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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. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

<u> </u>	OI LII	e 2014 calendar year, or tax year beginning , 2014, and endin	<u>9 </u>		, 20
R.	heck if ap	C Name of organization	D Employer ide		number
	_	BROOKLIN BRIDGE PARK CONSERVANCI, INC.	13-327	7651	
L	Addres	Doing business as			
	Name	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone nu	mber	
L	trubal		(718) 80	2-060	3
	Final r termin				
	Ameno	BROOKLYN, NY 11201	G Gross receip	ts \$	2,831,196.
	Applic		H(a) is this a gro subordinates		Yes X No
		SAME AS C ABOVE	H(b) Are all subore		d? Yes No
I	Tax-exe	mpt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 52	7 If "No," atta	ch a list (se	e instructions)
J	Websit	e: ▶ WWW.BROOKLYNBRIDGEPARK.ORG	H(c) Group exem	ption numbe	er 🕨
K	Form o	forganization X Corporation Trust Association Other ▶ L Year of	formation 1985 M	State of le	egal domicile NY
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities TO ENSURE THE	CREATION, A	DEQUAT	ľE
ė		FUNDING, PROPER MAINTENANCE, PUBLIC SUPPORT, AND CITIZE	N ENJOYMENT		
Governance		OF BROOKLYN BRIDGE PARK.			
/err	2	Check this box ▶ if the organization discontinued its operations or disposed of more that	in 25% of its net asset	s	
Go		Number of voting members of the governing body (Part VI, line 1a)		3	28.
ಳ		Number of independent voting members of the governing body (Part VI, line 1b)		4	28.
tie		Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	29.
Activities &		Total number of volunteers (estimate if necessary)		6	1,500.
Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
		Net unrelated business taxable income from Form 990-T, line 34		7b	0
			Prior Year		Current Year
•	8	Contributions and grants (Part VIII, line 1h)	1,637,00)4.	2,123,749.
nue		Program service revenue (Part VIII, line 2g)	302,23	30.	355,984.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22.	-1,290.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 and 11e)	-121,43	13.	-34,768.
		Total revenue - add lines 8 through 11 (must equal Part VIII Column _I (A), line 12)O	1,818,24	13.	2,443,675.
	-	Grants and similar amounts paid (Part IX, column (A), lines 123 3.0.2015	<u></u>	0	0
		1 1	·	o	
		Benefits paid to or for members (Part IX, column (A), line 4).	885,89	90.	963,850.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	19,00		112,676.
bei		Total fundraising expenses (Part IX, column (D), line 25) > 373, 802.		**2;;	11080 (13.3
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	894,76	53.	950,193.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,799,65		2,026,719.
		Revenue less expenses Subtract line 18 from line 12	18,59		416,956.
or es		Action less superioss superios in the first line 12.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Beginning of Current		End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,032,59		1,467,192.
Ass	21	Total liabilities (Part X, line 26)	45,89		63,545.
ĘĘ.	22	Net assets or fund balances Subtract line 21 from line 20	986,70		1,403,647.
	rt II	Signature Block			
			nents, and to the best o	f my know	rledge and belief, it is
trực	corre	alties of perjury, I declare that I have examined this return, including accompanying schedules and staten ct, and complete Declaration of preparer (other than officer) is based on all information of which preparer ha	s any knowledge		
	`	1//2/3	7	-16-	-/1-
Sig	ក្ត្រី	Signature of offiger	Date	1,2	/)
Hei	e,	Naker Webster, Executive Directe) (
Sig Hei	⋽	Type or print name and title	·		
		Print/Type preparer's name Preparer's signature Date	- Check	_{if} PTIN	
Paid			5 2015 self-employ	J" ed P	00183769
Prep	parer	Firm's name CONDON O'MEARA MCGINTY & DONNEALY 1	Firm's EIN ▶ 1		
Use	Only,	Firm's address DONE BATTERY PARK PLAZA NEW YORK, NY 10004-1405			1-7777
	thể ÎF	RS discuss this return with the preparer shown above? (see instructions)	j Frione no 2		X Yes No
พลง					

