000
Contributions		602,623		-	602,623
Event income, net		84,754		-	84,754
Government grants		59,873	•		59,873
Gain/(loss) on sale of securities		(183)	-		(183)
Net assets released from donor restrictions		174,781		(174,781)	 -
Total revenue and other support		967,848		(139,781)	 828,067
EXPENSES					
Program services		538,106		-	538,106
Management and general		175,721		-	175,721
Fundraising		112,833		-	 112,833
Total expenses		826,660			 826,660
Change in net assets		141,188		(139,781)	1,407
NET ASSETS					
Net assets, beginning of year		321,496		275,000	596,496
Net assets, end of year	\$	462,684	\$	135,219	\$ 597,903

WASHINGTON SQUARE PARK CONSERVANCY, INC. STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED JUNE 30, 2022

			Man	agement and			
	Program		General		<u>Fundraising</u>		Total
Salaries and related costs:							
Salaries	\$	63,337	\$	56,445	\$	77,605	\$ 197,387
Payroll taxes		5,253		4,607		6,389	16,249
Disability		46		41		56	143
Insurance- payroll related		2,594		980		5,614	9,188
Payroll service		633		564		776_	 1,973
Total salaries and related costs		71,863		62,637		90,440	224,940
Landscaping		194,874		-		-	194,874
Maintenance		121,229		-		-	121,229
Program services		33,361		1,672		-	35,033
Community programs		107,744		84		168	107,996
Accounting		-		23,731		-	23,731
Legal		-		4,500		-	4,500
Insurance		-		1,733		-	1,733
Advertising and marketing		4,848		22,033		11,794	38,675
Office and miscellaneous		248		49,922		8,365	58,535
Computer expenses		1,171		8,164		700	10,035
Bank fees and miscellaneous		145		1,220		1,366	2,731
Professional development		2,623		25		<u>-</u>	 2,648
Total expenses	\$	538,106	\$	175,721	\$	112,833	\$ 826,660

WASHINGTON SQUARE PARK CONSERVANCY, INC. STATEMENT OF CASH FLOWS YEAR ENDED JUNE 30, 2022

CASH FLOWS FROM OPERATING ACTIVITIES

Change in net assets	\$ 1,407
Adjustments to reconcile change in net assets	
to net cash provided by operating activities:	
PPP loan forgiveness	(37,993)
Changes in operating assets and liabilities	
Contributions and grants receivable	187,384
Due from employee retention credit	(21,881)
Prepaid expenses	(2,740)
Accounts payable and accrued expenses	 (29,626)
Net cash provided by operating activities	 96,551
Net increase in cash and cash equivalents	96,551
Cash and cash equivalents at beginning of year	 461,502
Cash and cash equivalents at end of year	\$ 558,053

Note 1 – Organization

Washington Square Park Conservancy, Inc. ("WSPC" or the "Organization"), a 501(c)(3) not-for-profit organization was incorporated on October 30, 2012 in New York State. The Organization works with the New York City Parks Department and neighborhood groups to ensure that Washington Square Park continues as a diverse and historical urban green space through engaging volunteers and raising funds to help keep the Park clean, safe and beautiful. The Park consists of 9.75 acres and is located at the base of Fifth Avenue between MacDougal Street and University Place.

Note 2 – Summary of significant accounting policies

Basis of accounting

The accompanying financial statements have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Financial statement presentation

WSPC reports information regarding its financial position and activities in two classes of net assets:

Net assets without donor restriction - Net assets without donor restrictions are available for use at the discretion of the Board of Directors (the "Board") and/or management for general operating purposes. From time to time the Board designates a portion of these net assets for specific purposes which makes them unavailable for use at management's discretion. The Organization's net assets without donor restrictions are composed of undesignated amounts.

Net assets with donor restriction- Net assets with donor restrictions consist of assets whose use is limited by donor-imposed, time and/or purpose restrictions.

The Organization reports gifts of cash and other assets as revenue with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, the net assets are reclassified as net assets without donor restriction and reported in the statements of activities and changes in net assets as net assets released from donor restrictions.

Cash and cash equivalents

WSPC considers depository accounts and investments purchased with a maturity date of three months or less to be cash and cash equivalents.

Note 2- Summary of significant accounting policies (continued)

Concentration of credit risk

Financial instruments that potentially subject WSPC to concentrations of credit risk consist principally of cash and cash equivalents with financial institutions. WSPC maintains its cash and cash equivalents in various bank accounts which from time to time may exceed the Federal Deposit Insurance Corporation ("FDIC") limits. WSPC has not experienced any loss in such accounts.

Use of estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Functional allocation of expenses

The statement of functional expenses present expenses by function and natural classification. Expenses directly attributable to a specific functional area of the Organization are reported as expenses of those functional areas. A portion of general and administrative costs that benefit multiple functional areas (indirect costs) have been allocated between program and support services. The breakdown into program services, fundraising, and management and general expenses is provided by management using their best estimates as to the appropriate allocation.

Volunteer services

Volunteers have donated their time and services to the Organization's activities and fundraising efforts. No amounts have been reflected in the financial statements as such services do not meet the criteria for recognition.

Fair value of financial instruments

The Organization uses the following methods and assumptions to estimate the fair value of each class of financial instruments for which it is practicable to estimate such value:

Cash - The carrying amount approximates fair value because of the short maturity of those instruments.

