

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

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.

Open to Public Inspection

Form 990 header section A-M containing organization name, address, EIN, and tax-exempt status.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block section with fields for officer signature, preparer name, date, and firm information.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE CONSERVANCY PRESERVES AND REVITALIZES NEW YORK'S ARCHITECTURE. BY DOING SO, IT CONTRIBUTES TO NEW YORK'S ECONOMY, TOURISM AND QUALITY OF LIFE.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,174,905. including grants of \$ 576,100.) (Revenue \$) THE CONSERVANCY'S SACRED SITES PROGRAM -

OFFERS CONGREGATIONS THROUGHOUT THE ENTIRE STATE OF NEW YORK FINANCIAL AND TECHNICAL ASSISTANCE TO MAINTAIN, REPAIR, AND RESTORE THEIR HISTORIC BUILDINGS. THE PROGRAM WAS LAUNCHED IN 1986 AND IS THE ONLY STATEWIDE PROGRAM IN THE NATION RESPONDING TO THE PRESERVATION NEEDS OF HISTORIC RELIGIOUS PROPERTIES. SINCE ITS INCEPTION, SACRED SITES HAS AWARDED 1,559 GRANTS TO ALMOST 828 CONGREGATIONS THROUGHOUT NEW YORK, REGARDLESS OF DENOMINATION.

4b (Code:) (Expenses \$ 893,850. including grants of \$ 385,988.) (Revenue \$) THE CONSERVANCY'S NEW YORK CITY HISTORIC PROPERTIES FUND -

ESTABLISHED IN 1982, THE NEW YORK CITY HISTORIC PROPERTIES FUND IS THE CONSERVANCY'S MAIN FINANCING VEHICLE FOR RESTORATION WORK THROUGHOUT NEW YORK CITY. WITH OVER \$10 MILLION IN ASSETS, IT IS ONE OF THE LARGEST REVOLVING LOAN FUNDS FOR HISTORIC PRESERVATION IN THE NATION. SINCE ITS INCEPTION, THE FUND HAS MADE OVER \$31 MILLION IN INVESTMENTS.

4c (Code:) (Expenses \$ 568,608. including grants of \$) (Revenue \$ 26,290.) THE CONSERVANCY'S PUBLIC POLICY PROGRAM -

THE CONSERVANCY'S ADVOCACY PROTECTS AND CELEBRATES THE BUILDINGS, STREETSCAPES AND NEIGHBORHOODS THAT DEFINE NEW YORK. WE SUPPORT LANDMARK DESIGNATIONS, SPEAK OUT ON PROPOSALS THAT AFFECT LANDMARKED BUILDINGS AND ENGAGE IN CAMPAIGNS TO IMPROVE THE REGULATIONS AND PROCESSES THAT GOVERN HOW OUR CITY GROWS AND EVOLVES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 825,882. including grants of \$ 200,075.) (Revenue \$ 2,116.)

4e Total program service expenses 3,463,245.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part 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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (29); 1b Enter the number of voting members included on line 1a, above, who are independent (28); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY, CT, NJ
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 ROBERT IRVING, CHIEF FINANCIAL OFFICER - 212-995-5260 1 WHITEHALL STREET, NEW YORK, NY 10004