4d Other program services (Describe in Schedule O)

including grants of \$

4e Total program service expenses ▶

JSA 4E1020 1 000

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	-		
3		ا ۽ ا		х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	_6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u> </u>		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	- Table 18	2565;	
• •	·			N A
_	VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	المتأثث الأما	in in the contract of the cont	ae de
а		11a	х	
_	complete Schedule D, Part VI	1 1a		
D	•	11ь		х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	- ;;	X
	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	ļ		
	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	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		х
202		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	11 Too to line 200, and the organization attach a copy of its addited initialistal statements to this return.	1200		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
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?			
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	$\overline{}$		
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1	
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	~	- ,	
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	<i>N</i> (1	. ,	- 1 3km
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	(7	X
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
Ь		28b		х
•	Schedule L, Part IV			
С				Х
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			Х
24	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		Х
20	Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			х
	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			Х
	or IV, and Part V, line 1	34		$-\frac{\Lambda}{X}$
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		i	
	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		j	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		_ <u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O		X	

	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u> .	
			Yes	No
1a	The state of the s			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		24	
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	TO SE		
	Statements, filed for the calendar year ending with or within the year covered by this return . 29			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
h	If "Yes," enter the name of the foreign country ▶		1	116
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	5		
	(FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	34513110E	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
1	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
_	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- 04		<u> </u>
D		6b		
	gifts were not tax deductible?	1	7, -	· (301 -
	Organizations that may receive deductible contributions under section 170(c).	مرور مولسته		
3	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		X	1200-
	and services provided to the payor?	7a 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/ D		₩-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-		x
_	required to file Form 8282?	7c	anaz Lina	
	If "Yes," indicate the number of Forms 8282 filed during the year		Territ.	X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_^
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	₩-
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1 . 5 %
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	5.4		
	sponsoring organization have excess business holdings at any time during the year?	8	* 43% *	
	Sponsoring organizations maintaining donor advised funds.	N.	184	11.13
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ــــ
)	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	120000000	A
	Section 501(c)(7) organizations. Enter		10.25	
ì	Initiation fees and capital contributions included on Part VIII, line 12	10.72	14 (5)	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]		1274°	***
	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders		P. STE	
b	Gross income from other sources (Do not net amounts due or paid to other sources			TEN.
	against amounts due or received from them)			40
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	******		33.5
	Section 501(c)(29) qualified nonprofit health insurance issuers.	eres Silility		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	325	PE.	1.2
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	3		1
C	Enter the amount of reserves on hand	響的		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	= 12 min and amount and bolimonia in manage remained an management and may long			1-
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	ľ	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a The governing body?....... Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Х 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. J. A. b Describe in Schedule O the process, if any, used by the organization to review this Form 990 - C. Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c Х 13 13 X 14 14 Did the organization have a written document retention and destruction policy?.......... 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_NEW_YORK 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Upon request Own website Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records > THE ORGANIZATION - 334 FURMAN STREET BROOKLYN, NY 11201 JSA

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Form 990 (2014)

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Form	990	(2014)	

BROOKLYN BRIDGE PARK CONSERVANCY, INC.