Contributions and grants receivable - The carrying value of contributions and grants receivable approximates fair value due to the short-term nature and historical collectability.

Accounts payable and accrued expenses - The carrying value of accounts payable and accrued expenses approximates fair value due to the short-term nature of the obligations.

Note 2- Summary of significant accounting policies (continued)

Contributions Receivable

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed using risk-free interest rates applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue. Conditional promises to give are not included as support until the conditions are substantially met.

Allowance for doubtful accounts

The Organization's contributions and grants receivable are presented on the statement of financial position net of the allowance for doubtful accounts, if required. The allowance is determined by a variety of factors, including the age of the receivables, current economic conditions, historical losses and other information management obtains regarding the financial condition of donors. The policy for determining the past due status of receivables is based on how recently payments have been received. Receivables are charged off when they are deemed uncollectible, which may arise when donors file for bankruptcy or are otherwise deemed unable to repay the amounts owed to the Organization. There was no allowance as of June 30, 2022.

Revenue recognition

The revenue for the Organization is generated by fundraising events, contributions, and grants. Accordingly, revenue from fundraising events is generally recorded at the time of the event. The Organization recognizes contributions in the period amounts are received or promised, net of any allowance for uncollectible amounts. Contributions and grants are considered to be without donor restrictions unless specifically restricted by the donor. When a donor restriction expires, that is, when a stipulated time restriction ends, or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions. Revenue is used to support key program areas of landscapes, maintenance and community.

Income taxes

The Organization is a not-for-profit Organization that is exempt from Federal and State income taxes under Section 501(c)(3) of the Internal Revenue Code and classified by the Internal Revenue Service as other than a private foundation. The Organization is registered with the New York State Charities Bureau and is subject to annual reporting requirements and filing fees. The Internal Revenue Service has determined that WSPC is a qualified charitable organization to which contributions are eligible for deduction by individual donors as described under Section 170 of the Internal Revenue Code. Income, if any, unrelated to the Organization's exempt purpose, net after expenses, would be subject to Unrelated Business Income Tax ("UBIT"). The Organization did not have any unrelated business income tax liability for the year ended June 30, 2022.

Note 2- Summary of significant accounting policies (continued)

The Organization applies Accounting Standards Codification Topic 740, the provision pertaining to uncertain tax positions, and has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements. The Organization is currently open to audit under the statute of limitations by the federal and state jurisdictions for years subsequent to fiscal 2019.

Note 3 – Liquidity and availability

The Organization's financial assets available within one year of the statement of financial position date for general expenditures are as follows:

Cash	\$ 558,053
Contributions and grants receivable	<u>87,616</u>
Total financial assets available to management for general	
expenditure within one year	\$ 645,669
Less: net assets with donor restrictions	(135,219)
Total financial assets available to management for general expenditure within one year	<u>\$ 510,450</u>

The Organization maintains a policy of structuring its financial assets to be available as general expenditures, liabilities and other obligations come due.

Note 4 – Event income, net

As part of its fundraising efforts, the Organization has an annual benefit. The composition of event income, net as reported in the statement of activities for the year ended June 30, 2022 is as follows:

Event revenue	\$ 107,995
Event direct expenses	 23,241
Event income, net	\$ 84,754

Note 5 – Concentration of revenue and receivables

One donor's gift accounted for approximately 30% of total support and revenues for the year ended June 30, 2022.

Contributions and grants receivables from three donors represented 87% of the receivables at June 30, 2022.

Note 6- Donated facilities

The Organization is provided office space consisting of two desks and the use of conference rooms, phones, copiers, internet etc. The fair market value of the donated facilities has not been determined and is not reflected in the financial statements.

Note 7– Net assets with donor restrictions

Changes in net assets with donor restrictions for the year ended June 30, 2022 is as follows:

	Jul	y 1, 2021	Released from Additions Restrictions			June 30, 2022		
Dalio Foundation	\$ 250,000		\$	-	\$	(114,781)	\$	135,219
Manton Foundation		25,000		-		(25,000)		-
NYC Green Relief & Recovery Fund		-	3	5,000		(35,000)		
	\$_	275,000	\$ 3	5,000	\$	(174,781)	\$	135,219

The grant from the Manton Foundation is time-restricted while the grant from the Dalio Foundation and NYC Green Relief & Recovery Fund are purpose restricted.

Note 8- Paycheck protection program loan

On February 24, 2021, pursuant to the Paycheck Protection Program ("PPP") under the Coronavirus Aid, Relief, and Economic Security Act (the CARES, Act), the Organization applied for and was granted a loan of \$37,793. The loan is payable in two years, with a six-month deferment, at 1% fixed interest and is secured by the Small Business Administration ("SBA"). The intent of the PPP loan program funds is to be used for payroll and employee benefits. On August 5, 2021, the Organization received full forgiveness from the SBA.

Note 9– Coronavirus disease 2019 (COVID-19)

In March 2020, the World Health Organization declared the outbreak of COVID-19 as a pandemic, which continues to spread throughout the United States. WSPC could be materially and adversely affected by the risks, or the public perception of the risks, related to an epidemic, pandemic, outbreak, or other public health crisis, such as the recent outbreak of COVID-19. The ultimate extent of the impact of any epidemic, pandemic or other health crisis on the Organization, financial condition and results of operations will depend on future developments, which are highly uncertain and cannot be predicted, including new information that may emerge concerning the severity of such epidemic, pandemic or other health crisis and actions taken to contain or prevent their further spread, among others. Accordingly, WSPC cannot predict the extent to which our financial condition and results of operations will be affected.