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BREEN, PEG PRESIDENT	41.00	X		X			258,650.	0.	29,005.	
(2) LEURQUIN, JOSEPH DIRECTOR, FUNDRAISING	40.00				X		139,607.	0.	22,525.	
(3) WEBER, MARK DIRECTOR, NYC HISTORIC PROPERTIES	40.00				X		120,779.	0.	36,818.	
(4) FRIEDMAN, ANN DIRECTOR, SACRED SITES	40.00				X		100,872.	0.	40,939.	
(5) GOLDWYN, ANDREA DIRECTOR, PUBLIC POLICY	40.00				X		106,401.	0.	22,246.	
(6) HERRERA, ALEX DIRECTOR, TECHNICAL SERVICES	30.00				X		107,680.	0.	7,042.	
(7) IRVING, ROBERT CHIEF FINANCIAL OFFICER	30.00			X			95,822.	0.	6,466.	
(8) BRANER, MICHAEL CHAIR	2.00	X		X			0.	0.	0.	
(9) PAREKH-BLUM, SHEILA VICE CHAIR	1.00	X		X			0.	0.	0.	
(10) VON SIMSON, ERNEST M. VICE CHAIR-TERM ENDED 5/21/20	1.00	X		X			0.	0.	0.	
(11) MORAN, LISA SECRETARY	2.00	X		X			0.	0.	0.	
(12) FISHER, RONNE SECRETARY-TERM ENDED 5/21/20	1.00	X		X			0.	0.	0.	
(13) ABELOW, JUSTIN TREASURER	1.00	X		X			0.	0.	0.	
(14) ANDERSON-MAGNESS, SARAH BOARD DIRECTOR	1.00	X					0.	0.	0.	
(15) CAMINS, JOAN BOARD DIRECTOR	1.00	X					0.	0.	0.	
(16) CANTARELLA, JOHN BOARD DIRECTOR-TERM STARTED 3/19/20	1.00	X					0.	0.	0.	
(17) CASALY, JOHN BOARD DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CISZ, MARK BOARD DIRECTOR	1.00	X					0.	0.	0.	
(19) CHRISTENSEN, GUS BOARD DIRECTOR	2.00	X					0.	0.	0.	
(20) COFFIN, ANNE BOARD DIRECTOR	1.00	X					0.	0.	0.	
(21) DARBY, JOHN P. BOARD DIRECTOR-TERM ENDED 5/21/20	0.50	X					0.	0.	0.	
(22) DE CHIARA, ESQ. MICHAEL K. BOARD DIRECTOR	1.00	X					0.	0.	0.	
(23) KEARNS, THOMAS D. BOARD DIRECTOR	1.00	X					0.	0.	0.	
(24) MARITZ, PHILIP BOARD DIRECTOR	1.00	X					0.	0.	0.	
(25) MEADE, EDMUND BOARD DIRECTOR	1.00	X					0.	0.	0.	
(26) MERINGOFF, STEPHEN BOARD DIRECTOR-TERM ENDED 5/21/20	0.50	X					0.	0.	0.	
1b Subtotal							929,811.	0.	165,041.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							929,811.	0.	165,041.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION ADVANTAGE INC., 13873 PARK CENTER RD, SUITE 15, OAK HILL, VA 20171	ACQUISITIONS AND MAILINGS	168,610.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) NIU, AMANDA BOARD DIRECTOR	1.00	X						0.	0.	0.
(28) PARKER, MAREA BOARD DIRECTOR-TERM STARTED 9/17/20	0.50	X						0.	0.	0.
(29) PARKER, VIRGINIA BOARD DIRECTOR	1.00	X						0.	0.	0.
(30) PLOTKIN, JONATHAN BOARD DIRECTOR	1.00	X						0.	0.	0.
(31) RINGELHEIM, BARRIE BOARD DIRECTOR	1.00	X						0.	0.	0.
(32) RUBIN CARTER, ESQ., PAMELA BOARD DIRECTOR-TERM ENDED 5/21/20	1.00	X						0.	0.	0.
(33) SCHAPPELL, MARC P. BOARD DIRECTOR	1.00	X						0.	0.	0.
(34) SCIAME, FRANK J. JR BOARD DIRECTOR	1.00	X						0.	0.	0.
(35) SPOFFORD, JOHN BOARD DIRECTOR-TERM ENDED 5/21/20	1.00	X						0.	0.	0.
(36) TOBER, DONALD BOARD DIRECTOR	1.00	X						0.	0.	0.
(37) TOMLINSON, STEVE BOARD DIRECTOR	1.00	X						0.	0.	0.
(38) TRIEDMAN, J RUSSELL BOARD DIRECTOR-TERM ENDED 5/21/20	0.50	X						0.	0.	0.
(39) WARSHAWSKY, SANDRA FAITH BOARD DIRECTOR	1.00	X						0.	0.	0.
(40) WILLAMS, KARLA RENEE BOARD DIRECTOR-TERM STARTED 9/17/20	0.50	X						0.	0.	0.
(41) ZIEHL, MATTHEW P. BOARD DIRECTOR-TERM STARTED 9/17/20	0.50	X						0.	0.	0.
(42) ZUCKERBERG, LLOYD P. BOARD DIRECTOR	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 130,000.					
	b	Membership dues	1b					
	c	Fundraising events	1c 972,364.					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e 25,920.					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,314,590.					
	g	Noncash contributions included in lines 1a-1f	1g \$ 22,810.					
	h	Total. Add lines 1a-1f						3,442,874.
Program Service Revenue	2 a	TICKET SALES	Business Code 900099	26,180.	26,180.			
	b	PROGRAM RELATED INVESTMENT INCOME	900099	2,116.	2,116.			
	c	PUBLICATION SALES	511190	110.	110.			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		28,406.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		326,034.			326,034.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(ii) Personal					
	6 b	Less: rental expenses						
	6 c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
	7 b	Less: cost or other basis and sales expenses	2,577,679.					
	7 c	Gain or (loss)	-10,500.					
	d	Net gain or (loss)		-10,500.			-10,500.	
8 a	Gross income from fundraising events (not including \$ 972,364. of contributions reported on line 1c). See Part IV, line 18		0.					
8 b	Less: direct expenses		177,815.					
c	Net income or (loss) from fundraising events		-177,815.				-177,815.	
9 a	Gross income from gaming activities. See Part IV, line 19							
9 b	Less: direct expenses							
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
10 b	Less: cost of goods sold							
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	NYCHPF MANAGEMENT FEE	Business Code 900099	488,568.			488,568.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		488,568.				
12	Total revenue. See instructions		4,097,567.	28,406.	0.	626,287.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,162,163.	1,162,163.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	389,943.	158,210.	144,476.	87,257.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,225,481.	981,004.	38,749.	205,728.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	59,722.	47,181.	2,079.	10,462.
9 Other employee benefits	173,037.	125,983.	17,147.	29,907.
10 Payroll taxes	171,450.	121,315.	18,943.	31,192.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	31,800.	20,101.	4,420.	7,279.
d Lobbying	500.	316.	70.	114.
e Professional fundraising services. See Part IV, line 17	105,030.			105,030.
f Investment management fees	84,976.	31,740.	53,236.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	105,759.	93,065.	4,796.	7,898.
12 Advertising and promotion	393,663.	312,888.	6,520.	74,255.
13 Office expenses	89,485.	67,537.	8,294.	13,654.
14 Information technology	29,856.	19,089.	4,068.	6,699.
15 Royalties				
16 Occupancy	362,145.	261,511.	33,238.	67,396.
17 Travel	2,753.	2,251.	190.	312.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	8,014.	5,185.	1,069.	1,760.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,594.	24,677.	4,125.	6,792.
23 Insurance	15,167.	10,630.	1,714.	2,823.
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 O.)				
a ADMIN FEES	15,827.	10,012.	2,197.	3,618.
b DUES & SUBSCRIPTIONS	13,130.	8,387.	1,792.	2,951.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	4,475,495.	3,463,245.	347,123.	665,127.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	505,838.	1	820,937.
	2 Savings and temporary cash investments	2,836,445.	2	2,842,571.
	3 Pledges and grants receivable, net	20,500.	3	82,500.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	58,128.	9	109,249.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 272,040.		
	b Less: accumulated depreciation	10b 206,090.		
	11 Investments - publicly traded securities	86,544.	10c	65,950.
	12 Investments - other securities. See Part IV, line 11	13,189,525.	11	14,084,025.
	13 Investments - program-related. See Part IV, line 11	80,951.	13	58,109.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	38,644.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,816,575.	16	18,063,341.	
Liabilities	17 Accounts payable and accrued expenses	58,551.	17	70,130.
	18 Grants payable	799,516.	18	682,908.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	106,867.	21	106,952.
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	48,725.	25	317,485.
	26 Total liabilities. Add lines 17 through 25	1,013,659.	26	1,177,475.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,615,944.	27	12,620,494.
	28 Net assets with donor restrictions	4,186,972.	28	4,265,372.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	15,802,916.	32	16,885,866.
	33 Total liabilities and net assets/fund balances	16,816,575.	33	18,063,341.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,097,567.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,475,495.
3	Revenue less expenses. Subtract line 2 from line 1	3	-377,928.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,802,916.
5	Net unrealized gains (losses) on investments	5	1,393,228.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	67,650.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,885,866.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