13-3277651

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order, individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees, and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any	box,	not ch unles	s pe	rtion more	e than c is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted tine)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)NANCY BOWE	5.00									
CHAIR		х		x				l c	0	0
(2)H. CLAUDE SHOSTAL	2.00									
VICE CHAIR		Х		х				c	0	0
(3)DICK DADEY	2.00									
TREASURER	 	Х		х				i c	0	0
(4)PENELOPE CHRISTOPHOROU	5.00									
SECRETARY		Х		Х				c	0	0
(5)MATTHEW AMMIRATI	1.00									
BOARD MEMBER		Х						C	0	0
(6)BRENDAN COBURN	1.00									-
BOARD MEMBER		X						C	0	0
_(7)CHRIS COFFEY	1.00]								
BOARD MEMBER		Х						C	0	0
(8)MICHAEL CRANE	1.00			ĺ						
BOARD MEMBER		X						C	0	0
(9)MARK BAKER	1.00									
BOARD MEMBER		Х						C	0	0
(10)JOHN DEW	1.00							_		_
BOARD MEMBER		X				ļ		C	0	⁰
(11)STEPHEN DIETZ	1.00				ŀ			l .		
BOARD MEMBER		Х			ļ	ļ		<u> </u>	0	0
(12)BRENDAN J. DUGAN	1.00	ļ							<u> </u>	
BOARD MEMBER		X	 					<u></u>	0	0
(13)STEVEN EISENSTADT	1.00	٠.,							,	_
BOARD MEMBER		X	\vdash		<u> </u>	<u> </u>	ļ		0	0
(14)KATHY ELSESSER	1.00	١.,] ,	,	_
BOARD MEMBER		X						<u> </u>) 0	0

Form **990** (2014)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	iploy	/ee	s, aı	nd Hi	ghest Compensat	ed Employees (continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	not che	per	tion nore ti son is rector	han one both an	from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director			Key employee	Highest compensated		(W-2/1099-MISC)	from the organization and related organizations
15) MARISA FARINA	1.00	4							
BOARD MEMBER	1 00	X	\vdash				<u> </u>	l (0
16) LUKE FICHTHORN BOARD MEMBER	1.00	x		-			1	,	,
17) KARA HAILEY	5.00		\vdash	十	+				<u> </u>
BOARD MEMBER		x					d	d	o
18) RACHEL HINES	3.00			一					
BOARD MEMBER		X					С) (0
19) TIMOTHY INGRASSIA	1.00								_
BOARD MEMBER	1 00	X		_	\perp			(0
20) IRENE JANNER BOARD MEMBER	1.00	x						,	0
21) DAVID KRAMER	1.00		\vdash	\dashv	\dashv			1	
BOARD MEMBER		x					d		o
22) PETER MEYER	1.00		П	_	_				
BOARD MEMBER		Х					C) (0
23) SARAH ROBERTSON	1.00								
BOARD MEMBER		X		4	_		<u> </u>) (0
24) ROBIN SHANUS	1.00	· ·				ŀ		,)
BOARD MEMBER 25) PETER STEINBERG	1.00	X	\vdash	-					1
BOARD MEMBER		×						,	0
1b Sub-total	<u> </u>				i_		C) (0
c Total from continuation sheets to Part VII,	Section A		 	• •	• •		120,714.	C	33,489.
d Total (add lines 1b and 1c)						<u></u>	120,714.	C	33,489.
2 Total number of individuals (including but no reportable compensation from the organization)							received more than	\$100,000 of	
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Schee									Yes No
4 For any individual listed on line 1a, is the organization and related organizations gundividual	reater than	\$15	50,00	02	If	"Yes,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive o for services rendered to the organization? If "									5 X
Section B. Independent Contractors									
1 Complete this table for your five highest cor compensation from the organization Report year									
(A)							(B)		(C)
Name and business ac	Idress						Description of se	ervices	Compensation
									. U 12-3.00 (Sale 12 20 PM
2 Total number of independent contractors (including bi	ut no	t lım	ıted	i to	those	listed above) who	received 1	47.44437 28.46437

0

more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	ıplo	ye	es,	and I	ligi	hest Compensat	ed Employ	yees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	erson	e than c is both tor/trust	an from	(E) Reportal compensation related organization	able ion from ed	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099		from the organization and related organizations
26) GARY VANDERPUTTEN	1.00										
BOARD MEMBER		X						C		0	0
27) SUSAN WHORISKEY	1.00									_	_
BOARD MEMBER		X			_			C		0	0
28) AMELIA WILSON	1.00	4						_		إ	
BOARD MEMBER	1 00	X		<u> </u>	├			C		9	0
29) MARC AGGER	1.00	x				1			ļ	٨	o
BOARD MEMBER (PARTIAL YEAR) 30) NANCY WEBSTER	40.00		\vdash	_	-	 			<u> </u>		
EXECUTIVE DIRECTOR	40.00			х				120,714.		0	33,489.
											