Under the CARES Act, the Organization is eligible to receive an employee retention credit, which is a credit against the employer portion of Social Security taxes for certain wages between March 13, 2020, and December 31, 2020. The CARES Act extended the employee retention credit though June 30, 2021, while also modifying the provisions of the credit. The Organization has finalized its application for the employee retention credit and accordingly, \$65,937 is included in due from employee retention credit in the accompanying Statement of financial position and other income in the statement of activities at June 30, 2022. The amount was collected in July 2022.

Note 10-Litigation

The Organization is involved in a legal proceeding arising from claims by a park visitor and her family. The Organization believes that it has been wrongly named as a defendant in the action and has other significant defenses to the claims made and is strongly defending the action. In the opinion of management, in consultation with outside pro bono legal counsel, the final disposition of the matter will not have a material effect on the Organization's financial statements.

Note10 – Subsequent events

Management has evaluated all subsequent events or transactions for potential recognition or disclosure through March 27, 2023, the date the financial statements were available to be issued.

EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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. TIIN 30

Open to Public

A	For the	$_{2}$ 2021 calendar year, or tax year beginning $$ JUL $$ $$ JUL $$ $$ $$ 2 $$ $$ 2 $$ and ending	JUN 30, 2022					
В	Check if applicabl	C Name of organization	D Employer identific	cation number				
	Addre chang	washington square park conservancy, inc.						
F	Name chang		46-14061	28				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number	 r				
	Final return	P.O. BOX 1624 COOPER STATION	(212)588					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	0.65 100				
	Ameno return	NEW TORK, NI 10270	H(a) Is this a group re	eturn				
	Application	F Name and address of principal officer: VERONICA BULGARI	for subordinates	for subordinates? Yes X No				
	pendir	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No				
			527 If "No," attach a	list. See instructions				
		te: WWW.WASHINGTONSQPARK.ORG	H(c) Group exemptio					
			Year of formation: 2012	A State of legal domicile: NY				
P	art I	Summary	TNOMON GOUNDE	DADIZ				
ě	1	Briefly describe the organization's mission or most significant activities: THE WASH CONSERVANCY ("WSPC") IS A 501(C)(3) NOT FOR F	INGTON SQUARE	AULOM				
anc								
Je.	3	Check this box if the organization discontinued its operations or disposed of m Number of voting members of the governing body (Part VI, line 1a)	_	20				
é	4	Number of independent voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		18				
∞ ′0	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		6				
iţi	6	Total number of volunteers (estimate if necessary)		370				
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.				
ď	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.				
evenue			Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)	723,255.	844,141.				
	9	Program service revenue (Part VIII, line 2g)	0.	0.				
ě	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	-183.				
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,430.	-15,891.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	716,825.	828,067.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	335,794.	339,035.				
		Benefits paid to or for members (Part IX, column (A), line 4)	197,490.	222,967.				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	197,490.	0.				
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 112,833.	0.					
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	190,341.	264,658.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	723,625.	826,660.				
	10	Revenue less expenses. Subtract line 18 from line 12	-6,800.					
Net Assets or	3		Beginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)	781,558.	715,346.				
ASS	21	Total liabilities (Part X, line 26)	185,062.	117,443.				
<u>Se</u>	22	Net assets or fund balances. Subtract line 21 from line 20	596,496.	597,903.				
Pa	art II	Signature Block						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta		knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.					
۵.		Signature of officer	 Date					
Sig		VERONICA BULGARI, PRESIDENT	Date					
Hei	e	Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date Check	PTIN				
Paid	d	KRIS KRINGAS KRIS KRINGAS	05/15/23 of self-employ					
	parer	Firm's name MAIER MARKEY & JUSTIC LLP		13-3539062				
	Only	Firm's address 2 LYON PLACE	THIN O EN					
· -	•	WHITE PLAINS, NY 10601	Phone no. 91	4-644-9200				
Ma	v the IF		1	X Yes No				

5-1406128	Page 2

1	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: WSPC PROVIDES FUNDS TO NYC PARKS TO SUPPORT STAFFING AND SUPPLIES FOR WASHINGTON SQUARE PARK.
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?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 229,355. including grants of \$ 151,113.) (Revenue \$) LANDSCAPES - EXPENDITURES FOR TWO FULL-TIME GARDENERS, AS WELL AS HORTICULTURAL SUPPLIES AND SUPPORT, SUCH AS PLANT MATERIAL, FENCING, RODENT MANAGEMENT AND TOOLS.
4b	(Code:)(Expenses \$ 142,679. including grants of \$ 115,078.) (Revenue \$) PARK MAINTENANCE - EXPENDITURES FOR SEASONAL AND FULL-TIME MAINTENANCE WORKERS, ALL OF WHOM ARE NYC PARK DEPARTMENT EMPLOYEES, AS WELL AS MAINTENANCE SUPPLIES SUCH AS TOOLS, GLOVES AND CLEANING SUPPLIES.
4c	(Code:) (Expenses \$166,072. including grants of \$72,844.) (Revenue \$) COMMUNITY - WSPC SUPPORTED VARIOUS PUBLIC EVENTS THROUGHOUT THE YEAR INCLUDING ARTS CRANIES PUBLIC PROCRAMS AND A FILL TIME DIAYCROUND ASSOCIATE A NYC
4c	COMMUNITY -
	COMMUNITY - WSPC SUPPORTED VARIOUS PUBLIC EVENTS THROUGHOUT THE YEAR INCLUDING ARTS GRANTS, PUBLIC PROGRAMS AND A FULL-TIME PLAYGROUND ASSOCIATE, A NYC PARKS EMPLOYEE. WSPC SUPPORTS REGULAR PUBLIC PROGRAMS, OPPORTUNITIES FOR VOLUNTEERS TO SERVE THE PARK, INCLUDING GREETER/GUIDE, HORTICULTURE AND PHOTOGRAPHY PROGRAMS. 370 VOLUNTEERS SERVED 1,553 HOURS AT THE PARK

