Form 990

PUBLIC DISCLOSURE COPY Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

. Inspection

Department of the Treasury Internal Revenue Service

ΑF	or the	e 2022 calendar year, or tax year beginning and	ending		
B C	heck if oplicabl	e: C Name of organization		D Employer identified	cation number
	Addre	NEW YORK LANDMARKS CONSERVANCY, INC.			
	Name chang			23-718178	35
	Initial		Room/suite	E Telephone number	
				212 995-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	10,855,239.
	Ameno			H(a) Is this a group re	turn
	Applic tion	F Name and address of principal officer: FEG DREEN		for subordinates	
	pendir	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
ΙT	ax-exe	empt status: 🗴 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) d	or 📃 527		list. See instructions
	Vebsit			H(c) Group exemption	n number
<u>K</u> F	orm of	organization: 🔀 Corporation 🔄 Trust 🔄 Association 📄 Other	L Year	of formation: 1971	State of legal domicile: NY
Pa	rt I	Summary			
6	1	Briefly describe the organization's mission or most significant activities:			ISERVANCY,
Governance		INC. PRESERVES AND REVITALIZES NEW YORK'S	ARCHI	ITECTURE.	
erna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	
ove					36
		Number of independent voting members of the governing body (Part VI, line 1b)			35
es		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			17
Activities &		Total number of volunteers (estimate if necessary)			38
Acti					0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
er		Contributions and grants (Part VIII, line 1h)		4,311,976.	5,051,172.
Revenue		Program service revenue (Part VIII, line 2g)		30,364.	43,046.
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		932,844.	854,857.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		281,814.	331,404.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,556,998.	6,280,479.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		814,359.	906,363.
		Benefits paid to or for members (Part IX, column (A), line 4)		0. 1,971,396.	0.2,017,837.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		65,747.	65,000.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 760,42	75	05,747.	05,000.
БХр		••••••••••••••••••••••••••••••••••••••		1,176,065.	1,501,968.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,027,567.	4,491,168.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		1,529,431.	1,789,311.
- si	19		Be	ginning of Current Year	End of Year
sts o ance	20	Total assats (Part X lina 16)		20,181,669.	23,005,396.
Net Assets or Fund Balances	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		810,319.	5,322,394.
Vet /	21	Net assets or fund balances. Subtract line 21 from line 20		19,371,350.	17,683,002.
	rt II	Signature Block			1,1000,002.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			ano nougo una bonon, it lo
,	551100				

Sign	Signature of officer			Date		
-	PEG BREEN, PRESIDENT					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	EVA MRUK	EVA MRUK	09/18	/23 self-employed P00543254		
Preparer	Firm's name PKF O'CONNOR DAVI	ES ADVISORY, LLC		Firm's EIN 87-3231666		
Use Only	Firm's address 245 PARK AVENUE,	12TH FLOOR				
	NEW YORK, NY 1016	7		Phone no. 212 - 286 - 2600		
May the II	May the IRS discuss this return with the preparer shown above? See instructions					

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Check if Schedule O contains a response or note to any line in this Part III
HÉ CONSERVANCY PRESERVES AND REVITALIZES NEW YORK'S ARCHITECTURE. BY OING SO, IT CONTRIBUTES TO NEW YORK'S ECONOMY, TOURISM AND QUALITY OF IFE. d the organization undertake any significant program services during the year which were not listed on the ior Form 990 or 990-EZ?
OING SO, IT CONTRIBUTES TO NEW YORK'S ECONOMY, TOURISM AND QUALITY OF IFE. d the organization undertake any significant program services during the year which were not listed on the ior Form 990 or 990-EZ? "Yes," describe these new services on Schedule O. d the organization cease conducting, or make significant changes in how it conducts, any program services?
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HE CONSERVANCY'S SACRED SITES PROGRAM -
REEDE CONCREGATIONE MUDOUCUCUM MUE ENMIDE CMAME OF NEW YORK FINANCIAL
FFERS CONGREGATIONS THROUGHOUT THE ENTIRE STATE OF NEW YORK FINANCIAL ND TECHNICAL ASSISTANCE TO MAINTAIN, REPAIR, AND RESTORE THEIR
ISTORIC BUILDINGS. THE PROGRAM WAS LAUNCHED IN 1986 AND IS THE ONLY
TATEWIDE PROGRAM IN THE NATION RESPONDING TO THE PRESERVATION NEEDS OF
ISTORIC RELIGIOUS PROPERTIES. SINCE ITS INCEPTION, SACRED SITES HAS
WARDED 1,603 GRANTS TO 835 CONGREGATIONS THROUGHOUT NEW YORK,
EGARDLESS OF DENOMINATION.
ode:) (Expenses \$689,627. including grants of \$0.) (Revenue \$41,525
HE CONSERVANCY'S PUBLIC POLICY PROGRAM -
HE CONSERVANCY'S ADVOCACY PROTECTS AND CELEBRATES THE BUILDINGS,
TREETSCAPES AND NEIGHBORHOODS THAT DEFINE NEW YORK. WE SUPPORT
ANDMARK DESIGNATIONS, SPEAK OUT ON PROPOSALS THAT AFFECT LANDMARKED
UILDINGS AND ENGAGE IN CAMPAIGNS TO IMPROVE THE REGULATIONS AND
ROCESSES THAT GOVERN HOW OUR CITY GROWS AND EVOLVES.
ode:) (Expenses \$ 598,999. including grants of \$ 92,063.) (Revenue \$ 0
HE CONSERVANCY'S NEW YORK CITY HISTORIC PROPERTIES FUND -
STABLISHED IN 1982, THE NEW YORK CITY HISTORIC PROPERTIES FUND IS THE
ONSERVANCY'S MAIN FINANCING VEHICLE FOR RESTORATION WORK THROUGHOUT
EW YORK CITY. WITH ALMOST \$10 MILLION IN ASSETS, IT IS ONE OF THE
ARGEST REVOLVING LOAN FUNDS FOR HISTORIC PRESERVATION IN THE NATION.
INCE ITS INCEPTION, THE FUND HAS MADE OVER \$32 MILLION IN INVESTMENTS.
ther program services (Describe on Schedule O.)
Geneses 620,341. including grants of \$ 110,550.) (Revenue \$ 1,521.)
otal program service expenses 3,265,175. Form 990 (20
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Form 990 (2					CONSERVANCY,	INC
Part IV Checklist of Required Schedules						

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		v	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
•	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		х	
10	If "Yes," complete Schedule D, Part IV	9	^	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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.			
2	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
Ь	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 11	
D		11b		х
с	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	0000
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Form 990 (2					CONSERVANCY,	INC.
Part IV	Checklist of R	equire	d Scheo	lules (continued)		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a		28a		x
h	"Yes," complete Schedule L, Part IV	20a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00-		x
~~	"Yes," complete Schedule L, Part IV	28c	х	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
•	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a1			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form	990 (2022) NEW YORK LANDMARKS CONSERVANCY, INC. 23-7181	785	D	_{age} 5
Pa		100		age •
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	, , , , , , , , , , , , , , , , , , , ,			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		

	sponsoning organization have excess business holdings at any time during the years		0	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	13b		
С	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or		
	excess parachute payment(s) during the year?		15	 Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?
	If "Yes." complete Form 6069.

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Form 990 (2022)

Form 990	(2022)
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NEW YORK LANDMARKS CONSERVANCY, INC.

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

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

				No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 36	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 35	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
в	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
)	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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
)a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
la	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	-2.5		
č		12c	x	
3	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
5 1		14	X	
+ 5	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14		
,	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2	The second straight OFO. For such as the second straight of the second straight	150		x
d F		15a		X
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
ba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v
I .	taxable entity during the year?	<u>16a</u>		X
a	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	401		
	exempt status with respect to such arrangements?	16b		
7	List the states with which a copy of this Form 990 is required to be filed NY, NJ			
B	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	JIE
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website I Upon request Other (explain on Schedule O)		1	
)	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
_	statements available to the public during the tax year.			
0	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			
			000	
000	12-13-22 6	Forn	9 90	(202

-	NEW YORK LANDMARK ation of Officers, Directors, Tru es, and Independent Contractor	stees, Key Employee		23-7181785 Compensated	Page 7
Check if Sc	nedule O contains a response or note to a	ny line in this Part VII			
Section A. Officers, D	irectors, Trustees, Key Employees, and	Highest Compensated E	mployees		
 List all of the orga 	for all persons required to be listed. Repor nization's current officers, directors, trust (E), and (F) if no compensation was paid.		,	5	,
•	nization's current key employees, if any. S on's five current highest compensated em			. ,	

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)					(D)	(F)		
Name and title	Average	(do	not cł		ition		ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week		Jer an	u a u	recio	r/trus	.ee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	fee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	dual t	utiona	L	nploy	st coi	ar	1000 1120/		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PEG BREEN	41.00									
PRESIDENT		Х		Х				271,874.	0.	33,184.
(2) MARK WEBER	40.00									
DIRECTOR, NYC HISTORIC PROPERTIES						Х		122,571.	0.	45,708.
(3) JOSEPH LEURQUIN	40.00									
DIRECTOR, FUNDRAISING						Х		150,109.	0.	8,345.
(4) ANN FRIEDMAN	40.00									
DIRECTOR, SACRED SITES						Х		106,007.	0.	49,992.
(5) ANDREA GOLDWYN	40.00									
DIRECTOR, PUBLIC POLICY						X		111,646.	0.	26,984.
(6) ROBERT IRVING	30.00									
CHIEF FINANCIAL OFFICER				Х				101,773.	0.	6,518.
(7) RICHARD A. GARVEY, ESQ.	2.00									_
CHAIR	1	Х		Х				0.	0.	0.
(8) RONNE FISHER	1.50									•
VICE CHAIR		X		X				0.	0.	0.
(9) LISA MORAN, VICE CHAIR	2.00								0	0
TERM ENDED 5/19/2022/BOARD DIRECTOR	1 00	Х		X				0.	0.	0.
(10) EDMUND MEADE	1.00	37		37				0	0	0
SECRETARY	1 00	Х		Х				0.	0.	0.
(11) JUSTIN ABELOW	1.00	х		х				0.	0.	0
TREASURER (12) SARAH ANDERSON-MAGNESS	1.00	Λ		Δ				0.	0.	0.
BOARD DIRECTOR	1.00	х						0.	0.	0.
(13) JAMES BLACK	0.50									
BOARD DIRECTOR-TERM ENDED 5/19/22		х						0.	0.	0.
(14) MICHAEL BRANER	1.50									
BOARD DIRECTOR		х						0.	0.	0.
(15) JOAN O. CAMINS	1.50									
BOARD DIRECTOR		х						0.	0.	0.
(16) JOHN CANTARELLA	1.00									
BOARD DIRECTOR		х						0.	Ο.	0.
(17) PAMELA RUBIN CARTER, ESQ.	1.00									
BOARD DIRECTOR		х						0.	0.	0.
232007 12-13-22					_					Form 990 (2022)