	 										
	+										
	+							-			
1b Sub-total	Section A						> >				
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose	liste	d a				eceived more than	\$100,000	of	
											Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheoo	cer, directo Iule J for su	or, or ch ind	r tru dividi	uste ual	е, ••.	key (emp	oloyee, or highes	t compens	ated	3 X
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	1 \$1	50,0	007	? /:	f "Ye:	s, "	complete Schedu	ıle J for	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mper te Sc	nsatı hedu	on ule s	fror J fo	n any r such	un per	nrelated organizati	on or indiv	ıdual 	5 X
Section B. Independent Contractors											
Complete this table for your five highest concompensation from the organization Report year	npensated i compensati	indep ion fo	ende r the	ent e ca	cor alen	ntracto dar ye	ors ear (that received more ending with or wit	e than \$10 hin the org	0,000 d anizatio	of on's tax
(A) Name and business ad	dress							(B) Description of se	ervices	((C) Compensation
							+				
							+				
O Tatal analysis of reduced the state of the			4 l	n .4 -	٠ ام	o +b-	<u> </u>	listed shares who	recound	325 Jrs	
2 Total number of independent contractors (more than \$100,000 in compensation from the				me	u t	ο της: 0	5 8	nsted above) who	received		

	990 (2 t VIII			RIDGE PARK	CONSERVANCY,	INC.	13-32776	55 1 Page 9
Lai	L VIII	Check if Schedule O co		ise or note to ar	nv line in this Part \	/III		·
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, Grants Amounts	1a b c	Federated campaigns Membership dues Fundraising events	1b	243,087. 629,708.				
Contributions, Gifts, and Other Similar A	d e	Related organizations Government grants (contributions, gifts,	1d utions) 1e	77,477.				
Contribu and Othe	g h	and similar amounts not included	n lines 1a-1f \$	1,173,477. 197,000.	2,123,749.			
venue	2a	PUBLIC PROGRAMMING		Business Code 713110	327,154.	327,154.		
Program Service Revenue	b c	MEMBERSHIP BENEFITS		713990	28,830.	28,830.		
ogram Se	d e f	All other program service rev	enue					
<u>.</u>	g 3	Total. Add lines 2a-2f	cluding dividen		355,984.		是一种一种 (18)	
	4 5	and other similar amounts). Income from investment of Royalties	tax-exempt bond	proceeds	293.		**************************************	293
	6a b	Gross rents	(i) Real	(II) Personal				
	c d 7a	Rental income or (loss) Net rental income or (loss Gross amount from sales of)	► (ii) Other	0			
	b	assets other than inventory Less cost or other basis	114,211.	(ii) Guioi				
	c d	and sales expenses Gain or (loss) Net gain or (loss)	115,794. -1,583.		-1,583.			-1,583
Other Revenue	8a	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	629,708. line 1c)	315,649.				
Other	b c 9a	Less direct expenses Net income or (loss) from fu Gross income from gaming	b ndraising events.		-36,148.			-36,148
	b	See Part IV, line 19 Less direct expenses Net income or (loss) from g	a b		0	The state of the s		
	10a	Gross sales of inventoreturns and allowances	ory, less					
	b b	Less cost of goods sold Net income or (loss) from sal Miscellaneous Reven	es of inventory	Business Code	0			
	11a b	OTHER		900099	1,380.			1,380
	d e	All other revenue Total. Add lines 11a-11d .	· · · · · · · · · · ·		1,380.	255 094		36.000
	12	Total revenue. See instruction	<u> 115</u>	<u></u> ▶	2,443,675.	355,984.		-36,058