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

2020

Open to Public
Inspection

Name of the organization **NEW YORK LANDMARKS CONSERVANCY, INC.** Employer identification number **23-7181785**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for 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).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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 university: _____
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3597411.	3764458.	4249032.	3670753.	3442874.	18724528.
2 Tax revenues levied for the organization'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	3597411.	3764458.	4249032.	3670753.	3442874.	18724528.
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)						5059880.
6 Public support. Subtract line 5 from line 4.						13664648.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3597411.	3764458.	4249032.	3670753.	3442874.	18724528.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	212,365.	274,742.	314,049.	354,447.	326,034.	1481637.
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.)	388,842.	410,478.	452,490.	471,371.	488,568.	2211749.
11 Total support. Add lines 7 through 10						22417914.
12 Gross receipts from related activities, etc. (see instructions)					12	179,238.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	60.95 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	60.34 %
16a 33 1/3% support test - 2020. 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	► <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2019. 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 and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, 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 test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, 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 test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section 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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

NYCHPF MANAGEMENT FEE

2016 AMOUNT: \$ 388,842.

2017 AMOUNT: \$ 410,478.

2018 AMOUNT: \$ 452,490.

2019 AMOUNT: \$ 471,371.

2020 AMOUNT: \$ 488,568.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

NEW YORK LANDMARKS CONSERVANCY, INC.

Employer identification number

23-7181785

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization NEW YORK LANDMARKS CONSERVANCY, INC.	Employer identification number 23-7181785
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>130,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>110,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>90,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>90,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW YORK LANDMARKS CONSERVANCY, INC.	Employer identification number 23-7181785
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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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization NEW YORK LANDMARKS CONSERVANCY, INC.	Employer identification number 23-7181785
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization NEW YORK LANDMARKS CONSERVANCY, INC.
Employer identification number 23-7181785

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		42,028.
e Publications, or published or broadcast statements?	X		29,540.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		82,492.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		62,558.
i Other activities?	X		500.
j Total. Add lines 1c through 1i			217,118.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

MEMBERSHIP DUES FOR PRESERVATION ACTION - \$500

OTHER COSTS INCLUDE ALLOCATED ADMINISTRATION AND PERSONNEL EXPENSES TO FURTHER THE CONSERVANCY'S MISSION ON PRESERVATION ISSUES.

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

2020

Open to Public Inspection

Name of the organization **NEW YORK LANDMARKS CONSERVANCY, INC.** Employer identification number **23-7181785**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	46
b Total acreage restricted by conservation easements	0.00
c Number of conservation easements on a certified historic structure included in (a)	46
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 510

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 61,843.

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,644,695.	10,484,424.	7,889,662.	7,149,929.	7,194,865.
b Contributions	548,000.	635,000.	3,555,000.		
c Net investment earnings, gains, and losses	1,577,412.	2,159,778.	-468,198.	1,219,259.	375,011.
d Grants or scholarships	1,517,188.	496,181.	241,584.	221,197.	203,550.
e Other expenditures for facilities and programs	149,293.	60,937.	187,622.	202,520.	162,431.
f Administrative expenses	79,309.	77,389.	62,834.	55,809.	53,966.
g End of year balance	13,024,317.	12,644,695.	10,484,424.	7,889,662.	7,149,929.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 75.5650 %
 - b Permanent endowment 18.3660 %
 - c Term endowment 6.0690 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input checked="" type="checkbox"/> | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		58,894.	56,276.	2,618.
d Equipment		118,146.	118,146.	0.
e Other		95,000.	31,668.	63,332.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				65,950.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	25,878.
(3) PAYCHECK PROTECTION PROGRAM LOAN	291,607.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	317,485.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,864,751.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,393,228.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,393,228.	
3	Subtract line 2e from line 1	3	3,471,523.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	84,976.	
b	Other (Describe in Part XIII.)	4b	541,068.	
c	Add lines 4a and 4b	4c	626,044.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,097,567.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,781,801.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	3,781,801.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	84,976.	
b	Other (Describe in Part XIII.)	4b	608,718.	
c	Add lines 4a and 4b	4c	693,694.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,475,495.	

Part XIII Supplemental Information.

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

PART II, LINE 9:

THE CONSERVANCY RECOGNIZES REVENUE FOR EASEMENTS WHEN RECEIVED. DIRECT AND INDIRECT EASEMENT EXPENSES ARE REPORTED ON THE AUDITED FINANCIAL STATEMENTS, STATEMENT OF ACTIVITIES AND CHARGED TO A BOARD DESIGNATED FUND. INDIRECT EXPENSES ARE BASED ON SALARY AND TIME ALLOCATIONS. THE INDICATED BOARD DESIGNATED FUND WILL ACCOUNT FOR THE ONGOING REVENUES LESS EXPENSES.