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Form 990 (2022) NEW YORK								-	23-71	8T.	/85	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F	=)
Name and title	Average	(do	not ch	Posi			ne	Reportable	Reportable		Estim	nated
	hours per	box	, unles	s per	son i	is both	n an	compensation	compensation	·	amou	unt of
	week		cer an	d a di	irecto	or/trus	tee)	from	from related		oth	ner
	(list any	ector						the	organizations		compe	
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC	ן /כ	from	
	related	Istee	truste			bens		(W-2/1099-MISC/	1099-NEC)		organi	
	organizations below	ial tru	onal		oloye	ee com		1099-NEC)			and re	
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiz	zations
	1.50	L.	=	6	Ke	포핑	9			\rightarrow		
(18) JOHN P. CASALY, ESQ.	1.50	37						0		<u> </u>		0
BOARD DIRECTOR	1 0 0	Х						0.		0.		0.
(19) JOHN P. DARBY	1.00											0
BOARD DIRECTOR		Х						0.		0.		0.
(20) MICAHEL K. DE CHIARA, ESQ.	1.00											
BOARD DIRECTOR		Х						0.		0.		0.
(21) JONATHAN HOGG	0.50											
BOARD DIRECTOR-TERM STARTED 9/15/22		Х						0.		0.		Ο.
(22) ADAM JOHNSON	1.00											
BOARD DIRECTOR		х						0.		0.		Ο.
(23) AYUSH KAPAHI	0.50											
BOARD DIRECTOR-TERM STARTED 5/19/22		х						0.		0.		0.
(24) THOMAS D. KEARNS	1.50					1						
BOARD DIRECTOR	1.30	х						0.		0.		0.
(25) PHILIP MARITZ	1.00	21	$\left \right $	_		+				<u>•</u> +		<u> </u>
BOARD DIRECTOR	1.00	х						0.		0.		0.
		Λ						0.		••		0.
(26) CLAUDIA MARMOLEJO	0.50	37						0		<u> </u>		0
BOARD DIRECTOR-TERM STARTED 11/17/22		Х						0.		0.	1 7 0	0.
1b Subtotal								863,980.		0.	170,	731.
c Total from continuation sheets to Part VI	, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								863,980.		0.	<u>170,</u>	731.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			_
compensation from the organization												6
											Ye	es No
3 Did the organization list any former officer,	director, truste	ee, k	key e	mpl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150											4 X	ζ
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	•				•			•			5	X
Section B. Independent Contractors	piete concaute	201	01 00		2010	.011						
1 Complete this table for your five highest con	mpensated ind	lene	nder	nt co	ontra	actor	rs th	nat received more than \$	100 000 of compe	ensat	ion from	
the organization. Report compensation for t												
(A)	ine outeridar ye			9 10		01 001		(B)			(C)	
(ح) Name and business	address							Description of s	ervices	С	ompensa	ation
RHA MARKETING, LLC								•				
114 WEST THIRD STREET, WA	VNEGBOD	\sim	D	۰ A	17	26	o		JCC		178	665.
CPS EVENTS AT THE PLAZA	INESDOK	0,	FI	<u>n</u> .	<u> </u>	20		DIRECI MAIDII	65		<u> </u>	005.
	NTXZ 1001	0					ļ				105	120
770 FIFTH AVE, NEW YORK,	NY LUUL	9					_	VENUE AND CA	TERING		105,	420.
							_					
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	l to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz					2	2						
SEE PART VII, SECTION	A CONT	IN	'UA	TI	ON	S	HE	ETS		_	Form 99	0 (2022)

SEE	PART	VII,	SECTION	Α	CONTINUATION	SHEETS
232008 12-13-22						

Part VII Section A. Officers, Directors, Tru	ustees. Kev Er	npla	vee	s. aı	nd H	liaho	est (Compensated Employe	es (continued)	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average hours	(cl	heck	Pos	ition		ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) GREGORY MAZLIN	line)	-	-	Đ	ž	Ŧ	Fc			
BOARD DIRECTOR	1.00	х						0.	0.	0
(28) STEPHEN J. MERRINGOFF	1.00							U	0.	
BOARD DIRECTOR	1.00	x						0.	0.	0
(29) KELLY D. NEWSOME	0.50									
BOARD DIRECTOR-TERM STARTED 5/19/22		x						0.	0.	0
(30) AMANDA P. NIU	0.50									
BOARD DIRECTOR-TERM ENDED 5/19/22		х						0.	0.	0
(31) MAREA PARKER	1.00									
BOARD DIRECTOR		х						0.	0.	0
(32) VIRGINIA R. PARKER, CFA	1.00									
BOARD DIRECTOR		Х						0.	Ο.	0
(33) BARRIE RINGELHEIM	1.00									
BOARD DIRECTOR		Х						0.	0.	0
(34) MARC P. SCHAPPELL	1.00									
BOARD DIRECTOR		Х						0.	0.	0
(35) FRANK J. SCIAME, JR.	1.50									
BOARD DIRECTOR		Х						0.	0.	0
(36) PETER C. SPEICHER	1.00									_
BOARD DIRECTOR		Х						0.	0.	0
(37) CAROL KAHN STRAUSS	1.00								•	
BOARD DIRECTOR		Х						0.	0.	0
(38) ADRIAN TAYLOR	0.50							0	0	0
BOARD DIRECTOR-TERM STARTED 9/15/22	1 00	Х						0.	0.	0
(39) STEPHEN G. TOMLINSON	1.00	v						0	0	0
BOARD DIRECTOR-TERM ENDED 11/17/22 (40) ERNEST M. VON SIMSON	1.00	Х				-		0.	0.	0
BOARD DIRECTOR	1.00	x						0.	0.	0
(41) SANDRA FAITH WARSHAWSKY	1.00	Λ						0.	0•	0
BOARD DIRECTOR	1.00	x						0.	0.	0
(42) KARLA RENEE WILLAMS, ESQ.	1.00							· · ·	••	
BOARD DIRECTOR		x						0.	0.	0
(43) MATTHEW P. ZIEHL, CFA	1.00								, , , , , , , , , , , , , , , , , 	U
BOARD DIRECTOR		х						0.	0.	0
(44) LLOYD P. ZUCKERBERG	1.50									
BOARD DIRECTOR		х						0.	0.	0
		-			-					
		-				-				