Page · 10

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 resp			(C)	· · · · · · · · · · · · · · · · · · ·
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0		CANAL STATE	CANAGA SANA
5	Compensation of current officers, directors, trustees, and key employees	154,203.	111,076.	12,851.	30,276
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	613,766.	442,112.	51,147.	120,507
	Other salaries and wages	013,700.	772,112.	31,147.	120,307
0	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	120,576.	86,854.		23,674
10	Payroll taxes	105,581.	76,053.	8,798.	20,730
11	Fees for services (non-employees).				
	Management				
	Legal	22,065.	16,981.	1,515.	3,569
	Accounting	30,000.	30,000.		3,000
	Lobbying Professional fundraising services See Part IV, line 17.	82,400.	- 130,330	11 12 12 12 18 18	82,400
	Investment management fees	0			
	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	16,250.	12,506.	1,115.	2,629
12	Advertising and promotion	0		0.000	4 756
13	Office expenses	24,237.	17,461.	2,020.	4,756
14	Information technology	64,868.	64,868.		
15	Royalties	10,064.	7,250.	839.	1,975
16 17	Occupancy	0	,,		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	7,864.	5,664.	655.	1,545
20	Interest	0			
21	Payments to affiliates	0	20.050	2 721	0 701
22	Depreciation, depletion, and amortization	44,772. 23,229.	32,250. 16,733.	3,731. 1,936.	8,791 4,560
23	Insurance	23,229.	10, 133.	1,950.	4,300
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If			The state of the s	Programme and the second
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)		> 7x		14 1 30
а	PROGRAMMING DIRECT EXPENSE	423,640.	423,640.		
b	MEMBERSHIP & CONSITUENCY DEV	143,974.	113,186.		30,788
_	EVENTS	101,871.	71,309.		30,562
d	ONLINE DONATION TRANS. FEE	26,663.	19,206.		5,235
	All other expenses	10,696.	8,124.		1,805
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	2,026,719.	1,555,273.	97,644.	373,802
	fundraising solicitation Check here X if following SOP 98-2 (ASC 958-720)	143,170.	71,585		71,585

PAGE 12

art	X	Balance Sheet					
		Check if Schedule O contains a response or	note	to any line in this Pa	art X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			447,146.		660,939
	2	Savings and temporary cash investments			102,770.	2	128,041
		Pledges and grants receivable, net			O	3_	
		Accounts receivable, net	371,757.	4	542,018		
	5	Loans and other receivables from current and for	ormer	officers, directors,		\$ 12 m	TANK TAKEN
		trustees, key employees, and highest con	mpen	sated employees		ار الأولادي المصلى	
		Complete Part II of Schedule L Loans and other receivables from other disqualified perso			q	5	
	6	Loans and other receivables from other disqualified perso 4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volur organizations (see instructions) Complete Part II of Sched		6			
ASSEIS	7	Notes and loans receivable, net			0	7	
ŝ		Inventories for sale or use			C	8	
`	9	Prepaid expenses and deferred charges	,		40,229.	9	18,956
•	10 a	Land, buildings, and equipment cost or				17 34 4	
ı		other basis Complete Part VI of Schedule D	10a	281,171.			
1	b	Less. accumulated depreciation	10b	165,056.	70,696.		
	11	Investments - publicly traded securities			0	11	1,123
	12	Investments - other securities See Part IV, line 11.			C	12	
	13	Investments - program-related See Part IV, line 11		0	13		
1	14	Intangible assets			0	14	
•	15	Other assets See Part IV, line 11				15	1 467 100
٠	16	Total assets. Add lines 1 through 15 (must equal i			1,032,598.		1,467,192
	17	Accounts payable and accrued expenses			35,580.		58,188
1	18	Grants payable			1	18	· · · · · · · · · · · · · · · · · · ·
- 1	19	Deferred revenue				19 20	
	20	Tax-exempt bond liabilities			<u> </u>	21	
3 3	21	Escrow or custodial account liability Complete Pa				21	12/30 13/01/30 12 13
LIADIIILES	22	Loans and other payables to current and fo trustees, key employees, highest compens	rmer	onicers, directors,		<i>*</i>	
					1	22	The Theorem Market and the second
¯ ,	22	disqualified persons Complete Part II of Schedule Secured mortgages and notes payable to unrelate				23	
- 1	23 24	Unsecured notes and loans payable to unrelated the			C		
- 1	25	Other liabilities (including federal income tax, p				=-	
- '		parties, and other liabilities not included on lines					
١		of Schedule D			10,314.	25	5,357
	26	Total liabilities. Add lines 17 through 25			45,894.	26	63,545
		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and 3	check				4,4
1	27	Unrestricted net assets			693,503.	27	860,308
Ĭ	28	Temporarily restricted net assets			283,201.	28	533,339
3	29	Permanently restricted net assets			10,000.	29	10,000
Net Assets of Land Dalances		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	k here and		20. 12. 20. 13.		
2	30	Capital stock or trust principal, or current funds				30	
25	31	Paid-in or capital surplus, or land, building, or equi	ıpmen	t fund		31	
٤	32	Retained earnings, endowment, accumulated inco				32	
2	33	Total net assets or fund balances			986,704.		1,403,647
	34	Total liabilities and net assets/fund balances			1,032,598.	34	1,467,192