PART III, LINE 1A:

THE CONSERVANCY MAINTAINS A DONATED ART COLLECTION THAT IS NOT RECOGNIZED AS AN ASSET ON THE STATEMENT OF FINANCIAL POSITION. THE COLLECTION HAS BEEN APPRAISED MOST RECENTLY AT \$400,000 AS OF JUNE 2008.

Part XIII Supplemental Information (continued)

PART III, LINE 4:

THE CONSERVANCY IS DEDICATED TO PRESERVING, REVITALIZING AND REUSING NEW YORK'S ARCHITECTURALLY SIGNIFICANT BUILDINGS ALONG WITH PRESERVING OTHER CULTURALLY SIGNIFICANT ITEMS AS WE CONSIDER THESE ARTWORK COLLECTIONS TO BE.

THE COLLECTION INCLUDES:

SCULPTURE OF BRONZE METAL RODS SUSPENDED FROM CEILING BY STAINLESS STEEL, BY RICHARD LIPPOLD, 1959. THE ART IS INSTALLED AT THE GRILL RESTAURANT IN NEW YORK CITY.

PART IV, LINE 2B:

THE CONSERVANCY MAINTAINS CASH AND CASH EQUIVALENTS FOR THE QUEENS HISTORIC PROPERTIES FUND IN CONNECTION WITH TRANSACTIONS IN WHICH THE ORGANIZATION ACTS AS AN AGENT. AT DECEMBER 31, 2020, THE CONSERVANCY HELD \$106,952 FOR THE QUEENS HISTORIC PROPERTIES FUND.

PART V, LINE 4:

THE CONSERVANCY MAINTAINS VARIOUS DONOR-RESTRICTED AND BOARD-DESIGNATED FUNDS WHOSE PURPOSE IS TO PROVIDE LONG TERM SUPPORT FOR ITS CHARITABLE PROGRAMS.

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS

Part XIII Supplemental Information (continued)

NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS
FOR PERIODS PRIOR TO 2017.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REIMBURSEMENT OF EXPENSES FROM NYCHPF CLASSIFIED AS OTHER

INCOME 488,568.

PROFESSIONAL FUNDRAISER FEE REPORTED NET OF FUNDRAISING

INCOME ON AFS 52,500.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 541,068.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REIMBURSEMENT OF EXPENSES FOR NYCHPF CLASSIFIED AS OTHER

INCOME 488,568.

RECAPTURE OF GRANTS NETTED AGAINST EXPENSE 67,650.

PROFESSIONAL FUNDRAISER FEE REPORTED NET OF FUNDRAISING

INCOME ON AFS 52,500.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 608,718.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

NEW YORK LANDMARKS CONSERVANCY, INC.

Employer identification number

23-7181785

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
LIZ BICKLEY STUDIOS, LLC - 200 VESEY STREET, FLOOR 24, BRAKELEY BRISCOE - 322 WEST BELLEVUE AVENUE, SAN MATEO,	STRATEGIC PLANNING/EVENT MANAGEMENT OF THE GALA FUNDRAISING CONSULTING/PROSPECT		X	972,364.	52,500.	919,864.
			X	0.	52,530.	-52,530.
Total				972,364.	105,030.	867,334.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

NY, CT, NJ

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 (add col. (a) through col. (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	972,364.		972,364.
	2	Less: Contributions	972,364.		972,364.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	177,815.		177,815.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			177,815.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-177,815.

Part III 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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** 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:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: LIZ BICKLEY STUDIOS, LLC

(I) ADDRESS OF FUNDRAISER: 200 VESEY STREET, FLOOR 24, NEW YORK, NY 10281

(I) NAME OF FUNDRAISER: BRAKELEY BRISCOE

(I) ADDRESS OF FUNDRAISER: 322 WEST BELLEVUE AVENUE, SAN MATEO, CA 94402

(II) ACTIVITY: FUNDRAISING CONSULTING/PROSPECT RESEARCH SERVICES

Part IV Supplemental Information (continued)

PART I, LINE 2B, COLUMN (V):

IN EXCHANGE FOR GALA FUNDRAISING STRATEGY/EVENT MANAGEMENT AND DELIVERABLES, NEW YORK LANDMARK CONSERVANCY (NYLC) COMPENSATED LIZ BICKLEY STUDIOS, LLC \$52,500 IN 2020 FOR FEES AND SERVICES, WHICH WAS PAID IN INSTALLMENTS. REIMBURSABLE EXPENSES MUST BE REVIEWED AND APPROVED BY NYLC AND REIMBURSE WITHIN TEN BUSINESS DAYS. REIMBURSABLE EXPENSES INCLUDE, BUT ARE NOT LIMITED TO POSTAGE, FEDEX/UPS/DHL AND LOCAL COURIERS.

IN EXCHANGE FOR FUNDRAISING CONSULTING/PROSPECT RESEARCH SERVICES AND DELIVERABLES, NEW YORK LANDMARK CONSERVANCY (NYLC) COMPENSATED BRAKELEY BRISCOE \$52,530 IN 2020 FOR FEES AND SERVICES UNDER TWO AGREEMENTS, WHICH REQUIRE INSTALLMENT FEE PAYMENTS. DIRECT EXPENSES ASSOCIATED WITH THE PROJECT ARE CHARGED AT COST AND BILLED MONTHLY AS INCURRED, WHICH INCLUDE TRAVEL, MEALS AND ENTERTAINMENT COSTS, EXPRESS DOCUMENT DELIVERY CHARGES, TELEPHONE CONFERENCING COSTS, AND DOCUMENT PRINTING, PHOTOCOPYING, AND BINDING. INDIRECT EXPENSES SUCH AS INDIVIDUAL TELEPHONE CALLS, FAXES, POSTAGE, PAPER AND MATERIALS ARE CHARGED VIA AN ADMINISTRATIVE ASSESSMENT EQUAL TO 2% OF FEES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **NEW YORK LANDMARKS CONSERVANCY, INC.** Employer identification number **23-7181785**