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Built of class Total of class Total vide Total vide generating of the second state of class revenue total vide total vide total vide second state	ra	πν	111				nse	or note to any line	e in this Part \/III			
Bit of Federated campaigns In In <th< th=""><th></th><th></th><th></th><th></th><th>Contai</th><th>ins a respo</th><th>inse i</th><th></th><th>(A)</th><th>Related or exempt</th><th>Unrelated</th><th>Revenue excluded from tax under</th></th<>					Contai	ins a respo	inse i		(A)	Related or exempt	Unrelated	Revenue excluded from tax under
Butilities Code Image: Code State Image: Code State	ants ints	1						150,000.				
Butilities Code Image: Code State	ifts, Gra r Amou		с	Fundraising events		1c		1,200,980.				
Butilities Code Image: Code State	ons, G Simila		е	Government grants (contr	ributio	ons) 1e		49,500.				
Butilities Code Image: Code State	ntributi d Other			similar amounts not included	l above	9 1f	6					
2 2 2 2 17.CKET_SALES 900393 41,525. 41,525. PROGRAM_RELATED_INVESTMENT_INCOME 900393 1,521. 1,521. 1 d	Col		h	Total. Add lines 1a-1f					5,051,172.			
B PROGRAM RELATED INVESTMENT INCOME 900099 1,521. 1,521. c												
a Total. Add lines 2a21 43,046. a Investment income (including dividends, interest, and dividends, interest, an	e	2	а						,	41,525.		
a Total. Add lines 2a21 43,046. a Investment income (including dividends, interest, and dividends, interest, an	ervi		b	PROGRAM RELATED INV	ESTME	ENT INCO	ME	900099	1,521.	1,521.		
a Total. Add lines 2a21 43,046. a Investment income (including dividends, interest, and dividends, interest, an	ר Se		С									
a Total. Add lines 2a21 43,046. a Investment income (including dividends, interest, and dividends, interest, an	ran 3ev		d									
a Total. Add lines 2a21 43,046. a Investment income (including dividends, interest, and dividends, interest, an	rog											
3 Investment income (including dividends, interest, and other similar amounts) 422,299. 422,299. 4 Income from investment of tax exempt bond proceeds 6 422,299. 422,299. 6a Gross rents 6a 6b 6c 6c 6 Gross rents 6a 6c 6c 6c 7 Gross mont from sales of assets other than inventory 6c 6c 6c 6c 7 Gross amount from sales of assets other than inventory 6 6c 7c 432,558. 432,558. 432,558. 8 Gross income from fundraising events (not including § 1,200,980. of contributions reported on line 1c). See Part IV, line 18 8a 866,825. 8b 228,553. 432,558. 432,558. 9 Gross income from gaming activities 9a 9a 9a 9a 9a 9a 4a 473,171. 473,171. 473,171. 473,171. 473,171. 473,171. 473,171. 473,171. 473,171. 473,171. 473,171. 473,171. 473,171. 473,171. 473,171.	Ч								42.046			
other similar amounts) 422,299. 422,299. 422,299. 4 income from investment of tax-exempt bond proceeds			g						43,046.			
4 Income from investment of tax-exempt bond proceeds		3		,	0	,		,	422 200			422.200
5 Royatties 6 (i) Real (ii) Personal 6 a Gross rents 6a (ii) Personal b Less: rental expenses 6b (ii) Personal c Rental income or (loss) 6c (iii) Other d Net rental income or (loss) (iii) Securities (iii) Other assets other than inventory Ta 4, 778, 725. (iii) Other b Less: cost or other basis To 4, 346, 167. (iii) Other c Gain or (loss) To 4, 346, 167. (iii) Other c Gain or (loss) To 4, 346, 167. (iii) Other d Assess costs or other for fundraising events (not including \$									422,299.			422,299.
G a Gross rents Ga (i) Real (ii) Personal b Less: rental expenses Gb							•	roceeds				
6 a Gross rents 6a 6b b Less: rental expenses 6b 6c c Rental income or (loss) 6c 6c 7 a Gross amount from sales of assets other than inventory 60 6c 7 a Gross amount from sales of assets other than inventory 6 6c 6c 7 a Gross income from from from from from from from from		5		Royalties				(ii) Personal				
b Less: rental expenses 6b		6	_	Cross rents		(1) 1104						
C Rental income or (loss) Gc Image: Constraint of the second												
d Net rental income or (loss) Image: Construct on sales of assets other than inventory in a dependence of the tasis and sales expenses Image: Construct on sales of assets other than inventory including s dependence of the tasis and sales expenses Image: Construct on sales of assets other than inventory including s dependence of task other tasks and sales expenses Image: Construct on sales of assets other tasks and sales expenses Image: Construct on sales of assets other tasks and sales expenses Image: Construct on sales of assets other tasks and sales expenses Image: Construct on sales of assets other tasks and sales expenses Image: Construct on sales of assets other tasks and sales expenses Image: Construct on sales of assets other tasks and sales expenses Image: Construct on sales of assets other tasks and sales expenses Image: Construct on sales of assets other tasks and sales expenses Image: Construct on sales of assets other tasks and sales expenses Image: Construct on sales of assets other tasks and sales expenses Image: Construct on sales of assets other tasks and sales expenses Image: Construct on sales other tasks and sales expenses Image: Construct on sales other tasks and sales expenses Image: Construct on sales other tasks and sales expenses Image: Construct on sales other tasks and sales expenses Image: Construct on sales other tasks and sales expenses Image: Construct on sales other tasks and sales expenses Image: Construct on sales other tasks and sales expenses Image: Construct on sales other tasks and sales expenses Image: Construct on sales other tasks and sales expenses												
7 a Gross amount from sales of assets other than inventory <u>(i) Securities</u> <u>(ii) Other</u> <u>4,778,725.</u> <u>5,0000000000000000000000000</u>												
assets other than inventory b Ta 4,778,725. Tb 77 4,346,167. Tb 78 4,346,167. Tb 78 4,346,167. Tb 78 432,558. </td <th></th> <td></td> <td></td> <td>•</td> <td>"<u></u></td> <td>(i) Securit</td> <td>ies</td> <td>(ii) Other</td> <td></td> <td></td> <td></td> <td></td>				•	" <u></u>	(i) Securit	ies	(ii) Other				
Bit Less: cost or other basis and sales expenses Tb 4,346,167. (C 432,558. c Gain or (loss) d Net gain or (loss) d N		'	a		72	()		() 0 1.101				
and sales expenses Tb 4,346,167. Aug c Gain or (loss) To 432,558. 432,558. d Net gain or (loss) 432,558. 432,558. 432,558. d Net gain or (loss) 432,558. 432,558. 432,558. a Gross income from fundraising events (not including \$\frac{1}{1,200,980.0}\$ of contributions reported on line 1c). See Part IV, line 18 Ba 86,826. 86 b Less: direct expenses Bb 228,593. -141,767. -141,767. 9 Gross income from gaming activities. See Part IV, line 19 9a 9a 9a 9b -141,767. -141,767. b Less: direct expenses 9b 9b -141,767. -141,767. -141,767. 0 Gross sales of inventory, less returns and allowances 9a 9a 9a 9a 9a 9b -141,767. -141,767. -141,767. 10 Gross sales of inventory, less returns and allowances 10a 10a -10a			h		10	-,,						
E Gain or (loss) Tc 432,558. d Net gain or (loss) 432,558. 432,558. 8 Gross income from fundraising events (not including \$1,200,980of contributions reported on line 1c). See Part IV, line 18 Ba 86,8268b b Less: direct expenses Bb 228,593. -141,767. c Net income or (loss) from fundraising events -141,767. -141,767 9 Gross income from gaming activities. 9a 9a 9 Jb See See Part IV, line 19 9a b Less: direct expenses 9b -141,767. c Net income or (loss) from gaming activities -141,767. d Allowances 9b -141,767. b Less: clirect expenses 10a 10b -141,767. c Net income or (loss) from gaming activities -141,767. -141,767. c Net income or (loss) from sales of inventory. -141,767. -141,767. d Allowances 10a 10b -141,767. c Net income or (loss)	e		5		7h	4 346 3	L67.					
8 a Gross income from fundraising events (not including \$1, 200, 980. of contributions reported on line 1c). See Part IV, line 18	nuə		c									
8 a Gross income from fundraising events (not including \$1, 200, 980. of contributions reported on line 1c). See Part IV, line 18	Sev.					,			432,558.			432,558.
B including \$1, 200, 980. of contributions reported on line 1c). See Part IV, line 18	ř								, -			, -
Part IV, line 18 Ba 86,826. b Less: direct expenses 8b 228,593. c Net income or (loss) from fundraising events -141,767. -141,767. 9 a Gross income from gaming activities. See Part IV, line 19 9a -141,767. -141,767. 9 a Gross sincome from gaming activities. See Part IV, line 19 9a -141,767. -141,767. b Less: direct expenses 9b - - - c Net income or (loss) from gaming activities - - - 10 a Gross sales of inventory, less returns and allowances 10a - - b Less: cost of goods sold 10b - - - c Net income or (loss) from sales of inventory - - - - b C Net income or (loss) from sales of inventory - - - - c d All other revenue - - - - - c d All other revenue. <t< td=""><th>Oth</th><td>Ŭ</td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Oth	Ŭ	-									
b Less: direct expenses Bb 228,593. c Net income or (loss) from fundraising events -141,767. -141,767. 9 a ga ga ga 9 a Gross income from gaming activities. See Part IV, line 19 ga ga b Less: direct expenses gb ga ga c Net income or (loss) from gaming activities 0 0 10 a Gross sales of inventory, less returns and allowances 10a 0 b Less: cost of goods sold 10b 0 0 0 11 a NYCHPF MANAGEMENT FEE 900099 473,171. 473,171 b				contributions reported on	line 1	c). See						
b Less: direct expenses Bb 228,593. c Net income or (loss) from fundraising events -141,767. -141,767. 9 a Gross income from gaming activities. See Part IV, line 19 9a -141,767. -141,767. b Less: direct expenses 9b 9b 9b -141,767. -141,767. 0 Gross sales of inventory, less returns and allowances 9b				Part IV, line 18			8a	86,826.				
9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a b Less: direct expenses 9b 9b 9b 9b c Net income or (loss) from gaming activities 9a 9b 9b 9b 10 a Gross sales of inventory, less returns and allowances 10a 10a 10b			b				8b	228,593.				
Part IV, line 19 9a 9b 9b b Less: direct expenses 9b 9b 9c c Net income or (loss) from gaming activities 0 0 0 10 a Gross sales of inventory, less returns and allowances 10a 0 0 b Less: cost of goods sold 10b 0 0 0 c Net income or (loss) from sales of inventory 8usiness Code 0 0 11 a NYCHPF MANAGEMENT FEE 900099 473,171. 473,171 b 0 0 0 0 c 0 0 0 0 d All other revenue 473,171. 0 0 e Total. Add lines 11a-11d 473,171. 0 1186261			с	Net income or (loss) from	fundra	aising ever	nts		-141,767.			-141,767.
b Less: direct expenses 9b Image: Construction of the system Image: Construction of the system 10 a Gross sales of inventory, less returns and allowances 10a Image: Construction of the system Image: Consystem Image		9	а	Gross income from gamin	ng acti	ivities. See						
c Net income or (loss) from gaming activities Image: construction of the second o				Part IV, line 19			9a					
10 a Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b 10b c Net income or (loss) from sales of inventory 8usiness Code 10a 11 a NYCHPF MANAGEMENT FEE 900099 473,171. 473,171 b c 4ll other revenue 10a 10a c d All other revenue 473,171. 10a e Total. Add lines 11a-11d 473,171. 1186261			b	Less: direct expenses			9b					
and allowances 10a 10b 10b 10b 10b b Less: cost of goods sold 10b 10b 10b 10b 10b c Net income or (loss) from sales of inventory Business Code 900099 473,171. 473,171 b			С	Net income or (loss) from	gamir	ng activitie	s					
b Less: cost of goods sold 10b Image: Cost of goods sold 10b c Net income or (loss) from sales of inventory Image: Cost of goods sold Image: Cost of goods sold sold Image: Cost of goods sold sold sold sold sold sold sold		10	а									
c Net income or (loss) from sales of inventory Business Code 473,171 11 a NYCHPF MANAGEMENT FEE 900099 473,171. b							<u>10a</u>	1				
Business Code Main Business Code Model Model </td <th></th> <td></td>												
11 a NYCHPF MANAGEMENT FEE 900099 473,171. 473,171 b			С	Net income or (loss) from	sales	of invento	ry					
e Total. Add lines 11a-11d 473,171. 12 Total revenue. See instructions 6,280,479. 43,046. 0. 1186261	S								100 453			100 100
e Total. Add lines 11a-11d 473,171. 12 Total revenue. See instructions 6,280,479. 43,046. 0. 1186261	eou	11		NICHPF MANAGEMENT F	EE			900099	473,171.			473,171.
e Total. Add lines 11a-11d 473,171. 12 Total revenue. See instructions 6,280,479. 43,046. 0. 1186261	lan		b									
e Total. Add lines 11a-11d 473,171. 12 Total revenue. See instructions 6,280,479. 43,046. 0. 1186261	Sev											
12 Total revenue. See instructions 6,280,479. 43,046. 0. 1186261	Mis							L	400 101			
			e						,	12 046	0	1196061
					UNS .				0,200,479.	43,046.	I 0.	

NEW YORK LANDMARKS CONSERVANCY, INC.

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Form 990 (2022)

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Page **9**

23-7181785

NEW YORK LANDMARKS CONSERVANCY, INC. 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 respons	e or note to any line in t	his Part IX		
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	906,363.	906,363.		
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	413,349.	194,854.	142,230.	76,265
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	1,178,315.	894,881.	71,663.	211,771.
8	Pension plan accruals and contributions (include				-
	section 401(k) and 403(b) employer contributions)	47,012.	35,206.	2,604.	9,202.
9	Other employee benefits	200,365.	135,924.	26,642.	37,799.
10	Payroll taxes	178,796.	122,249.	23,780.	32,767.
11	Fees for services (nonemployees):		, -		
	Management				
	Legal	25,000.	25,000.		
	Accounting	32,150.	19,319.	5,396.	7,435.
	Lobbying	1,280.	769.	215.	296
	Professional fundraising services. See Part IV, line 17	65,000.			65,000.
f	Investment management fees	91,803.	30,979.	60,824.	
	Other. (If line 11g amount exceeds 10% of line 25,	51,003.			
9	column (A), amount, list line 11g expenses on Sch 0.)	135,677.	133,680.	839.	1,158.
10		583,919.	371,383.	14,990.	197,546
12	Advertising and promotion	42,510.	28,870.	5,736.	7,904
13	Office expenses	50,523.	30,652.	8,356.	11,515
14 45	Information technology	50,525.	50,052.	0,550.	11,515
15	Royalties	430,331.	263,894.	86,421.	80,016.
16		5,289.	4,808.	202.	279.
17	Travel	J,209.	4,000.	202.	219.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	20,859.	12,534.	3,501.	1 0 0 1
19	Conferences, conventions, and meetings	20,059.	12,034.	3,301.	4,824.
20					
21	Payments to affiliates	21 667		1 070	E 007
22	Depreciation, depletion, and amortization	31,667.	21,507.	4,273.	5,887
23	Insurance	20,266.	13,764.	2,734.	3,768.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)		10 564	2 005	4 4 4 6
а	ADMIN FEES	17,914.	10,764.	3,007.	4,143.
b	DUES & SUBSCRIPTIONS	12,780.	7,775.	2,105.	2,900.
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,491,168.	3,265,175.	465,518.	760,475.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
		1			

11

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NEW	YORK	LANDMARKS	CONSERVANCY,	INC
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23-7181785 Page 11