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	v
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	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	40-		х
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
13	Did the appropriation projection of the control of the United Obstaco	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		- 25
b	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		Х
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	טדו		
	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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

132003 12-09-21

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	1 (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	2 5a		25
b	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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-		v
0.4	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		25
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Dat	Note: All Form 990 filers are required to complete Schedule 0	38	X	<u> </u>
rd	rt 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			N'-
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	_		
ū	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c	Х	
		<u> </u>		

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WASHINGTON SQUARE PARK CONSERVANCY, INC. 46-1406128 Page 5 Form 990 (2021) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 6 **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х 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 Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Х Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

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?

If "Yes," see the instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

X

If "Yes," see the instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

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?

If "Yes," complete Form 6069.

Form **990** (2021)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
a h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
ŭ	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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.00		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request X Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SHERYL WOODRUFF - (212)588-5659			
	P.O. BOX 1624 COOPER STATION, NEW YORK, NY 10276			

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

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

X

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

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

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

X Check this box if neither the organization	nor any related	orga	niza	tion	con	npen	sat	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Position (do not check more than one				Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		Cer ai	iu a u	recic	JI/II US	lee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (420)	and related
	below	Individual trustee or director	Institutional trustee	-i-	Key employee	est co	l in	,		organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) ELIZABETH ELY	10.00									
CHAIRMAN		X		X				0.	0.	0.
(2) VERONICA BULGARI	10.00									
PRESIDENT		X		X				0.	0.	0.
(3) GWEN EVANS	10.00									
TREASURER		X		X				0.	0.	0.
(4) JUSTINE LEGUIZAMO	10.00								_	_
VICE PRESIDENT		X		X				0.	0.	0.
(5) QUINTON FARRAR	2.00									_
SECRETARY		X		X				0.	0.	0.
(6) MICHAEL AURIEMMA	2.00									
DIRECTOR		X						0.	0.	0.
(7) ADRIAN BENEPE	2.00	ļ								
DIRECTOR	0.00	X						0.	0.	0.
(8) KYUNG CHOI BORDES	2.00								_	
DIRECTOR	0.00	X						0.	0.	0.
(9) DOUGLAS EVANS	2.00	-							_	
DIRECTOR	2 00	X						0.	0.	0.
(10) MARIANNE ENGLE	2.00	. ,						0	_	_
(11) JOHN VAN NAME	2.00	X						0.	0.	0.
DIRECTOR	2.00	X						0.	0.	0.
(12) EMILY KIES FOLPE	2.00	^						0.	0.	0.
DIRECTOR	2.00	X						0.	0.	0.
(13) CONOR GRIMES	2.00							0.	0.	
DIRECTOR	2.00	X						0.	0.	0.
(14) LAUREN BAKER PINKUS	2.00	25								-
DIRECTOR	2000	X						0.	0.	0.
(15) JAMIE WELCH	2.00									
DIRECTOR		x						0.	0.	0.
(16) SHANNON WU	2.00									
DIRECTOR		X						0.	0.	0.
(17) SUSI WUNSCH	2.00									
DIRECTOR		X						0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C	•			(D)	(E)			(F)	
Name and title	Average	(do	not c	Positi heck n			nne	Reportable	Reportable		Es	stimate	d
	hours per	box	, unle	ss pers	son i	is both	n an	compensation	compensatio	n	ar	nount o	of
	week	\vdash	Cer ar	nd a dir	recto	or/trus	lee)	from	from related			other	
	(list any hours for	director						the	organization			npensat	
	related	or d	99			sated		organization	(W-2/1099-MIS			rom the	
	organizations	rustee	trust		9	n bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	janizati d relate	
	below	dualt	rtiona		nploy	st cor	<u>_</u>	·				anizatio	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
(18) MITCHELL SILVER	0.25												
PARK REP NYC PARKS DEPT TR		X						0.		0.			0.
(19) WILLIAM CASTRO	0.25												
PARK REP MANHATTAN BOROUGH		X						0.		0.			0.
(20) LYDIA CARLSTON	2.00												
DIRECTOR		X						0.		0.			0.
(21) CHRIS HUGHES	2.00												
DIRECTOR		X						0.		0.			0.
(22) SUE DONOGHUE	0.25												
PARK REP NYC PARKS DEPT TR		X						0.		0.			0.
1b Subtotal							ightharpoons	0.		0.			0.
c Total from continuation sheets to Part VI	I, Section A						ightharpoons	0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	;			_
compensation from the organization													0
										ſ		Yes	No
3 Did the organization list any former officer,													
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su	•							•	•				
and related organizations greater than \$150	0,000? <i>If</i> "Yes,	," cc	mple	ete S	che	edule	J f	for such individual			4		X
5 Did any person listed on line 1a receive or a	•				,			•	dual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or st	ıch p	ers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	•							•	ensat	tion fro	om	
the organization. Report compensation for	the calendar y	ear e	endir	ng wi	th c	or wi	thin		ear.				
(A) Name and business	address	NT/	ONE	7				(B) Description of s	envices	C		C) nsation	1
Traine and business	addicss	1//	JMI	<u> </u>			-	Description of s	CI VICCS		ompo	Tisation	<u>' </u>
-													
2 Total number of independent contractors (in	ncluding but n	ot lir	nited	d to t	hos	se lis	ted	above) who received mo	ore than				