Part I General Information on Grants and Assistance

- 1** 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 criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NEW YORK CITY HISTORIC PROPERTIES FUND - ONE WHITEHALL STREET - NEW YORK, NY 10004	13-3104688	501(C)(3)	396,613.	0.			GENERAL OPERATING SUPPORT
MT. ZION EVANGELICAL LUTHERAN CHURCH - 361-369 CONVENT AVENUE - NEW YORK, NY 10037	13-1813820	501(C)(3)	50,000.	0.			MASONRY FACADE RESTORATION & FOUNDATION STABILIZATION
GENERAL THEOLOGICAL SEMINARY - CHAPEL OF THE GOOD SHEPHERD - 175 NINTH AVENUE - NEW YORK, NY 10011	13-5563022	501(C)(3)	43,000.	0.			CHAPEL TOWER AND ROOF RESTORATION
HOUSE OF THE REDEEMER 7 EAST 95TH STREET NEW YORK, NY 10128	13-6142972	501(C)(3)	40,000.	0.			WINDOW RESTORATION
MOTHER A.M.E. ZION CHURCH 140-148 WEST 137TH STREET NEW YORK, NY 10030	13-1655254	501(C)(3)	38,000.	0.			ROOF REPAIR
CHURCH OF ST. PAUL AND ST. ANDREW, UNITED METHODIST - 263 WEST 86TH STREET - NEW YORK, NY 10024	13-1635259	501(C)(3)	35,000.	0.			ADDITIONAL ROOF AND MASONRY WORK

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **38.**

3 Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST BAPTIST CHURCH 304 SOUTH PETERBORO STREET CANASTOTA, NY 13032	16-1079318	501(C)(3)	30,000.	0.			STEEPLE RESTORATION
JAY GOULD MEMORIAL REFORMED CHURCH 53837 MAIN STREET ROXBURY, NY 12474	15-0626386	501(C)(3)	30,000.	0.			EAST WALL, TOWER MASONRY, AND STAINED GLASS RESTORATION
TABERNACLE BAPTIST CHURCH 13 CLARK PLACE UTICA, NY 13501	15-0539082	501(C)(3)	30,000.	0.			MASONRY RESTORATION
UNITED PRESBYTERIAN CHURCH OF SACKETS HARBOR - 101 SOUTH BROAD STREET - SACKETS HARBOR, NY 13685	16-0869557	501(C)(3)	30,000.	0.			MASONRY RESTORATION AT BELL TOWER
SISTERS OF ST. JOSEPH CHAPEL 1725 BRENTWOOD ROAD BRENTWOOD, NY 11717	11-1634830	501(C)(3)	30,000.	0.			WINDOW, MASONRY, BELL TOWER AND ROOF REPAIRS, AND STRUCTURAL MONITORING
MUSEUM AT ELDRIDGE STREET 12 ELDRIDGE STREET NEW YORK, NY 10002	13-3379555	501(C)(3)	25,000.	0.			ARCHITECTURAL AND ENGINEERING SERVICES
ST. JOHN'S EPISCOPAL CHURCH 12 PROSPECT STREET HUNTINGTON, NY 11743	11-1646315	501(C)(3)	25,000.	0.			REPOINTING MASONRY, REPAIRING BLUESTONE STEPS & COPINGS, UPGRADING ENTRANCE DRAINAGE
TRINITY BAPTIST CHURCH 179 NEW YORK AVENUE BROOKLYN, NY 11216	11-1948876	501(C)(3)	22,000.	0.			ARCHITECTURAL SERVICES FOR LOCALIZED FAADE REPAIR TO CURE DOB VIOLATION
STATEN ISLAND HISTORICAL SOCIETY (HISTORIC RICHMOND TOWN) - 441 CLARKE AVE. - STATEN ISLAND, NY 10306	13-1985514	501(C)(3)	22,000.	0.			EMERGENCY GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH OF HOLLAND PATENT - 7835 PARK AVENUE - HOLLAND PATENT, NY 13354	16-1172383	501(C)(3)	20,000.	0.			STEEPLE RESTORATION
LOUIS ARMSTRONG HOUSE 34-56 107TH STREET CORONA, NY 11368	26-4178283	501(C)(3)	20,000.	0.			EMERGENCY GRANT
HENRY STREET SETTLEMENT 265 HENRY STREET NEW YORK, NY 10002	13-1562242	501(C)(3)	20,000.	0.			CITY VENTURES GRANT
OLD FIRST PRESBYTERIAN CHURCH 125 MAIN STREET HUNTINGTON, NY 11743	11-1633482	501(C)(3)	15,000.	0.			REPLACEMENT OF ROTTED FOUNDATION SILL
ST. JOHN'S AUMP CHURCH 207 W. MAIN STREET GOSHEN, NY 10924	01-0958965	501(C)(3)	15,000.	0.			WINDOW REPAIR, REPOINTING AND ROOF RE-SHINGLING
ST. JOHN'S GRACE EPISCOPAL CHURCH 51 COLONIAL CIRCLE BUFFALO, NY 14222	16-0755843	501(C)(3)	15,000.	0.			SLATE ROOF AND MASONRY RESTORATION
NOBLE MARITIME COLLECTION 1000 RICHMOND TERRACE STATEN ISLAND, NY 10301	13-3351673	501(C)(3)	15,000.	0.			EMERGENCY GRANT
STUYVESANT HEIGHTS CHRISTIAN CHURCH - 69 MACDONOUGH STREET - BROOKLYN, NY 11216	11-2194085	501(C)(3)	13,100.	0.			SCAFFOLDING FOR WINDOW VENT RETROFIT AND STAINED GLASS INSTALLATION
SOUTH BUSHWICK REFORMED CHURCH 855-867 BUSHWICK AVENUE BROOKLYN, NY 11221	11-6016212	501(C)(3)	12,500.	0.			CONSTRUCTION DOCUMENTS & STRUCTURAL REPAIR OVERSIGHT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE POINT LITTLE LEAGUE 13-28 123RD STREET COLLEGE POINT, NY 11356	20-8304163	501(C)(3)	12,000.	0.			EMERGENCY GRANT
METROPOLITAN BAPTIST CHURCH 151 WEST 128TH STREET NEW YORK, NY 10027	13-6001410	501(C)(3)	11,000.	0.			PROJECT MANAGEMENT AND CONSTRUCTION DOCUMENTS FOR SLATE ROOF REPAIR
FREDERIK DOUGLAS MEMORIAL PARK 3201 AMBOY ROAD STATEN ISLAND, NY 10306	13-0643620	501(C)(3)	11,000.	0.			EMERGENCY GRANT
CHURCH OF THE INTERCESSION 550 WEST 155TH STREET NEW YORK, NY 10032	13-2851543	501(C)(3)	10,000.	0.			EMERGENCY ROOF REPAIRS
FIRST PRESBYTERIAN CHURCH 60 OSWEGO STREET BALDWINVILLE, NY 13027	15-0598763	501(C)(3)	10,000.	0.			PROTECTIVE GLAZING
GLENCO MILLS UNITED METHODIST CHURCH - 142 OLD ROUTE 82 - LIVINGSTON, NY 12534	14-0912110	501(C)(3)	10,000.	0.			ROOF REPAIR
ST. GEORGE'S EPISCOPAL CHURCH 105 GRAND STREET NEWBURGH, NY 12550	14-1364621	501(C)(3)	10,000.	0.			CONSTRUCTION DOCUMENTS
ST. MARK'S EPISCOPAL CHURCH 1 EAST MAIN STREET LEROY, NY 14482	16-0755853	501(C)(3)	10,000.	0.			WINDOW AND EXTERIOR REPAIR
ITALIAN CULTURAL FOUNDATION 79 HOWARD AVE STATEN ISLAND, NY 10301	26-4411728	501(C)(3)	10,000.	0.			EMERGENCY GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF ST. JEAN BAPTISTE (EGLISE SAINT JEAN BAPTISTE) - 1067 LEXINGTON AVENUE - NEW YORK, NY 10021	13-1623836	501(C)(3)	9,000.	0.			CHAPEL/AUDITORIUM WINDOW RESTORATION
FIRST METHODIST CHURCH OF FOREST HOME - 224 FOREST HOME DRIVE - ITHACA, NY 14850	22-3939019	501(C)(3)	7,500.	0.			FRONT STEP AND DOOR REPAIR, WEATHERIZATION OF SANCTUARY WINDOWS
ST. ALBAN'S EPISCOPAL CHURCH 76 ST. ALBAN'S PLACE STATEN ISLAND, NY 10312	13-5638287	501(C)(3)	7,000.	0.			EXTERIOR CARPENTRY AND STAINED GLASS WINDOW REPAIR
ST. MARK'S CHURCH IN THE BOWERY 131 EAST 10TH STREET NEW YORK, NY 10003	13-5563099	501(C)(3)	7,000.	0.			CONSTRUCTION DOCUMENTS FOR ROOF DRAINAGE RESTORATION
ST. MICHAEL'S EPISCOPAL CHURCH 23 MAIN STREET GENESEO, NY 14454	16-0776514	501(C)(3)	7,000.	0.			CONDITIONS SURVEY & MASTER PLAN