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Гa			oto to or	v line in this Det V			
		Check if Schedule O contains a response or i	iote to any	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			647,382.	1	888,106.
	2	Savings and temporary cash investments		F	3,398,637.	2	5,191,193.
	3	Pledges and grants receivable, net			97,500.	3	400,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu				-	
		under section 4958(f)(1)), and persons describ				6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				21,225.	9	0.
		Land, buildings, and equipment: cost or othe			· · · ·		
		basis. Complete Part VI of Schedule D		272,040.			
	b	Less: accumulated depreciation	10b	272,040.	31,666.	10c	0.
	11	Investments - publicly traded securities			15,655,464.	11	12,125,403.
	12	Investments - other securities. See Part IV, Iir				12	
	13	Investments - program-related. See Part IV, lin			329,795.	13	295,841.
	14	Intangible assets			•	14	
	15	Other assets. See Part IV, line 11			0.	15	4,104,853.
	16	Total assets. Add lines 1 through 15 (must e			20,181,669.	16	23,005,396.
	17	Accounts payable and accrued expenses			29,033.	17	32,997.
	18	Grants payable			670,611.	18	934,745.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple			106,978.	21	58,830.
S	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su					
lide		controlled entity or family member of any of t				22	
Ë	23	Secured mortgages and notes payable to uni	elated thir	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ted third p	parties		24	
	25	Other liabilities (including federal income tax,	payables ⁻	to related third			
		parties, and other liabilities not included on lin	nes 17-24)	. Complete Part X			
		of Schedule D			3,697.	25	4,295,822.
	26	Total liabilities. Add lines 17 through 25			810,319.	26	5,322,394.
		Organizations that follow FASB ASC 958, o	heck here	e X			
sec		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			14,863,832.	27	13,424,369.
Ba	28	Net assets with donor restrictions			4,507,518.	28	4,258,633.
pu		Organizations that do not follow FASB ASC) 958, che	eck here			
ц Ц		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or	equipmer	nt fund		30	
As	31	Retained earnings, endowment, accumulated	income, o	or other funds		31	
Net	32	Total net assets or fund balances			19,371,350.	32	17,683,002.
	33	Total liabilities and net assets/fund balances			20,181,669.	33	23,005,396.

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet

	<u>1990 (2022)</u> NEW YORK LANDMARKS CONSERVANCY, INC.	23-	7181'	785	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 28</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	<u>,493</u>	1,1	68.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,78	9,3	<u>11.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19	<u>,37</u> :	1,3	50.
5	Net unrealized gains (losses) on investments	5	-3	<u>,493</u>	3,5	81.
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		1!	5,9	22.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	17	,683	3,0	02.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
					000	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

	OMB No. 1545-0047
	2022
	Open to Public Inspection
r	identification number

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

Nam	lame of the organization Employer identification number								
	NEW YORK LANDMARKS CONSERVANCY, INC. 23-7181785								
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of ch					I)(A)(i).		
2		A school described in secti							
3	\square	A hospital or a cooperative				(b)(1)(A)(ii	ii).		
4	\square	A medical research organization)(iii). Enter	the hospital's name,
		city, and state:							• •
5	\square	An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)	°		, ,			
6	\square	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-					ne general i	oublic described in
		section 170(b)(1)(A)(vi). (C	-		5			5	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9	\square	An agricultural research org				ed in coniu	inction with a	land-grant	colleae
		or university or a non-land-g	-			-		-	-
		university:						•	
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem							
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ifter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	v integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution red	quirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
е	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-functior	nally integrated supportion	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			(iii) is the error	-insting listed			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ng document?	(v) Amount of		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota	l								

Schedule A (Form 990) 2022 NEW YORK LANDMARKS CONSERVANCY INC. 23-7181785 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4249032.	3670753.	3442874.	4311976.	5051172.	20725807.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	4249032.	3670753.	3442874.	4311976.	5051172.	20725807.
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)						5164636.
6	Public support. Subtract line 5 from line 4.						15561171.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	4249032.	3670753.	3442874.	4311976.	5051172.	20725807.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	314,049.	354,447.	326,034.	660,774.	422,299.	2077603.
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.)	452,490.	471,371.	488,568.	479,751.	473,171.	2365351.
11	Total support. Add lines 7 through 10						25168761.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	196,137.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop					<u></u>	
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	olumn (f))		14	61.83 %
	Public support percentage from 2021					15	61.45 %
16 a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2022

232022 12-09-22

<u>So</u>	qualify under the tests listed b ction A. Public Support	elow, please com	plete Part II.)				
		(-) 0010	(1-) 0010	(=) 0000	(-1) 0001	(-) 0000	(5) Tatal
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		() 0010	(1) 0040	() 0000	(1) 0001	() 0000	(0 T)
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
108	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) or <u>g</u> an	ization,
	check this box and stop here				•		
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	divided by line 13,	column (f))		15	%
16	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						ne 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	tructions	

NEW YORK LANDMARKS CONSERVANCY, INC.

(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

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

232023 12-09-22

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

¹⁶ 2022.04020 NEW YORK LANDMARKS CONSER 11140611

1

2

3a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Sche		23-110110	O Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			-
			Yes	No

CONCERTS

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</i> Part VI <i>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</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised or controlled the supporting organization	2	

Section C. Type II	Supporting Organizations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 1

 1
 Section D. All Type III Supporting Organizations
 1

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

Section E. Type III Functionally Integrated Supporting Organizations

I Check the box next to the method that the organization used to satisfy the integral Part Lest during the year 1500 IIISU UC	I Part Test during the year (see instructions).	Check the box next to the method that the organization used to satisfy the Integral P
---	---	---

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

с		The organization su	pported a governr	mental entity.	Describe in Part	VI how y	ou supported a	governmental entity	(see instruction <u>s).</u>
---	--	---------------------	-------------------	----------------	------------------	----------	----------------	---------------------	-----------------------------

- 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? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

01705

No

Yes No

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_	dule A (Form 990) 2022 NEW YORK LANDMARKS CON			23-7181785 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	anization (see

Schedule A (Form 990) 2022

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instructions).

NEW	YORK	LANDMARKS	CONSERVANCY,	INC.
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Sche Par		MARKS CONSERVAN	NCY, INC.	2	3-7181785	Page 7
		allo Supporting Orga	(Continu	led)	0	
	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exer			1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	6	3			
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	(1)	(**)	10	()	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 20	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
_	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022	NEW YORK	LANDMARKS	CONSERVANCY,	INC.	23-7181785	Page 8
Part VI Supplemental Part IV, Section A, line 1; Part IV, Sect	Information. Provide lines 1, 2, 3b, 3c, 4b, 4c, ion D, lines 2 and 3; Part 6, and 8; and Part V, Sec	the explanations rec 5a, 6, 9a, 9b, 9c, 11a IV, Section E, lines 1	μιired by Part II, line 10; l a, 11b, and 11c; Part IV, c, 2a, 2b, 3a, and 3b; Pa	Part II, line 17a o Section B, lines ⁻ ırt V, line 1; Part ^v	r 17b; Part III, line 12; 1 and 2; Part IV, Sectior V, Section B, line 1e; Pa	n C,
SCHEDULE A, PART		EXPLANATI	ON FOR OTHER	INCOME:		
2018 AMOUNT: \$	452,490.					
2019 AMOUNT: \$	471,371.					
2020 AMOUNT: \$	488,568.					
2021 AMOUNT: \$	479,751.					

2022 AMOUNT: \$ 473,171.

232028 12-09-22

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	NEW YORK LANDMARKS CONSERVANCY, INC.	23-7181785
Organization type (cheo	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox{3}$ 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	

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

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

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

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

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

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$934,761.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>110,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

23-7181785

223452 11-15-22

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Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given	(b) (c) Description of noncesh property given (See instructions.) (See instructions.) (C) (D) (C) (See instructions.) (C) (See instructions.) (C) (See instructions.) (C) (See instructions.) (See instructions.) (See instructions.)

NEW YORK LANDMARKS CONSERVANCY, INC.

Name of organization

23-7181785

Schedule B (Form 990) (2022)

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2022.04020 NEW YORK LANDMARKS CONSER 11140611

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Schedule E	B (Form 990) (2022)		Page
Name of o	rganization		Employer identification number
NEW YO	ORK LANDMARKS CONSERVAN	CY INC.	23-7181785
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	ons to organizations described in set) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gif	ift
-	Transferee's name, address, a 	nd 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 gif	l ift
-	Transferee's name, address, a 	nd 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 gif	
-	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 gif	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
223454 11-15	5-22		Schedule B (Form 990) (2022)

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SCHEDULE C						OMB No. 1545-0047
(Form 990)						2022
	_	if the organization is described b				
Department of the Treasury Internal Revenue Service	-	to www.irs.gov/Form990 for ins				Open to Public Inspection
		Form 990, Part IV, line 3, or Form			aign Act	ivities), then
-		plete Parts I-A and B. Do not com				
 Section 501(c) (other 	r than section 50	1(c)(3)) organizations: Complete P	arts I-A and C below. [Do not complete Par	t I-B.	
 Section 527 organization 	ations: Complete	Part I-A only.				
If the organization answ	wered "Yes," on	Form 990, Part IV, line 4, or Form	n 990-EZ, Part VI, lin	e 47 (Lobbying Acti	vities), tl	hen
		nave filed Form 5768 (election und	()/			
		nave NOT filed Form 5768 (election		-		-
If the organization ans Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	structions) or Form	1990-EZ	, Part V, line 35c (Proxy
		ions: Complete Part III.				
Name of organization	,, -· (-, -·g				Employ	er identification number
	NEW YOR	K LANDMARKS CONSE	RVANCY, INC	•		23-7181785
Part I-A Comple		anization is exempt under			27 orga	nization.
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.		
2 Political campaign	activity expenditu	ures			\$	
3 Volunteer hours for	political campaig	gn activities			···· <u> </u>	
Part I-B Compl	ata if tha ora	anization is exempt under	section $501(c)(3)$			
		incurred by the organization under			¢	
		incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo				
						Yes No
b If "Yes," describe ir	n Part IV.					
Part I-C Comple	ete if the org	anization is exempt under	section 501(c), e	except section 5	501(c)(3	3).
1 Enter the amount d	irectly expended	by the filing organization for secti	on 527 exempt functio	on activities	\$	
2 Enter the amount o		ization's funds contributed to othe	-			
exempt function ac					\$_	
•	•	. Add lines 1 and 2. Enter here and			¢	
		1120-POL for this year?				Yes No
		ployer identification number (EIN)				
		tion listed, enter the amount paid f				
		omptly and directly delivered to a s				
political action com	mittee (PAC). If a	additional space is needed, provid	e information in Part IV	/.		
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political
				filing organization funds. If none, ent		ontributions received and promptly and directly
						delivered to a separate
						political organization. If none, enter -0
	ion Act Nation	soo the Instructions for Form 990) or 000 E7	l		adula C (Earm 990) 2022

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

Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022 Part II-A Complete if the org	NEW YORK LA	NDMARKS CON	SERVANCY, IN	C. 23-5	7181785 Page 2
section 501(h)).		inpr under sectio		u Form 5708 (en	
	tion belongs to an af	filiated group (and list i	n Part IV each affiliated o	group member's nam	ie, address, EIN,
expenses, and shar	e of excess lobbying	expenditures).	·		
B Check if the filing organiza	tion checked box A a	nd "limited control" pr	ovisions apply.		
	ts on Lobbying Expe ditures" means amo	enditures unts paid or incurred)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opinion	(grassroots lobbving)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add li	-	• • • •			
d Other exempt purpose expenditure					
e Total exempt purpose expenditure			F		
f_Lobbying nontaxable amount. Ente					
If the amount on line 1e, column (a) o	r (b) is: The lo	bbying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000),000 \$100,0	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,0	00 plus 10% of the exc	cess 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 (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a. If zero					
i Subtract line 1f from line 1c. If zero			-		
j If there is an amount other than zer					
reporting section 4911 tax for this					Yes No
(Some organizations the	nat made a section &	eraging Period Unde 501(h) election do not rate instructions for li	have to complete all of	f the five columns b	elow.
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(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					hile C (Form 000) 2022