WASHINGTON SQUARE PARK CONSERVANCY, INC. 46-1406128 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 100,645. 1c d Related organizations 1d 59,873. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 683,623. similar amounts not included above ... 1f 23,223. 1g \$ g Noncash contributions included in lines 1a-1f 844,141. h Total. Add lines 1a-1f **Business Code** 2 a Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of 7a 15,701. assets other than inventory b Less: cost or other basis 7b 15,884. Other Revenue and sales expenses -183. -183. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$100,645. of contributions reported on line 1c). See 7,350. Part IV, line 18 **b** Less: direct expenses -15,891. -15,891. **c** Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** d All other revenue e Total. Add lines 11a-11d

828,067.

12 Total revenue. See instructions

	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	220 025	220 025		
	and domestic governments. See Part IV, line 21	339,035.	339,035.		
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				
4	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members Compensation of current officers, directors,				
5					
6	Compensation not included above to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	4050(-)(0)(B)				
7	Other salaries and wages	197,387.	63,337.	56,445.	77,605.
8	Pension plan accruals and contributions (include		33,337.	33,113.	, 0000
Ü	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	9,331.	2,640.	1,021.	5,670.
10	Payroll taxes	16,249.	5,253.	4,607.	6,389.
11	Fees for services (nonemployees):		3,2331	2,0070	0,000
··	Management				
b	Legal	4,500.		4,500.	
c	Accounting	23,731.		23,731.	
d	Lobbying	,		, ,	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
·	column (A), amount, list line 11g expenses on Sch 0.)	1,973.	633.	564.	776.
12	Advertising and promotion	38,675.	4,848.	22,033.	11,794.
13	Office expenses	58,535.	248.	49,922.	8,365.
14	Information technology	10,035.	1,171.	8,164.	700.
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,733.		1,733.	
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	COMMUNITY	70,185.	68,261.	1,756.	168.
b	LANDSCAPES	43,761.	43,761.		
С	MAINTENANCE	6,151.	6,151.		
d	BANK FEES & MISCELLANEO	2,731.	145.	1,220.	1,366.
е	All other expenses	2,648.	2,623.	25.	
25	Total functional expenses. Add lines 1 through 24e	826,660.	538,106.	175,721.	112,833.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 461,502. 558,053. 1 Cash - non-interest-bearing Savings and temporary cash investments 275,000. 87,616. 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from 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 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 3,740. 1,000. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 44,056. 65,937. Other assets. See Part IV, line 11 15 15 715,346. 781,558. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 147,069. 117,443. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 37,993. 0. 24 Unsecured notes and loans payable to unrelated third parties _____ 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 185,062. 117,443. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 321,496. 27 462,684. 27 Net assets without donor restrictions Net assets with donor restrictions 275,000. 135,219. 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 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 596,496. 597,903. Total net assets or fund balances 32 32 781,558. 715,346. 33 33 Total liabilities and net assets/fund balances

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization WASHINGTON SQUARE PARK CONSERVANCY 46-1406128 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	397,185.	942,718.	637,272.	723,255.	844,141.	3544571.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	397,185.	942,718.	637,272.	723,255.	844,141.	3544571.
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)						1034345.
	Public support. Subtract line 5 from line 4.						2510226.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	397,185.	942,718.	637,272.	723,255.	844,141.	3544571.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						2544571
	Total support. Add lines 7 through 10						3544571.
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for th	-					. —
S0/	organization, check this box and stop ction C. Computation of Publi						P
	•			aluma (f)		14	70.82 %
	Public support percentage for 2021 (li					15	70.82 %
	Public support percentage from 2020						
IUa	6a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
h							
	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
17a	and stop here. The organization qualifies as a publicly supported organization 7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
a	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te		*	•		viriow the organiz	
b	10% -facts-and-circumstances test	•	•				
_	more, and if the organization meets th	ū				•	
	organization meets the facts-and-circu		•				
18	Private foundation. If the organizatio				•		• >

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included 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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
							>
	ction C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		15	<u>%</u>
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the						7 is not
	more than 33 1/3%, check this box ar						▶∟
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	▶∐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
30		
10a		
10b		
lule A (Forn	n 990)	2021

V-- N-

· u	cupporting 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	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
300	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
<i></i>	tion 6. Type it oupporting organizations		V	NI.
	Ware a majority of the arganization's directors or twisters during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	•		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			

these activities but for the organization's involvement. 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.