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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 required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE I, PART II,

ORGANIZATION'S PROCEDURE FOR MONITORING THE USE OF GRANTS: GRANTS ARE

AWARDED TO GRANTEE ORGANIZATIONS TO FUND SPECIFIC WORK ON HISTORIC

PROPERTIES.

GRANTEES SIGN AN AGREEMENT WHICH STATES THE FOLLOWING:

1) THIS GRANT PLEDGE IS BASED UPON THE SPECIFIC SCOPE OF WORK AND

ELIGIBLE PROJECT COSTS AS STATED BY THE APPLICANT IN THE FORMS AND

Part IV Supplemental Information

MATERIALS PROVIDED TO THE LANDMARKS CONSERVANCY. SUBSTANTIVE CHANGES TO THE TIMELINE, SCOPE, AND/OR PROJECT COST MAY JEOPARDIZE THE AWARD AND SHOULD BE DISCUSSED WITH CONSERVANCY STAFF PRIOR TO COMMENCING THE PROJECT.

2) THE AWARD WILL ONLY BE USED FOR THE STATED PURPOSE AND IN ACCORDANCE WITH THE APPLICATION SUBMITTED TO THE LANDMARKS CONSERVANCY. THE LANDMARKS CONSERVANCY WILL BE NOTIFIED OF ANY CHANGES IN THE PROJECT'S SCOPE, PHASING, BUDGET, AND/OR CONTRACTORS AND PROFESSIONALS PRIOR TO COMMENCEMENT OF THE PROJECT.

CONTRACTOR PROPOSALS THAT WERE NOT SUBMITTED WITH THE ORIGINAL APPLICATION MATERIALS MUST BE DISCUSSED WITH THE LANDMARKS CONSERVANCY PRIOR TO SIGNING.

BEFORE FUNDS ARE RELEASED, THE AGREEMENT STATES THE STEPS THAT MUST BE TAKEN IN ORDER TO RELEASE THE FUNDS.