Schedule C (Form 990) 2022

232042 11-08-22

Schedule C (Form 990) 2022 NEW YORK LANDMARKS CONSERVANCY, INC. 23-71817 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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(b)
	lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		15	5,608.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х		15	5,608.
i	Other activities?	Х			,280.
j	Total. Add lines 1c through 1i			32	2,496.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(ł	5), or sec	tion	
				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				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sectior 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
с	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	litical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group l	ist); Part II-	A, lines 1 a	nd 2 (See	
instru	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
LOF	BYING ACTIVITIES INCLUDE TIME INCURRED BY THE ORGAN	IZATIO	DN'S		
PRE	SIDENT AND THE DIRECTOR OF PUBLIC POLICY ON DIRECT	CONTAC	T WIT	н	
FEI	DERAL LEGISLATORS ON FEDERAL HISTORIC TAX CREDIT AND	STATE	6		
LEC	SISLATORS ON COMMERCIAL DEVELOPMENT PROJECT, ALONG W	ITH ME	MBERS	HIP	
DUI	ES RELATED TO LOBBYING.		Sohodiu		000) 2022

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Schedule C (Form 990) 2022

SCH	IEDI	JLE	D

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.



Name of the organization

NEW YORK LANDMARKS CONSERVANCY, INC.

Employer identification number 23 - 7181785

Par	Int I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
		organization answered "Yes" on Form 990, Part IV, lin	e 6.				
			(a) Donor advised funds	. ((b) Funds and other accounts		
1	Total	number at end of year					
2	Aggr	egate value of contributions to (during year)					
3	Aggr	egate value of grants from (during year)					
4	Aggr	egate value at end of year					
5	Did t	he organization inform all donors and donor advisors in v	vriting that the assets held in do	nor advised fund	ds		
	are th	ne organization's property, subject to the organization's	exclusive legal control?		Yes No		
6	Did t	he organization inform all grantees, donors, and donor a	dvisors in writing that grant fund	ls can be used o	nly		
	for cl	naritable purposes and not for the benefit of the donor o	r donor advisor, or for any other	purpose conferri	ing		
D -							
Par		Conservation Easements. Complete if the org		orm 990, Part IV,	line 7.		
1	Purp	ose(s) of conservation easements held by the organization					
		Preservation of land for public use (for example, recrea			prically important land area		
		Protection of natural habitat	X Prese	rvation of a certi	fied historic structure		
		Preservation of open space					
2		plete lines 2a through 2d if the organization held a qualif	ied conservation contribution in	the form of a co			
		of the tax year.			Held at the End of the Tax Year		
a					2a 46		
b					2b 0.00 2c 46		
с.		ber of conservation easements on a certified historic stru			2c 46		
d		ber of conservation easements included in (c) acquired a			2d 0		
•							
3		ber of conservation easements modified, transferred, rel	eased, extinguished, or terminat	ed by the organi	zation during the tax		
	year		ement is located	1			
4 5		ber of states where property subject to conservation eas					
5		the organization have a written policy regarding the per tions, and enforcement of the conservation easements it			X Yes No		
6		and volunteer hours devoted to monitoring, inspecting,					
U	Otan	692	handling of violations, and emor	cing conservatio	are asements during the year		
7	Amo	unt of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing	conservation eas	sements during the year		
-	,	71,800.					
8	Does	e each conservation easement reported on line 2(d) abov	e satisfy the requirements of sec	tion 170(h)(4)(B)	(i)		
		section 170(h)(4)(B)(ii)?					
9		rt XIII, describe how the organization reports conservation					
	balar	nce sheet, and include, if applicable, the text of the footn	ote to the organization's financia	al statements that	at describes the		
		nization's accounting for conservation easements.	-				
Par	t III	Organizations Maintaining Collections of	Art, Historical Treasures	s, or Other S	imilar Assets.		
		Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the	organization elected, as permitted under FASB ASC 95	8, not to report in its revenue sta	atement and bala	ance sheet works		
	of art	, historical treasures, or other similar assets held for pub	lic exhibition, education, or rese	arch in furtherar	nce of public		
	servi	ce, provide in Part XIII the text of the footnote to its finar	cial statements that describes t	hese items.			
b	If the	organization elected, as permitted under FASB ASC 95	8, to report in its revenue statem	ent and balance	e sheet works of		
		istorical treasures, or other similar assets held for public	exhibition, education, or research	ch in furtherance	e of public service,		
	•	de the following amounts relating to these items:					
		Revenue included on Form 990, Part VIII, line 1					
	• •						
2		organization received or held works of art, historical trea		r financial gain, p	provide		
		ollowing amounts required to be reported under FASB A	-				
a		nue included on Form 990, Part VIII, line 1					
		ts included in Form 990, Part X					
		Paperwork Reduction Act Notice, see the Instructions	5 TOF FORM 990.		Schedule D (Form 990) 2022		
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29)				

		K LANDMARKS					718178!		
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or	r Other S	Similar Ass	ets _{(contir}	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	make sign	ificant use of	its		
	collection items (check all that apply):								
а	X Public exhibition d Loan or exchange program								
b	Scholarly research e Other								
с	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5									
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	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, Pa	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for contributions	s or other ass	sets not inc	luded			
	on Form 990, Part X?						Yes	X No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							Amoun	Amount	
с	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
	Ending balance					1f			
	Did the organization include an amount on Fe					?	X Yes	No	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on I	Part XIII			X	
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part	IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two year	rs back (d) Three years ba	ack (e) Four	r years back	
1a	Beginning of year balance	15,290,365.	13,024,317.	12,644	1,695.	10,484,42	24. 7	,889,662.	
b	Contributions	٥.	1,350,052.	548	3,000.	635,00	0. 3	,555,000.	
	Net investment earnings, gains, and losses	-2,595,891.	1,645,884.	1,577	7,412.	2,159,77	78.	-468,198.	
	Grants or scholarships	0.	269,666.	1,517	7,188.	496,18	31.	241,584.	
	Other expenditures for facilities		· · · · ·						
	and programs	99,295.	367,300.	149	9,293.	60,93	37.	187,622.	
f	Administrative expenses	89,171.	92,922.	79	9,309.	77,38	39.	62,834.	
	End of year balance	12,506,008.	15,290,365.		1,317.	12,644,69	95. 10	484,424.	
2	Provide the estimated percentage of the curr				·				
	Board designated or quasi-endowment	77.9270	%	, nord dor					
	Permanent endowment 19.1270	%	_/*						
		% %							
Ŭ	The percentages on lines 2a, 2b, and 2c sho	, -							
3a	Are there endowment funds not in the posse	-	tion that are held ar	nd administer	ed for the				
ou	organization by:]	Yes No	
	(i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations							<u> </u>	
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule B?						
4	Describe in Part XIII the intended uses of the							I	
	t VI Land, Buildings, and Equipm		which funds.						
	Complete if the organization answere		, Part IV, line 11a. S	ee Form 990	, Part X, lin	e 10.			
	Description of property	(a) Cost or o		or other		umulated	(d) Boo	k value	
	Description of property	basis (investr	• •	(other)	• •	eciation	(u) 200	it value	
19	Land		,	. ,					
	Buildings								
	Leasehold improvements		5	8,894.	F	58,894.		0.	
				8,146.		146.		0.	
	Equipment			5,000.		95,000.		0.	
	Other							0.	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	<u>x, column (B), line 1</u>	UC.)					
						Sched	dule D (Forn	1 990) 2022	

Schedule D (Form 990) 2022		NDMARKS CONSEI	RVANCY, INC.	23-7181785 Page 3
Part VII Investments - Of				line 10
(a) Description of security or categor		(b) Book value	11b. See Form 990, Part X,	n: Cost or end-of-year market value
				The cost of end-of-year market value
(1) Financial derivatives				
(2) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, F				
Part VIII Investments - Pr	-			
			11c. See Form 990, Part X,	
(a) Description of inv	vestment	(b) Book value	(c) Method of valuatio	n: Cost or end-of-year market value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	Part X col (B) line 13)			
Part IX Other Assets.				
Complete if the organ	ization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X,	line 15.
	(a)	Description		(b) Book value
(1) RIGHT OF USE A	ASSET - OPER	ATING LEASE		4,104,853.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form		e 15.)		4,104,853.
Part X Other Liabilities.				
() 5		on Form 990, Part IV, line	11e or 11f. See Form 990, I	
	cription of liability			(b) Book value
(1) Federal income taxes				4 205 822
(2) LEASE PAYABLE				4,295,822.
(3)				
(4)				
(4)				1
(5)				
(5) (6)				
(5) (6) (7)				
(5) (6) (7) (8)				
(5) (6) (7)	a QQA, Part V, and (P) lin	225)		4,295,822.

Schedule D (Form 990) 2022

	dule D (Form 990) 2022 NEW YORK LANDMARKS CONSERV				7181785 Page 4				
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	2,238,858.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	. 2a	-3,493,581.						
b	Donated services and use of facilities	. 2b	16,934.						
с	Recoveries of prior year grants	. 2c							
d	Other (Describe in Part XIII.)	2d							
е	Add lines 2a through 2d			2e	-3,476,647.				
3	Subtract line 2e from line 1			3	5,715,505.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4 a	91,803.						
b	Other (Describe in Part XIII.)	. 4b	473,171.						
с	Add lines 4a and 4b			4c	564,974.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,280,479.				
Pa	ut VII Deservation af European an Audited Eiropeanial Otateur								
Iu	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per I	Retur	n.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		th Expenses per l	Retur					
1		l.		Retur	n. 3,927,207.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.		1					
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements			1					
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	_ 2a		1					
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	. 2a . 2b		1					
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c		1	3,927,207.				
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	16,934.	1	<u>3,927,207.</u> 16,934.				
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	16,934.	1	3,927,207.				
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	16,934.	1 2e 3	<u>3,927,207.</u> 16,934.				
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	16,934. 	1 2e 3	<u>3,927,207.</u> 16,934.				
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	16,934.	1 2e 3	<u>3,927,207.</u> 16,934.				
1 2 3 4 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d . 2d	16,934. 91,803. 489,092.	1 2e 3	3,927,207. 16,934. 3,910,273. 580,895.				
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d . 2d	16,934. 91,803. 489,092.	1 2e 3	3,927,207. 16,934. 3,910,273.				

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 5:

AUTHORITY IS DELEGATED BY THE BOARD OF DIRECTORS TO THE PRESIDENT OF THE

CONSERVANCY TO ACCEPT PRESERVATION EASEMENTS ON BUILDINGS, STRUCTURES AND

LAND (HEREINAFTER, THE "HISTORIC PROPERTY" OR "HISTORIC PROPERTIES") THAT

MEET ACCEPTANCE CRITERIA OR HAVE SPECIAL SIGNIFICANCE IN RELATION TO ANY

OF THE CRITERIA.