3b Schedule A (Form 990) 2021

2b

За

132025 01-04-22

All other Type III non-functionally integrated supporting organizations must complete Sections A through E. ction A - Adjusted Net Income Net short-term capital gain Net short-term capital gain Recoveries of prior-year distributions 2 Chery organ distributions 2 Description and depletion Portion of operating expenses paid or incurred for production or collection of gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Cution B - Minimum Asset Amount (A) Prior Year (B) Current Year (poptional) (P) Prior Year (poptional) (P) Prior Year (poptional) (P) Prior Year (poptional) (P) Prior Year (poptional) (poptio	Part	V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations	
tition A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) Net short-term capital gain 1	1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instruction
Net short-term capital gain Recoveries of prioryear distributions 2 Cither gross income (see instructions) 3 Add lines 1 through 3. Peritor of operating expenses paid or incurred for production or collection of gross income (see instructions) 6 Portion of operating expenses paid or incurred for production or maintenance of property held for production of income (see instructions) 6 Cither expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Cotion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities b Average monthly value of securities 1b C Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d D Isound Isolatin in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. C Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Multiply line 5 by 0.035. Recoveries of prior-year distributions Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum Asset Amount Current Year Adjusted net income for prior year (from Section B, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount Subtract line 5 from line 4, unless subject to energency temporay reduction (see instructions).		All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income of pross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Ction B - Minimum Asset Amount Aggregate fair market value of all non-exempt use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities 1 to b Average monthly cash balances 1 to b Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indetedenses applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. Recoveries of prior-year distributions 7 Minimum Asset Amount Current Year Adjusted net income for prior year (from Section B, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Income for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year	ectio	n A - Adjusted Net Income		(A) Prior Year	` '
Other gross income (see instructions) Add lines 1 through 3. Add lines 1 through 3. 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): A Average monthly value of securities A Average monthly value of securities A Average monthly value of other non-exempt-use assets A Verage monthly value of other non-exempt-use assets C Fair market value of other non-exempt-use assets A C abd dilines 1a, 1b, and 1c) D iscount claimed for blockage or other factors (explain in detail in Part VI): C and deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). A Net value of non-exempt-use assets (subtract line 4 from line 3) A Verage of prior-year distributions Multiply line 5 by 0.035. Multiply line 5 by 0.035. Minimum Asset Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Alian C and management of the prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount B C are from line 4, unless subject to emergency temporary reduction (see instructions).	1	Net short-term capital gain	1		
Add lines 1 through 3.	2	Recoveries of prior-year distributions	2		
Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Etion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly cash balances b Average monthly cash balances To tail (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (expair in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Sas Gash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Enter C. Distributable Amount Adjusted net income for prior year (from Section B, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Sibustractions (see instructions). Birther greater of line 2 or line 3. Income tax imposed in prior year Birther Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	3 (Other gross income (see instructions)	3		
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Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		Enter greater of line 2 or line 3.	4		
emergency temporary reduction (see instructions).	5	ncome tax imposed in prior year	5		
	6 1	Distributable Amount. Subtract line 5 from line 4, unless subject to			
Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see		emergency temporary reduction (see instructions).	6		
	7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	nued)	
Sec	ion D - Distributions	•	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) 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			
c	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			
c	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:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
_ d	Excess from 2020			
е	Excess from 2021			

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

WASHINGTON SQUARE PARK CONSERVANCY

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

INC.

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

46-1406128

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _____ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number

WASHINGTON SQUARE PARK CONSERVANCY, INC.

46-1406128

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	43 SHARES OF UNITED RENTALS INC.		
		_ \$12,877.	06/03/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	120 SHARES OF NEXTERA ENERGY INC.	_	
		 \$10,346.	11/18/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			Cohodula D (Farra 200) (00

Name of organization Employer identification number

	<u>GTON SQUARE PARK CONSEI</u>	RVANCY, INC.	46-1406128		
art III	Exclusively religious, charitable, etc., contributi	ons to organizations described in s	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line er charitable, etc. contributions of \$1.000 or	ntry. For organizations		
	Use duplicate copies of Part III if additional	space is needed.			
No. om					
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
— I ·					
		(a) Turned and a set of	a .		
	(e) Transfer of gift				
	Tours from the course of delegation and 71D. A				
-	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
\ NIa					
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
art I	(2) 2 2 2 2 3 2 2	(0, 000 00 300	(4, 2		
.					
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
art I	(b) Ful pose of gift	(c) Ose of gift	(u) Description of now girt is field		
.					
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
<u> </u>					
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
art I	(b) i dipose oi giit	(c) Osc of gift	(d) Description of now girt is field		
[,					
.					
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

WASHINGTON SQUARE PARK CONSERVANCY, 46-1406128

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		unds or Ac	counts. Complete if the
	organización anoworea 160 ori 16111 octo, i artiv, ini	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor	r advised fund	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other pu	rpose conferr	ing
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form	1990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreated	tion or education) Preserva	tion of a histo	orically important land area
	Protection of natural habitat	Preserva	tion of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the	form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic	structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated	by the organi	zation during the tax
	year ▶			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per	• • •	ng of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcin	g conservation	n easements during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing cor	nservation ea	sements during the year
•	Description of the College Col		- 470/l-\/4\/D\	(*)
8	Does each conservation easement reported on line 2(d) above	•		
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn		•	
	organization's accounting for conservation easements.	ote to the organization's illiancial's	naterrierits trie	at describes trie
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures.	or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95		ment and hala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	•		
	service, provide in Part XIII the text of the footnote to its finan	•		ice of public
b	If the organization elected, as permitted under FASB ASC 95			sheet 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 trea			
	the following amounts required to be reported under FASB A		5	
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