A CHECK WILL BE ISSUED, MADE PAYABLE TO THE SACRED SITE, UPON RECEIPT AND REVIEW OF:

- 1) A COPY OF THE CONTRACT, WITH THE FIRM THAT WILL PERFORM THE WORK, STATING THE TOTAL COST OF THE PROPOSED WORK AND THE SCHEDULE FOR COMPLETION, SIGNED BY THE FIRM AND THE SACRED SITE;
- 2) THE COMPLETED GRANT MATCH DOCUMENTATION FORM, TO BE SIGNED BY THE APPROPRIATE REPRESENTATIVE OF THE SACRED SITE; AND
- 3) COPIES OF ANY REQUIRED PERMITS FROM YOUR COMMUNITY'S LANDMARKS BOARD OR COMMISSION, IF APPLICABLE.

THE CONSERVANCY WILL KEEP COPIES OF THIS DOCUMENTATION ON FILE FOR AT

Part IV Supplemental Information

LEAST 10 YEARS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

NEW YORK LANDMARKS CONSERVANCY, INC.

Employer identification number

23-7181785

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BREEN, PEG PRESIDENT	(i)	255,022.	0.	3,628.	13,132.	15,873.	287,655.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LEURQUIN, JOSEPH DIRECTOR, FUNDRAISING	(i)	138,334.	0.	1,273.	7,266.	15,259.	162,132.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) WEBER, MARK DIRECTOR, NYC HISTORIC PROPERTIES	(i)	119,651.	0.	1,128.	6,365.	30,453.	157,597.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

NEW YORK LANDMARKS CONSERVANCY, INC.

Employer identification number

23-7181785

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE CONSERVANCY'S EMERGENCY PRESERVATION GRANTS PROGRAM LARGELY FUNDED

BY THE NEW YORK COMMUNITY TRUST, PROVIDES FUNDING TO NONPROFIT

ORGANIZATIONS TO ADDRESS IMMEDIATE REPAIR NEEDS AND/OR PROFESSIONAL

SERVICES TO REMEDY DANGEROUS EXTERIOR CONDITIONS (FALLING MASONRY, SPOT

WATER LEAKAGE, ETC.) AND/OR DETERIORATED INTERIOR STRUCTURAL ELEMENTS

OF BUILDINGS. MOST GRANTS RANGE BETWEEN \$10,000 AND \$15,000 AND ARE

ACCOMPANIED BY PROJECT MANAGEMENT ASSISTANCE OF CONSERVANCY STAFF.

EXPENSES \$ 347,111. INCLUDING GRANTS OF \$ 79,450. REVENUE \$ 0.

THE CONSERVANCY'S TECHNICAL SERVICES DEPARTMENT PROVIDES COUNTLESS

HOURS OF ONE-ON-ONE ADVICE AND TECHNICAL ASSISTANCE TO BUILDING OWNERS

THROUGHOUT THE CITY. FROM SITE VISITS TO REFERRALS, WE OFFER PRACTICAL

RECOMMENDATIONS THAT ADDRESS A WIDE VARIETY OF QUESTIONS AND ISSUES.

WE ALSO HELP OWNERS NAVIGATE THE CITY'S LANDMARKS REGULATORY PROCESS.

EXPENSES \$ 207,704. INCLUDING GRANTS OF \$ 10,625. REVENUE \$ 0.

THE CONSERVANCY'S ENDANGERED BUILDING FUND WAS ESTABLISHED IN 1984 TO

SAFEGUARD SIGNIFICANT BUILDINGS IN IMMINENT DANGER OF DESTRUCTION.

WHEN LANDMARKS ARE ENDANGERED, THE CONSERVANCY IS THERE TO HELP WITH

FINANCIAL, EITHER GRANTS OR LOANS AND TECHNICAL ASSISTANCE.

EXPENSES \$ 158,701. INCLUDING GRANTS OF \$ 90,000. REVENUE \$ 2,116.

THE CONSERVANCY'S PRESERVATION EASEMENTS FUND HOLDS A TOTAL OF 46

PRESERVATION EASEMENTS. AN EASEMENT IS A VOLUNTARY LEGAL AGREEMENT

BETWEEN A PROPERTY OWNER AND A NONPROFIT ORGANIZATION THAT RESTRICTS

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization NEW YORK LANDMARKS CONSERVANCY, INC.	Employer identification number 23-7181785
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FUTURE CHANGES TO THE PROPERTY AND REQUIRES CYCLICAL INSPECTIONS BY THE
 NONPROFIT. THE EASEMENT STAYS WITH THE PROPERTY EVEN IF SOLD; THIS
 ASSURES THAT THE HISTORIC PROPERTIES ARE WELL MAINTAINED. PROPERTY
 OWNERS WHO GIVE EASEMENTS RECEIVED A ONE-TIME FEDERAL TAX. ALL THE
 PROPERTIES ARE LISTED ON THE NATIONAL REGISTER OF HISTORIC PLACES.
 EXPENSES \$ 61,843. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THE CONSERVANCY'S CITY VENTURES FUND PROVIDES GRANTS OF UP TO \$30,000
 TO PRESERVE THE CHARACTER OF LANDMARKED AND NON-LANDMARKED, BUT
 ARCHITECTURALLY SIGNIFICANT BUILDINGS, WHICH ARE BEING USED FOR OR
 CONVERTED TO AFFORDABLE HOUSING AND/OR OTHER COMMUNITY FACILITIES THAT
 BENEFIT THE PUBLIC AND, ESPECIALLY, LOWER INCOME PEOPLE.
 EXPENSES \$ 50,523. INCLUDING GRANTS OF \$ 20,000. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 3:
 THE ORGANIZATION USES ADP TOTALSOURCE, A PROFESSIONAL EMPLOYER ORGANIZATION
 ("PEO"). AS A PROFESSIONAL EMPLOYER ORGANIZATION, TOTALSOURCE PROVIDES
 PROFESSIONAL EMPLOYER SERVICES TO NEW YORK LANDMARKS CONSERVANCY. IN THE
 PEO RELATIONSHIP TOTALSOURCE AND NEW YORK LANDMARKS CONSERVANCY SHARE
 CERTAIN RESPONSIBILITIES AND ALLOCATE OTHER EMPLOYER RESPONSIBILITIES
 BETWEEN EACH OTHER.