Form **990** (2014)

orm 99	Q (2014)			Paç	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		143,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		026,7	
3	Revenue less expenses Subtract line 2 from line 1	3		416,9	956.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		986,7	704.
5	Net unrealized gains (losses) on investments	5			-13.
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			Ō
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1			
		10	1,4	403,6	547.
Part					_
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		Щ
					No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			然	2.00 P. C.
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın 💢		
	Schedule O.		12.3		
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 com-	pıled	or Sign	, \$\frac{5}{4}\dagger\$	7
	reviewed on a separate basis, consolidated basis, or both			13,2	400.02
	Separate basis Consolidated basis Both consolidated and separate basis		- xx./gr.		2.2
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed or	າa 🖟 🧍	1.4.	
	separate basis, consolidated basis, or both		13.	15.72	الم وسيرية
	X Separate basis Consolidated basis Both consolidated and separate basis				, j.1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o			,,	
	of the audit, review, or compilation of its financial statements and selection of an independent according			X	
	If the organization changed either its oversight process or selection process during the tax year, ex	φlaın	in 🏳 🐎	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3755
	Schedule O.		1, 4.	. 1	- P
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın		ι,,
	the Single Audit Act and OMB Circular A-133?		3a	 _	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo 1	the		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud	lits	3 <u>b</u>		<u> </u>

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

Open to Public

Inspection

OMB No 1545-0047

BROOKLYN BRIDGE PARK CONSERVANCY, INC. 13-3277651 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C C Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization g Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 support (see listed in your governing other support (see above or IRC section instructions) document? instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2014

Total

Schedule A (Form 990 or 990-EZ) 2014

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.)

Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,168,585.	1,284,404.	1,226,909.	1,637,004.	2,123,749.	7,440,651.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	1,168,585.	1,284,404.	1,226,909.	1,637,004.	2,123,749.	7,440,651.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	1 1 28 9	1991 - 1991	X Service			849,400.
6	Public support. Subtract line 5 from line 4	\$ 30,5°		15	1877 <u>1877</u>	74.74.25	6,591,251.
Sec	tion B. Total Support					·	
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,168,585.	1,284,404.	1,226,909.	1,637,004.	2,123,749.	7,440,651.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,746.	1,595.	792.	422.	293.	10,848.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . ATCH. 1	17,982.		924.		1,380.	37,556.
11	Total support. Add lines 7 through 10	- Company	125.	, ,,	A	 	7,489,055.
12	Gross receipts from related activities, etc. ((see instructions)				12	792,974.
13	First five years. If the Form 990 is organization, check this box and stop here	·		nd, third, fourth,	, or fifth tax y∈	ear as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sur					Taa T	88.01%
14	Public support percentage for 2014 (line 6, column (1	r) divided by line	e 11, column (f))		15	87.97%
15	Public support percentage from 2013	Schedule A, Pa	art II, line 14	harran lana 42			
16a	331/3% support test - 2014. If the this box and stop here. The organizat						
	331/3% support test - 2013. If the	organization de	a publicly suppo 1 not check a b	ov on line 13	or 16a and line	- 15 is 331/3%	• •
D	check this box and stop here. The org	ranization qualif	ies as a publicly	supported oras	anization		▶ □
172	10%-facts-and-circumstances test -	2014. If the or	ganization did r	not check a box	on line 13, 16	a, or 16b, and l	ine 14 is
	10% or more, and if the organization Part VI how the organization meets	n meets the "fa	acts-and-circums	stances" test, cl	heck this box a	nd stop here. E	Explain in
b	organization	2013. If the or ganization meet to meets the	ganization did its the "facts-ar "facts-and-circu	not check a box id-circumstances mstances" test	x on line 13, 16 s" test, check t The organizati	Sa, 16b, or 17a, this box and st on qualifies as a	op here. a publicly
18	supported organization Private foundation. If the organizatio	n did not check	a box on line 13	3, 16a, 16b, 17a	a, or 17b, check	this box and see	, _
	instructions	<u></u>	<u> </u>	<u></u>			
						Schedule A (Form 9	990-EZ) 2014