BEFORE THE CONSERVANCY'S ACCEPTANCE, THE PROSPECTIVE DONOR MUST MEET

CERTAIN CRITERIA. ESTABLISHED STEWARDSHIP CONTRIBUTION CRITERIA ARE THEN

USED TO DEFRAY DIRECT COSTS AND ASSIST IN THE GENERAL ADMINISTRATION OF

THE EASEMENTS.

EASEMENT VISUAL INSPECTIONS WILL BE DONE ANNUALLY BY CONSERVANCY STAFF

AND, IF DESIGNATED IN THE EASEMENT DEED, THE CONSERVANCY PERIODICALLY
232054 09-01-22
Schedule D (Form 990) 2022
32

11430918 756359 1114061.000

Schedule D (Form 990) 2022 NEW YORK LANDMARKS CONSERVANCY, INC. 23-7181785 Page 5 Part XIII Supplemental Information (continued)

WILL CONTRACT ON A FEE-BASIS TO PERFORM A FORMAL INSPECTION OF THE

PROPERTY.

IF DETERIORATION OF THE PROPERTY IS OBSERVED THE CONSERVANCY WILL THEN

FOLLOW CERTAIN DETAILED PROCEDURES SEEKING TO REMEDY THE DETERIORATION.

THE CONSERVANCY WILL ENFORCE AND ADMINISTER PRESERVATION EASEMENTS AS

WRITTEN. THE CONSERVANCY MAY, IN CERTAIN INSTANCES, APPROVE REQUESTS

FROM PROPERTY OWNERS TO AMEND EASEMENTS. THE CONSERVANCY MAY INITIATE AN

AMENDMENT ONLY UNDER CERTAIN STANDARDS.

THESE POLICIES ARE REFLECTED IN THE EASEMENT DOCUMENTS.

PART II, LINE 9:

THE ORGANIZATION DOES NOT REPORT ITS CONSERVATION EASEMENTS ON ITS BALANCE SHEET. WHEN EASEMENTS WERE CONTRIBUTED TO THE ORGANIZATION IN PRIOR YEARS, THEY WERE RECORDED AS CONTRIBUTION REVENUE. ANNUAL EXPENSES RELATED TO THE MONITORING OF EASEMENTS AND RELATED ACTIVITIES ARE REPORTED IN THE ORGANIZATION'S STATEMENT OF ACTIVITIES AND STATEMENT OF FUNCTIONAL 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 AT \$400,000.

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 ARTWORK COLLECTIONS.

 Schedule D (Form 990) 2022
 NEW YORK LANDMARKS CONSERVANCY, INC.
 23-7181785
 Page 5

 Part XIII
 Supplemental Information (continued)
 (contin)
 (continued)
 (contin

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, 2022, THE CONSERVANCY HELD

\$58,830 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 NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2019.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

MANAGEMENT FEE INCOME NETTED WITH EXPENSES ON FINANCIAL

STATEMENTS

473,171.

Schedule D (Form 990) 2022 NEW YORK LANDMARKS CONSERVANCY, INC. Part XIII Supplemental Information (continued)	23-7181785 Page 5
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
MANAGEMENT FEE INCOME NETTED WITH EXPENSES ON FINANCIAL	
STATEMENTS	473,171.
RECAPTURE OF GRANTS NETTED AGAINST EXPENSE	15,921.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	489,092.
	Schedule D (Form 990) 2022

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047						
(Form 990)	Complete if the		2022						
Department of the Treasury								Open to Public Inspection	
							Employer id	entification number	
NEW YORK LANDMARKS CONSERVANCY, INC. 23-718									
		Complete if the organization answe				ine 1			
 Indicate whether the a X Mail solicitation Mail solicitation X Internet and C Phone solicitation A X In-person social A Did the organization key employees list 	e organization rais tions email solicitations tations licitations on have a written o red in Form 990, P	ed funds through any of the followin $e \boxed{X}$ Solicita	ation of ation of I fundra I (incluc professi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye		
compensated at le	•	· · · ·		5					
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	aiser ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
LIZ BICKLEY STUDIO	S, LLC -	STRATEGIC PLANNING/EVENT	Yes	No					
200 VESEY STREET, 1	FLOOR 24,	MANAGEMENT OF THE GALA		X	1,117,480.		65,000.	1,052,480.	
Total					1,117,480.		65,000		
or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from re	egistration	
NY,CT,NJ									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

NEW YORK LANDMARKS CONSERVANCY, INC.

23-7181785 Page 2

e 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.

oss receipts ss: Contributions oss income (line 1 minus line 2) ish prizes pncash prizes	1,044,055.	156,925.	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c)) 1,287,806.
ss: Contributions oss income (line 1 minus line 2) sh prizes oncash prizes	(event type) 1,117,480. 1,044,055. 73,425.	AWARD (event type) 170,326. 156,925.		
ss: Contributions oss income (line 1 minus line 2) sh prizes oncash prizes	(event type) 1,117,480. 1,044,055. 73,425.	(event type) 170,326. 156,925.	(total number)	1,287,806.
ss: Contributions oss income (line 1 minus line 2) sh prizes oncash prizes	1,044,055.	156,925.		
ss: Contributions oss income (line 1 minus line 2) sh prizes oncash prizes	1,044,055.	156,925.		
ss: Contributions oss income (line 1 minus line 2) sh prizes oncash prizes	1,044,055.	156,925.		
oss income (line 1 minus line 2)	73,425.			
ash prizes		13,401.		1,200,980.
ash prizes		13,401.		
oncash prizes				86,826.
oncash prizes				
ent/facility costs				
od and beverages	105,402.	22,405.		127,807.
tertainment	8,500.			8,500.
her direct expenses		25,550.		8,500. 92,286.
rect expense summary. Add lines 4 through		•		228,593.
et income summary. Subtract line 10 from				-141,767.
Gaming. Complete if the organization	n answered "Yes" on Forr	n 990, Part IV, line 19, or r	eported more than	
\$15,000 on Form 990-EZ, line 6a.				1
	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
	() 3	bingo/progressive bingo	() 5 5	col. (a) through col. (c)
oss revenue				
ash prizes				
oncash prizes				
ent/facility costs				
her direct expenses				
her direct expenses	Yes %	• Yes %	Yes %	
		│	└── Yes % └── No	
lunteer labor	No	No	No	
lunteer labor rect expense summary. Add lines 2 throug	gh 5 in column (d)	No	No	
lunteer labor rect expense summary. Add lines 2 throug	gh 5 in column (d)	No	No	
lunteer labor rect expense summary. Add lines 2 throu et gaming income summary. Subtract line	gh 5 in column (d)	No	No	
lunteer labor rect expense summary. Add lines 2 throug et gaming income summary. Subtract line the state(s) in which the organization cond	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:	No	No	
lunteer labor rect expense summary. Add lines 2 throug at gaming income summary. Subtract line the state(s) in which the organization cond organization licensed to conduct gaming	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	No No states?	No	
lunteer labor rect expense summary. Add lines 2 throug at gaming income summary. Subtract line the state(s) in which the organization cond organization licensed to conduct gaming	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	No No states?	No	
lunteer labor rect expense summary. Add lines 2 throug at gaming income summary. Subtract line the state(s) in which the organization cond organization licensed to conduct gaming	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	No No states?	No	
Plunteer labor rect expense summary. Add lines 2 throug et gaming income summary. Subtract line the state(s) in which the organization cond organization licensed to conduct gaming " explain:	The second secon	states?	No No	YesNo
Iunteer labor rect expense summary. Add lines 2 throug at gaming income summary. Subtract line the state(s) in which the organization cond organization licensed to conduct gaming " explain: any of the organization's gaming licenses	Image: No gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these revoked, suspended, or to	states?	No No	YesNo
Plunteer labor rect expense summary. Add lines 2 throug et gaming income summary. Subtract line the state(s) in which the organization cond organization licensed to conduct gaming " explain:	Image: No gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these revoked, suspended, or to	states?	No No	YesNo
Iunteer labor rect expense summary. Add lines 2 throug at gaming income summary. Subtract line the state(s) in which the organization cond organization licensed to conduct gaming " explain: any of the organization's gaming licenses	Image: No gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these revoked, suspended, or to	states?	No No	YesNo
rect et ga he s	eer labor expense summary. Add lines 2 throug uming income summary. Subtract line state(s) in which the organization cond inization licensed to conduct gaming	eer labor Yes % expense summary. Add lines 2 through 5 in column (d) uming income summary. Subtract line 7 from line 1, column (d) state(s) in which the organization conducts gaming activities: inization licensed to conduct gaming activities in each of these	direct expenses Yes % eer labor No No expense summary. Add lines 2 through 5 in column (d) No uming income summary. Subtract line 7 from line 1, column (d) estate(s) in which the organization conducts gaming activities: inization licensed to conduct gaming activities in each of these states?	direct expenses Yes% Yes% eer labor No No

Sche	edule G (Form 990) 2022	NEW	YORK	LANDMARKS	CONSERVANCY,	INC. 23-	7181785	Page 3
	Does the organization conduct ga						Yes	No No
12	Is the organization a grantor, bene							<u> </u>
10	to administer charitable gaming? Indicate the percentage of gaming						Yes	└── No
	The organization's facility						13a	%
	An outside facility						13b	%
	Enter the name and address of the							
	Name							
	Address							
15a	Does the organization have a cont	tract with	a third p	arty from whom the	organization receives gan	ning revenue?	Yes	No No
b	If "Yes," enter the amount of gami	ing reven	ue receiv	ed by the organization	on \$	and the amount		
	of gaming revenue retained by the							
С	If "Yes," enter name and address	of the thi	rd party:					
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	Em	ployee	Inde	pendent contractor			
47	Mandatan, diatributiana							
	Mandatory distributions: Is the organization required under	state lav	v to make	e charitable distributi	ons from the gaming proc	ceeds to		
-	retain the state gaming license?						Yes	No No
b	Enter the amount of distributions							
Da	organization's own exempt activiti							
Fa	rt IV Supplemental Inform 15b, 15c, 16, and 17b, as						art III, lines 9, 9	96, 106,
	100, 100, 10, and 170, as	applicat	ле. Аво р	Soluce any additiona				
SC	HEDULE G, PART I,	LINE	2в,	LIST OF TE	N HIGHEST PA	ID FUNDRAISERS	S:	
(I) NAME OF FUNDRAIS	SER:	т.т.я. ғ	BICKLEY STU	IDTOS LLC			
<u>\ +</u>					2105, 110			
(I) ADDRESS OF FUNDE	RAISE	R: 20	0 VESEY SI	REET, FLOOR	24, NEW YORK,	NY 10	281
PA	RT I, LINE 2B, COI	JUMN	(V):					
IN	EXCHANGE FOR GAL	A FUN	DRAIS	SING STRATE	GY/EVENT MAN	AGEMENT AND		
יידת.	LIVERABLES, NEW YO	ד אק(ARK CONGED	ANCY (NYLC)	COMPENSATED L	T 72	
	CKLEY STUDIOS, LLO							
	3 10-27-22						dule G (Form	990) 2022
201				3	8		~~~~~	