132051 10-28-21

		TON SQUARE						46-14			age 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, Histo	rical Tre	easures, or C	Other	Simila	Assets	(contin	าued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that m	ake sig	nificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition		d 🖳 L	oan or exc	change program						
b	Scholarly research		e 🔲 🤇	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	in how the	ey further tl	he organization's	s exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hist	torical trea	sures, or other s	imilar a	ssets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Pa	rt IV Escrow and Custodial Arran		lete if the	organizatio	on answered "Ye	s" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	ble:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, for es	scrow or c	ustodial account	liability	/?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pa	rt V Endowment Funds. Complete	if the organization a	nswered "	Yes" on Fo							
		(a) Current year	(b) Pr	ior year	(c) Two years b	ack (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1g,	column (a	ı)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	nd administered	for the	organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	ired on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment fu	nds.							
Pa	rt VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV,	line 11a. S	See Form 990, P	art X, lii	ne 10.				
	Description of property	(a) Cost or			t or other		cumulate	ed	(d) Boo	k valu	е
		basis (invest	ment)	basis	(other)	depr	eciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other										
T-4-	Add lines to through to (O. I (II)			(D) !:	١٥ ١						Λ

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Name of the organization

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

Inspection Employer identification number

	TON SQUARE PARK CO	NSEI	IAVS	NCY, INC.	46-1406	128
Part I Fundraising Activities. required to complete this part	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	ed funds through any of the followin e Solicitate f Solicitate g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover lising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			>			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration

132081 10-21-21

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

Schedule G (Form 990) 2021

WASHINGTON SQUARE PARK CONSERVANCY, INC. 46-1406128 Page 2 Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through GALAcol. (c)) (event type) (total number) (event type) 107,995. 107,995. Gross receipts 1 100,645. 100,645. 2 Less: Contributions 7,350. Gross income (line 1 minus line 2) 7,350. 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 18,967. 18,967. 7 Food and beverages 8 Entertainment 4,274. Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) -15,89111 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990) 2021

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Sch	ledule G (Form 990) 2021 WASHINGTON SQUARE PARK CONSERVANCY, INC. 46-1	1406128	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		120	0/
	a The organization's facility	13a	<u>%</u>
	o An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
	Address P		
45.		□ Vaa	No
158	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Yes	
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	If "Yes," enter name and address of the third party:		
	Nama 🏲		
	Name		
	Address		
16	Gaming manager information:		
	Name >		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	C State of the second s		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$ int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa		01 401
Га		rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990)	WASHINGTON	SQUARE	PARK	CONSERVANCY,	INC.	46-1406128	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)						
		(continued)						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

2021
Open to Public

Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 46-1406128 WASHINGTON SQUARE PARK CONSERVANCY, INC. General Information on Grants and Assistance Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV. line 21. for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) THE GRANT SUPPORTS THE NEW YORK CITY HORTICULTURE, MAINTENANCE AND PROGRAM SERVICES FOR 830 5TH AVENUE 13-3561657 PARKS DEPARTMENT 339,035. 0 WASHINGTON SQUARE PARK NEW YORK, NY 10065 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	n required in Part I, lin	e 2; Part III, columr	n (b); and any other ac	dditional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNME	NT: NEW YOR	K CITY			
(H) PURPOSE OF GRANT OR ASSISTAN	ICE: THE GRA	NT SUPPOR	rs the hort	ICULTURE,	
MAINTENANCE AND PROGRAM SERVICES	FOR WASHIN	IGTON SQUAI	RE PARK PER	FORMED BY	
NYC PARKS DEPARTMENT AND ITS EMP	LOYEES.				
SCHEDULE I PART 1 LINE 2					
WSPC PROVIDES FUNDS TO THE NYC F	ARKS DEPART	MENT FOR I	DESIGNATED	PURPOSES	
WHICH HAVE BEEN APPROVED AND VOT	ED UPON BY	THE BOARD	OF DIRECTO	RS AFTER	
	<u> </u>				0-11-1-1-(000) 00

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

WASHINGTON SQUARE PARK CONSERVANCY, INC.

Employer identification number 46-1406128

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

WORKING WITH THE NEW YORK CITY PARKS DEPARTMENT AND NEIGHBORHOOD GROUPS

TO ENSURE THAT WASHINGTON SQUARE PARK CONTINUES AS A DIVERSE AND

HISTORICAL URBAN GREEN SPACE THROUGH ENGAGING VOLUNTEERS AND RAISING

FUNDS TO HELP KEEP THE PARK CLEAN, SAFE AND BEAUTIFUL.