NEW YORK LANDMARKS CONSERVANCY REMAINS AN EMPLOYER OF THE WORKSITE
 EMPLOYEES AND TOTALSOURCE IS A CO-EMPLOYER OF NEW YORK LANDMARKS
 CONSERVANCY'S EMPLOYEES.

NEW YORK LANDMARKS CONSERVANCY HAS:
 DIRECTION AND CONTROL OVER EMPLOYEES AS IS NECESSARY TO CONDUCT ITS

Name of the organization

NEW YORK LANDMARKS CONSERVANCY, INC.

Employer identification number

23-7181785

BUSINESS, DISCHARGE AND FIDUCIARY RESPONSIBILITY IT MAY HAVE, OR COMPLY WITH ANY APPLICABLE LICENSURE, REGULATORY OR STATUTORY REQUIREMENT OF NEW YORK LANDMARKS CONSERVANCY

CONTROL OVER THE DAY TO DAY JOB DUTIES OF EMPLOYEES AND OVER THE JOB SITES AT WHICH, OR FROM WHICH EMPLOYEES PERFORM SERVICES

RESPONSIBILITY OVER THE PROFESSIONAL AND LICENSED ACTIVITIES OF EMPLOYEES INCLUDING ENSURING THAT EMPLOYEES ARE SUPERVISED BY LICENSED INDIVIDUALS AS REQUIRED BY LAW AND FOR DETERMINING WHETHER AN APPLICANT OR EMPLOYEE MEETS NEW YORK LANDMARKS CONSERVANCY'S HIRING CRITERIA AND IS QUALIFIED TO SAFELY AND COMPLETELY PERFORM HIS OR HER JOB

TOTALSOURCE RESERVES A RIGHT OF DIRECTION AND CONTROL OVER EMPLOYEES AS IS NECESSARY TO FULFILL ITS OBLIGATIONS AND PROVIDE ITS SERVICES UNDER AN AGREEMENT BETWEEN NEW YORK LANDMARKS CONSERVANCY AND TOTALSOURCE.

TOTALSOURCE AND NEW YORK LANDMARKS CONSERVANCY HAVE A RIGHT TO HIRE, DISCIPLINE, AND TERMINATE EMPLOYEES AS TO EACH ONE'S EMPLOYMENT RELATIONSHIP WITH EMPLOYEES.

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

THE CONSERVANCY HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE: WHEN THE FORM 990 HAS BEEN REVIEWED BY MANAGEMENT (INCLUDING THE CFO) AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS SUBMITTED ELECTRONICALLY TO MEMBERS OF THE CONSERVANCY'S GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE

Name of the organization

NEW YORK LANDMARKS CONSERVANCY, INC.

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23-7181785

GOVERNING BODY IS PROVIDED WITH SUFFICIENT TIME TO REVIEW THE PREPARED FORM 990 AND PROVIDE THEIR COMMENTS. ALL COMMENTS/QUESTIONS ARE DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

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

THE CONSERVANCY CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY, WHICH IT ANNUALLY MONITORS AND ENFORCES. THE POLICY REQUIRES THAT ALL DIRECTORS, OFFICERS AND KEY PERSONS (IF ANY) MUST ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. THE SIGNED CONFLICT OF INTEREST POLICY IS KEPT ON FILE. IN THE EVENT OF A CONFLICT OF INTEREST, THE CONFLICTED MEMBER MUST IMMEDIATELY DISCLOSE THE EXISTENCE AND MATERIALITY OF ANY CONFLICTS TO THE AUDIT COMMITTEE. A CONFLICTED MEMBER CANNOT VOTE ON THE MATTER, SUCH MEMBER MUCH BE COUNTED IN DETERMINING THE QUORUM FOR THE MEETING. AT DISCRETION OF THE CHAIR OF THE BOARD OF DIRECTORS, A MEMBER WITH A CONFLICT OF INTEREST MAY BE REQUIRED TO LEAVE THAT PORTION OF A MEETING THAT CONSIDERS THE MATTER AS TO WHICH THERE IS A CONFLICT. THE MINUTES OF THE MEETING REFLECT THE MAKING OF THE DISCLOSURE, THE ABSTENTION FROM VOTING, THE QUORUM SITUATION, AND WHETHER THE DIRECTOR OR MEMBER WAS PRESENT OR ABSENT WHEN THE MATTER WAS CONSIDERED.

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

THE BOARD OF DIRECTORS IS RESPONSIBLE UNDER APPLICABLE LAWS, CODES, REGULATIONS AND BEST PRACTICES TO EVALUATE AND SET COMPENSATION FOR THE PRESIDENT.

THE CONSERVANCY'S EXECUTIVE COMMITTEE REVIEWS COMPARABLE SALARIES OF OTHER NONPROFITS IN THE NEW YORK CITY AREA AND ADJUSTS/APPROVES SALARIES

Name of the organization NEW YORK LANDMARKS CONSERVANCY, INC.	Employer identification number 23-7181785
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ACCORDINGLY FOR OTHER OFFICER/KEY EMPLOYEES OF THE ORGANIZATION. THIS PROCESS WAS LAST UNDERTAKEN IN 2020 AND IS RECORDED IN THE PERSONNEL FILES.

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

THE CONSERVANCY MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE AS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION FORM 990, FORM 1023, FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST AT 1 WHITEHALL STREET, NEW YORK, NY 10004 OR BY CALLING THE ORGANIZATION DIRECTLY AT (212) 995-5260.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RECAPTURE OF GRANTS	67,650.
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FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR. THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.