11430918 756359 1114061.000

2022.04020 NEW YORK LANDMARKS CONSER 11140611

Schedule G (Part IV	(Form Sup	990) plemen	tal Info	N: ormat	EW tion	YORK (continu	LAN ed)	1DM2	ARKS	CON	SER	VAN	CY,	INC.	23-	-718	1785	Page 4
PAID IN	N II	ISTAL	LMEN	rs.	REI	MBUI	RSAB	LE	EXPI	ENSES	S MU	JST	BE	REVIEWE	D ANI	AP	PROVI	ED
BY NYLC	с.																	
232084 04-01-22	2															Schee	dule G (F	Form 990)

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2022.04020 NEW YORK LANDMARKS CONSER 11140611

11430918 756359 1114061.000

SCHEDULE I (Form 990)	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.												
Department of the Treasury	·	C C	Attach to Form	-			Open to Public						
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection						
Name of the organization NEW YOR	K LANDMARKS	CONSERVANC	Y, INC.				Employer identification number 23-7181785						
Part I General Information on Gran	ts and Assistance												
 Does the organization maintain recorr criteria used to award the grants or a Describe in Part IV the organization's 	assistance?												
Part II Grants and Other Assistance recipient that received more th	to Domestic Organiz	ations and Domestic	c Governments. C	omplete if the org	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any						
1 (a) Name and address of organizatio or government	n (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance						
NEW YORK CITY HISTORICAL PROPERTIES FUND - ONE WHITEHALL STREET - NEW YORK, NY 10004	13-3104688	501(C)(3)	92,063.	0.			GENERAL OPERATING SUPPORT						
LAFAYETTE AVENUE PRESBYTERIAN CHURCH - 85 SOUTH OXFORD STREET BROOKLYN, NY 11218	- 11-1633515	501(C)(3)	56,000.	0.			MASONRY RESTORATION TO STABILIZE FACADE						
SOUTH BUSHWICK REFORMED CHURCH 15 HIMROD STREET BROOKLYN, NY 11221	11-6016212	501(C)(3)	50,000.	0.			SPECIAL ENGINEERING INSPECTIONS FOR TOWER STABILIZATION						
FIRST UKRAINIAN ASSEMBLY OF GOD CHURCH - 59 COOPER SQUARE - NEW YORK, NY 10003	59-3802907	501(C)(3)	54,000.	0.			EXTERIOR ENVELOPE RESTORATION						
UNIVERSITY PRESBYTERIAN CHURCH 3330 MAIN STREET BUFFALO, NY 14214	16-0779775	501(C)(3)	45,000.	0.			BELL TOWER RESTORATION						
HIGHBRIDGE COMMUNITY CHURCH 1272 OGDEN AVENUE BRONX, NY 10452	20-5937805	501(C)(3)	40,000.	0.			ROOF REPLACEMENT (C.O. FOR ADDITIONAL CARPENTRY REPAIRS)						
2 Enter total number of section 501(c)(3) and government org	anizations listed in th	e line 1 table			•	37.						
3 Enter total number of other organizat	tions listed in the line 1	table					0.						

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

NEW YORK LANDMARKS CONSERVANCY, INC.

		CONSERVANC					23-7181785 Page 1
Part II Continuation of Grants and Other	Assistance to Dou	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN'S EPISCOPAL CHURCH							
183 NORTH MAIN STREET							
CANANDAIGUA, NY 14424	16-6030793	501(C)(3)	42,500.	0.			BELL TOWER RESTORATION
CANANDAIGUA, NI 14424	10-0030793	501(C)(3)	42,500.	0.			BELL TOWER RESTORATION
THE CHURCH OF ST. EDWARD THE							ROOF REPLACEMENT, NEW
MARTYR - 14 EAST 109TH STREET -							GUTTERS AND FLASHING, AND
NEW YORK, NY 10029	13-2873155	501(C)(3)	40,000.	0.			MASONRY REPAIRS
NEXT STEP COMMUNITY CHURCH (FORMER	10 10/0100	501(0)(3)	10,000.				
BROOKLYN BAPTIST TEMPLE) - 360							
SCHERMERHORN STREET - BROOKLYN, NY							
11217	46-3788680	501(C)(3)	30,500.	0.			ROOF REPLACEMENT
				.			
FIRST UNITARIAN CONGREGATIONAL							
SOCIETY - 119-121 PIERREPONT							BROWNSTONE FACADE
STREET - BROOKLYN, NY 11201	13-5596771	501(C)(3)	30,000.	0.			RESTORATION
			,				
NEW SCOTLAND PRESBYTERIAN CHURCH							ARCHITECTURAL SERVICES &
2010 NEW SCOTLAND ROAD							RESTORATION OF TOWER ROOF
SLINGERLANDS, NY 12159	14-1642577	501(C)(3)	30,000.	0.			AND CRENELLATED PARAPET
ST. JAMES PRESBYTERIAN CHURCH							
409 WEST 141ST STREET							CONDITIONS ASSESSMENT AND
NEW YORK, NY 10031	13-1632538	501(C)(3)	30,000.	0.			MASTER PLAN
WESTMINSTER PRESBYTERIAN CHURCH							SITE DRAINAGE UPGRADES
17 WILLIAM STREET							AND FOUNDATION REPAIRS
AUBURN, NY 14209	15-0532302	501(C)(3)	30,000.	0.			STAINED GLASS RESTORATION
WEEKSVILLE HERITAGE CENTER							
158 BUFFALO AVENUE							REPAIRS TO THE SUMMER
BROOKLYN, NY 11213	23-7330454	501(C)(3)	27,000.	0.			HOUSE
ELMONT PRESBYTERIAN CHURCH							CONDITIONS SURVEY &
525 ELMONT ROAD	11 2650402	E01(0)(2)	05 000	_			PRIORITY DRAINAGE & ROOF
ELMONT (HEMPSTEAD), NY 11003	11-2659493	DOT(C)(3)	25,000.	٥.			REPAIRS

NEW YORK LANDMARKS CONSERVANCY, INC. Schedule I (Form 990)

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Part II Continuation of Grants and Other		mestic Organizations		vernments (Sche	edule I (Form 990), Pa		13-7101705 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT CALVARY-ST. MARK'S UNITED							
METHODIST CHURCH - 55 EDGECOMBE							FACADE MASONRY
AVENUE - NEW YORK, NY 10030	13-1880572	501(C)(3)	25,000.	0.			RESTORATION
ST. PETER'S CHURCH							
241 BROADWAY							
SARATOGA SPRINGS, NY 12866	14-1364648	501(C)(3)	21,000.	0.			ROOF REPLACEMENT
COPTIC MONASTERY OF ST. SHENOUDA							
(FORMER CHURCH OF SAINTS PETER AND							FASCIA REPAIRS AND
PAUL COMPLEX - 736 WEST MAIN	20 5468007	E01(0)(2)	20 750	0			INSTALLATION OF NEW
STREET - ROCHESTER, NY 14611	20-5468097	501(C)(3)	20,750.	0.			GUTTERS
FIRST PRESBYTERIAN CHURCH OF GLENS							
FALLS - 8 WEST NOTRE DAME STREET -							ROOF DRAINAGE AND
GLENS FALLS, NY 12801	14-1338405	501(C)(3)	20,000.	0.			BUTTRESS REPAIRS
· · ·			,				
MUSEUM AT ELDRIDGE ST							
12 ELDRIDGE STREET							
NEW YORK, NY 10002	13-3379555	501(C)(3)	20,000.	0.			EMERGENCY REPAIRS
CUUDCU OF NOTE DANE							
CHURCH OF NOTRE DAME 405 WEST 114TH STREET							NAVE & RECTORY ROOF ASSESSMENT & SCHEMATIC
NEW YORK, NY 10025	13-1685536	501(C)(3)	15,000.	٥.			DESIGN
	10 1000000	501(0)(0)	10,000.	.			
FIRST CONGREGATIONAL CHURCH OF							
EAST BLOOMFIELD - 10 SOUTH AVENUE							
- EAST BLOOMFIELD, NY 14443	16-6032525	501(C)(3)	15,000.	0.			ROOF REPLACEMENT
FIRST CONGREGATIONAL CHURCH OF							
CANANDAIGUA - 58 N MAIN STREET -	10 000015	501 (7) (2)	10.000				
CANANDAIGUA, NY 14424	16-6028315	DUT(C)(3)	10,000.	0.			WINDOW RESTORATION
FIRST PRESBYTERIAN CHURCH							
137 CLINTON STREET							STRUCTURAL REPAIRS TO
MONTGOMERY, NY 12549	14-1570257	501(C)(3)	10,000.	0.			FLOOR

Schedule I (Form 990) NEW YORK LANDMARKS CONSERVANCY, INC.

23-7181785 Page 1

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMORIAL PRESBYTERIAN CHURCH 186 ST. JOHN'S PLACE BROOKLYN, NY 11217	11-1631794	501(C)(3)	10,000.	0.			ARCHITECTURAL SERVICES FOR EMERGENCY ROOF REPAIRS
ORIENT CONGREGATIONAL CHURCH 23045 MAIN ROAD ORIENT, NY 11957	11-6009809		10,000.	0.			MASTER PLAN & CONDITIONS ASSESSMENT
ST. MARGARET'S EPISCOPAL CHURCH 940 EAST 156TH STREET BRONX, NY 10455	13-1623985	501(C)(3)	10,000.	0.			ARCHITECTURAL SERVICES FOR PARAPET RECONSTRUCTION & ROOF REPLACEMENT
HUNTINGTON FREE LIBRARY 9 WESTCHESTER SQUARE BRONX, NY 10461	13-5562384	501(C)(3)	10,000.	0.			ARCHITECTURAL SERVICES FOR THEIR ROOF RESTORATION PROJECT
EVANGELICAL LUTHERAN CHURCH OF THE REDEEMER - 1549 DEWEY AVENUE - ROCHESTER, NY 14615	16-0806887	501(C)(3)	8,000.	0.			PHASE I MASONRY RESTORATION
CHURCH OF THE MESSIAH 6436 MONTGOMERY STREET RHINEBECK, NY 12572	14-1490103	501(C)(3)	7,500.	0.			STAINED GLASS RESTORATION OF THREE WINDOWS
FIRST BAPTIST CHURCH OF WATERTOWN 207 STATE STREET WATERTOWN, NY 13601	15-6000393	501(C)(3)	7,500.	0.			ARCHITECTURAL SERVICES FOR ROOF AND MASONRY RESTORATION
PORT GIBSON UNITED METHODIST CHURCH - 2951 GREIG STREET - PORT GIBSON, NY 14537	30-0415336	501(C)(3)	7,500.	0.			ARCHITECTURAL WORK FOR ENVELOPE REPAIRS AND RESTORATION
STUYVESANT HEIGHTS CHRISTIAN CHURCH - 69 MACDONOUGH STREET - BROOKLYN, NY 11216	11-2194085	501(C)(3)	7,500.	0.			CONDITIONS ASSESSMENT

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

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4	5-	1 1	OΤ	100	Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NNUNCIATION GREEK ORTHODOX CHURCH 02 WEST 91ST STREET							
IEW YORK, NY 10024	13-1759921	501(C)(3)	7,500.	0.			ARCHITECTUAL SERVICES
	10 1700011	561(6)(5)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••			
MMANUEL BAPTIST CHURCH							
15 PARK AVENUE							MASONRY RESTORATION AND
OCHESTER, NY 14607	16-0743309	501(C)(3)	6,000.	0.			STUCCO REPAIRS
CONEY ISLAND USA							
208 SURF AVENUE							CONDITIONS ASSESSMENT
ROOKLYN, NY 11224	13-3215645	501(C)(3)	5,850.	0.			REPORT
IRST BAPTIST CHURCH OF DEWITT							
ARK - 309 NORTH CAYUGA STREET -	15-6000231	E01(0)(2)	E E00	0			RESTORATION OF ST.
THACA, NY 14850	12-0000231	501(C)(3)	5,500.	0.			CECILIA WINDOW

Schedule I (Form 990) 2022

23-7181785

Page 2

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.