FORM 990, PART I, LINE 6:

VOLUNTEERS CONTRIBUTE THEIR TIME AND EFFORT TO MAINTAIN AND ENHANCE
WASHINGTON SQUARE PARK BY PERFORMING A HOST OF TASKS SUCH AS PLANTING,
RAKING, WEEDING AND GENERAL CLEAN-UPS. VOLUNTEERS ASSIST IN GATHERING
DATA ON PARK USAGE, VOLUNTEERING FOR SPECIAL EVENTS AND LEADING TOURS
OF THE PARK. FOR THE YEAR ENDED JUNE 30, 2022 THERE WERE 370 VOLUNTEERS
CONTRIBUTING 1,553 HOURS.

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

ORGANIZATION'S PROCESS TO REVIEW IRS FORM 990:

ONCE THE DRAFT OF THE IRS 990 HAS BEEN REVIEWED BY THE AUDIT COMMITTEE AND

THE EXECUTIVE COMMITTEE, THE DOCUMENT IS DISTRIBUTED TO THE BOARD FOR

APPROVAL BEFORE FILING.

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

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

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN

INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND

BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS

AND MEMBERS OF COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING

132211 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization Employer identification number WASHINGTON SQUARE PARK CONSERVANCY, INC. 46-1406128 THE PROPOSED TRANSACTION OR ARRANGEMENT. ONCE FACTS ARE PRESENTED, THE INTERESTED PARTY IS REMOVED FROM DISCUSSION AND THE REST OF THE BOARD DETERMINES IF A CONFLICT EXISTS. IF IT IS DETERMINED THAT THE MEMBER/INTERESTED PARTY HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE BOARD WILL TAKE APPROPIATE DISCIPLINARY AND CORRECTIVE ACTION. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST; INFORMATION AS TO HOW THIS CAN BE OBTAINED IS POSTED ON THE ORGANIZATION'S WEBSITE. FORM 990, PART VI, SECTION C, LINE 18: DOCUMENTS ARE AVAILABLE ON GUIDESTAR.COM AND THE NYS CHARITIES BUREAU WEBSITE. FORM 990, PART VII, SECTION A EX-OFFICIO, NON-VOTING MEMBERS WSPC HAS TWO EX-OFFICIO, NON-VOTING MEMBERS WHO ARE NOT LISTED ON PART VII, SECTION A. THEY ARE: CHRISTOPHER MARTE, COUNCIL MEMBER DISTRICT 1 JEANNINE KIELY, CHAIR OF COMMUNITY BOARD 2

2212 11-11-21 Schedule O (Form 990) 2021

CHAR500

1.General Information

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2021

Open to Public Inspection

07/01/2021 and Ending (mm/dd/yyyy) 06/30/2022 For Fiscal Year Beginning (mm/dd/yyyy) Name of Organization: Employer Identification Number (EIN): Check if Applicable: WASHINGTON SQUARE PARK CONSERVANCY, INC. 46-1406128 Address Change NY Registration Number: Name Change Mailing Address: P.O. BOX 1624 COOPER STATION 43-80-89 Initial Filing Telephone: Final Filing City / State / ZIP: NEW YORK, NY 10276 212 588-5659 Amended Filing Reg ID Pending Email: Website: WWW.WASHINGTONSOPARK.ORG Check your organization's Confirm your Registration Category in the EPTL only X DUAL (7A & EPTL) EXEMPT* registration category: ____ 7A only Charities Registry at www.CharitiesNYS.com. 2. Certification See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. VERONICA BULGARI President or Authorized Officer: PRESIDENT Signature Print Name and Title Date GWEN EVANS TREASURER Chief Financial Officer or Treasurer: Print Name and Title Signature Date 3. Annual Reporting Exemption Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees. 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

4. Schedules and Attachments

during the fiscal year.

See the following page for a checklist of	Yes	Y No	
schedules and	res	INO	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
attachments to			To rund ruioning destrict, in the state. In year, complete contended in.
complete your filing.	X Yes	☐ No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time

5. Fee

See the checklist on the	7A filin	ng fee:	EPTL	filing fee:	Total f	ee:	Make a single check or money order
next page to calculate your							payable to:
fee(s). Indicate fee(s) you							' '
are submitting here:	\$	25.	\$	100.	\$	125.	"Department of Law"

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

168451 01-10-22 1019

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Co disclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our reven filing year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public X Review Report if you received total revenue and support greater than \$250,00 Audit Report if you received total revenue and support greater than \$1,000,00 If the fiscal year begins before that date, an Audit Report is required if total revenue Report or Audit Report is required because total revenue and support We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	on and up to \$1,000,000 on and the fiscal year begins on or after July 1, 2021. If yenue and support is greater than \$750,000 ont is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$\overline{X}\$ \$25, if you did not check the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b	under Article 7-A of the Executive Law ("7A") EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations . These organizations are not required to file annual financial reports but may do so voluntarily.
Cond Vous Filing	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .
Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street	- IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and

Need Assistance?

New York, NY 10005

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

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Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

2021

Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
WASHINGTON SQUARE PARK CONSERVANCY, INC.	43-80-89

2. Government Grants

Name of Government Agency	Amount of Grant	
1. US DEPARTMENT OF TREASURY-ERC CREDIT	1. 59,87	13.
2.	2.	
3.	3.	
4.	4.	
5.	5.	
6.	6.	
7.	7.	
8.	8.	
9.	9.	
10.	10.	
11.	11.	
12.	12.	
13.	13.	
14.	14.	
15.	15.	
Total Government Grants:	Total: 59,87	73.