(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
	recipients	recipients cash grant	recipients cash grant cash assistance Image: Construction of the second	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Image:

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

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

 Schedule (Form 990)
 NEW YORK LANDMARKS CONSERVANCY, INC.
 23-7181785
 Page 2

 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 GRANTEE, 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 GRANTEE;

2) THE COMPLETED GRANT MATCH DOCUMENTATION FORM, TO BE SIGNED BY THE

APPROPRIATE REPRESENTATIVE OF THE GRANTEE; AND

3) COPIES OF ANY REQUIRED PERMITS FROM YOUR COMMUNITY'S LANDMARKS BOARD

OR COMMISSION, IF APPLICABLE.

THE CONSERVANCY WILL KEEP COPY OF DOCUMENTATION FOR AT LEAST 10 YEARS.

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Schedule I (Form 990)

232291 04-01-22

Schedule I	(Form 990)	NEW YORK	LANDMARKS	CONSERVANCY,	INC.	23-7181785 Page 2
Part IV	Supplemental Ir	nformation				
232291 04-01-22						Schedule I (Form 990)

SCHEDULE J Compensation Infor		Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 7)
		Compensated Employees		20		•
Dono	tmont of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization	1		identificatio		nber
		NEW YORK LANDMARKS CONSERVANCY, INC.	23-7	718178	5	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate 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.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary :	spending account Personal services (such as maid, chauffeu	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	,	ny, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract					
	Independent o	ompensation consultant				
	Form 990 of o	ther organizations	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	-				
а		e payment or change-of-control payment?				X
b	•	eive payment from a supplemental nonqualified retirement plan?				X
С	-	eive 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.					
	.					
_)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
-	contingent on the r			5.		y
a L	The organization?			5a		X X
a		ation?		5b		
~		n 5b, describe in Part III. The Form 200, Bart VII. Section A, line 1a, did the organization pay or economic any componentia	n			
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of a complexity of the section	n			
-	contingent on the r	-		6-		X
		ation2				X
a		ation?		6b		
7		or 6b, describe in Part III.				
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7		x
0	not described on lines 5 and 6? If "Yes," describe in Part III			7		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		8		x
٥						
9		id the organization also follow the rebuttable presumption procedure described in		9		
		1 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	000	2022
гцч	FOI Paperwork R	במעכנוסה אכו מסווכפ, צפי נוופ וווצנו מכנוסהצ וסר דסרווו 200.	Sched	iule o (Forn	1 990)	2022

232111 10-18-22

23-7181785

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PEG BREEN	(i)	269,509.	0.	2,365.	13,920.	19,264.	305,058.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK WEBER	(i)	121,427.	0.	1,144.	6,514.	39,194.	168,279.	0.
DIRECTOR, NYC HISTORIC PROPERTIES	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOSEPH LEURQUIN	(i)	148,661.	0.	1,448.	7,437.	908.	158,454.	0.
DIRECTOR, FUNDRAISING	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANN FRIEDMAN	(i)	104,991.	0.	1,016.	5,963.	44,029.	155,999.	0.
DIRECTOR, SACRED SITES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

ſ ΖU

Employer identification number

23-7181785

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

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

Open to Public Inspection

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Name of the organization

NEW YORK LANDMARKS CONSERVANCY, INC.

Pai	rt I Types of Property									
		(a) Check if	(b) Number of	(c) Noncash contribu	tion		(d) Method of de	tormir	ina	
		applicable	contributions or	amounts reported	on		cash contribu		•	3
_			Items contributed	Form 990, Part VIII, I	ine 1g					
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property					~			~ -	
9	Securities - Publicly traded	X	4	28,4	189.	AVG.	SELLIN	3 Ρ.	RICE	<u>s</u>
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other	ner								
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (
26	Other (
27	Other (
28	Other (ý								
29	Number of Forms 8283 received by the	organization during	the tax vear for co	ontributions						
	for which the organization completed Fo		•		9				0	
	5		5	·····					Yes	No
30a	During the year, did the organization rec	ceive by contributio	n anv propertv rep	orted in Part I. lines 1	throua	h 28. tha	ıt it			
	must hold for at least 3 years from the c									
	exempt purposes for the entire holding							30a		Х
b	If "Yes," describe the arrangement in Pa	• • • • • • • • • • • • • • • • • • • •								
31	Does the organization have a gift accep		auires the review a	of any nonstandard co	ontribut	ions?		31		Х
	Does the organization hire or use third p							•••		
524	contributions?							32a		х
h	If "Yes," describe in Part II.							0±u		
33	If the organization didn't report an amou	int in column (c) for	a type of property	for which column (a)	is cher	ked				
30	describe in Part II.		a type of property	a) which column (a)	13 01180	neu,				
ι μλ	For Paperwork Reduction Act Notic	a saa tha Instruct	tions for Form 990)			Schedule M	(Eorr	m 000)	2022

Reduction Act Notice, see the Instructions for Form 9

edule M (Form 990) 20

232141 09-09-22

Schedule M (Form 990) 2022	NEW	YORK	LANDMARKS	CONSERVANCY,	INC.
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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I,

COLUMN (B) OF SCHEDULE M.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

(10111330)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

INC.



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

NEW YORK LANDMARKS CONSERVANCY,

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 \$ 190,808. INCLUDING GRANTS OF \$ 38,500. 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 \$ 155,671. INCLUDING GRANTS OF \$ 0. 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 ASSISTANCE, EITHER GRANTS OR LOANS, AND TECHNICAL ASSISTANCE.

EXPENSES \$ 118,050. INCLUDING GRANTS OF \$ 42,700. REVENUE \$ 1,521.

THE CONSERVANCY'S NONPROFIT TECHNICAL ASSISTANCE GRANT PROGRAM FOR

NON-EMERGENCIES REFLECTS THE PROGRAM'S WIDER AUDIENCE OF NONPROFIT

ORGANIZATIONS WHOSE PROGRAMS OPERATE A DIVERSE RANGE OF COMMUNITY

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202223221110-28-22

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Schedule O (Form 990) 2022	Page 2
Name of the organization NEW YORK LANDMARKS CONSERVANCY, INC.	Employer identification number 23-7181785
DEVELOPMENT ACTIVITIES SUCH AS SOCIAL SERVICES, EDUCATION,	ARTS AND
CULTURAL PROGRAMS IN ADDITION TO THE NONPROFIT HOUSING DEV	ELOPERS THE
CITY VENTURES FUND WAS ORIGINALLY ESTABLISHED TO ASSIST.	
EXPENSES \$ 84,012. INCLUDING GRANTS OF \$ 29,350. REVENU	E \$ 0.
THE CONSERVANCY'S PRESERVATION EASEMENTS FUND HOLDS A TOTA	L OF 46
PRESERVATION EASEMENTS. AN EASEMENT IS A VOLUNTARY LEGAL A	GREEMENT
BETWEEN A PROPERTY OWNER AND A NONPROFIT ORGANIZATION THAT	RESTRICTS
FUTURE CHANGES TO THE PROPERTY AND REQUIRES CYCLICAL INSPE	CTIONS BY THE
NONPROFIT. THE EASEMENT STAYS WITH THE PROPERTY EVEN IF SO	LD; THIS

ASSURES THAT THE HISTORIC PROPERTIES ARE WELL MAINTAINED. ALL THE

PROPERTIES ARE LISTED ON THE NATIONAL REGISTER OF HISTORIC PLACES.

EXPENSES \$ 71,800. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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 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 I, QUESTION 5, AND PART V, QUESTION 2A:

THE ORGANIZATION CONTRACTED WITH A PROFESSIONAL EMPLOYER ORGANIZATION 232212 10-28-22 Schedule O (Form 990) 2022 54 2022.04020 NEW YORK LANDMARKS CONSER 11140611

Schedule O (Form 990) 2022	Page 2
Name of the organization NEW YORK LANDMARKS CONSERVANCY, INC.	Employer identification number 23-7181785
(PEO) FOR SERVICES, INCLUDING BUT NOT LIMITED TO, PAYROLL,	TIMEKEEPING,
EMPLOYEE BENEFITS, HR ADMINISTRATION AND WORKFORCE REGULAT	ORY
COMPLIANCE NEEDS. AS THE EMPLOYER OF RECORD FOR TAX PURPOS	ES, FORMS W-2
AND W-3 ARE ISSUED BY THE PEO AND FILED UNDER THE PEO'S FE	DERAL EIN. IN
THIS CO-EMPLOYMENT ARRANGEMENT, THE ORGANIZATION IS THE CO	MMON LAW
EMPLOYER AND, ACCORDINGLY, COMPENSATION IS REPORTED ON FOR	M 990, PART
VII, SECTION A AND PART IX, LINES 5-10.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONSERVANCY CURRENTLY HAS IN PLACE A CONFLICT OF INTER	EST POLICY, WHICH
IT ANNUALLY MONITORS AND ENFORCES. THE POLICY REQUIRES THA	T ALL DIRECTORS,
OFFICERS AND KEY PERSONS MUST ANNUALLY SIGN A CONFLICT OF	INTEREST POLICY
AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EX	IST. 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 CON	FLICTED MEMBER
CANNOT VOTE ON THE MATTER AND SUCH MEMBER MUST BE COUNTED	IN DETERMINING
THE QUORUM FOR THE MEETING. AT THE DISCRETION OF THE CHAIR	OF THE BOARD OF
DIRECTORS, A MEMBER WITH A CONFLICT OF INTEREST MAY BE REQ	UIRED 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 C, LINE 19:
	THE CONSERVANCY MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS
	REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS
	POSTED ON GUIDESTAR.ORG, AS WELL AS OTHER SIMILAR TYPES OF WEBSITES. IN
	232212 10-28-22 Schedule O (Form 990) 2022
114	55 430918 756359 1114061.000 2022.04020 NEW YORK LANDMARKS CONSER 1114061

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
NEW YORK LANDMARKS CONSERVANCY, INC.	23-7181785
ADDITION, THE FORM 990, 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	15,922.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILI	
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SEI	
INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM 7	HE PRIOR
YEAR.	
232212 10-28-22	Schedule O (Form 990) 2022