Part III	Support	Schedule for	Organizations	Described in	Section 509	(2)(2)
r ait III	Support	Schedule for	Organizations	Described iii	Section 503	(4)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

	tion A. Public Support	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(A Total
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")		-				
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities				1		
	furnished in any activity that is related to the						
	organization's tax-exempt purpose		<u></u>				
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		-			†	
				· · · · · · · · · · · · · · · · · · ·		<u> </u>	
/ a	Amounts included on lines 1, 2, and 3						
ь	received from disqualified persons 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		1	S. 5-18-10-1	324 Y .	,	
8	Public support (Subtract line 7c from			2.42 m	12 C 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	194 S.	
	line 6)	- 1 MAN	Sept. 2 12 1	" " " " " " " " " " " " " " " " " " "	Marine Comment	1 1 1 1 1 1	
Sec.	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·	Г	т	 	
aler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 10 a	Amounts from line 6						
b	sources						
						1 1	
	section 511 taxes) from businesses					i	
	section 511 taxes) from businesses						
	acquired after June 30, 1975		-				
	acquired after June 30, 1975						
	acquired after June 30, 1975						
11	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
c 11	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
11	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
11	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
11	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11,						
11	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	the organization					
11 12 13 14	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	the organization					
11 12 13 14 Sec	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	the organization	age				
111 112 113 114 Sec:	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	the organization the or	age led by line 13, colui	mn (f))		15	
111 112 113 114 Sec 115	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Support percentage for 2014 (line 8 Public support percentage from 2013 Schero.	the organization pport Percent c, column (f) dividedule A, Part III, li	age led by line 13, colui ne 15	mn (f))		15	
111 112 113 114 Sec 115 116 Sec	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8 Public support percentage from 2013 Schetton D. Computation of Investment	oport Percent column (f) dividedule A, Part III, li	age led by line 13, coluine 15	mn (f))		15 16	
111 112 113 114 Sec 115	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	oport Percent column (f) dividedule A, Part III, II nt Income Per ine 10c, column	age led by line 13, coluine 15 rcentage (f) divided by line	mn (f))		15 16	
111 112 113 114 115 116 117 118	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	pport Percent c, column (f) dividedule A, Part III, II nt Income Per ine 10c, column Schedule A, Part	age led by line 13, coluine 15 rcentage (f) divided by line 1	mn (f))		15 16 17 18	▶∫
111 112 113 114 115 116 117 118	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	pport Percent c, column (f) dividedule A, Part III, II nt Income Per ine 10c, column Schedule A, Part	age led by line 13, coluine 15 rcentage (f) divided by line 1	mn (f))		15 16 17 18	▶∫
111 112 113 114 115 116 117 118	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	pport Percent column (f) dividedule A, Part III, II nt Income Per ine 10c, column Schedule A, Part ganization did n	age led by line 13, coluine 15 rcentage (f) divided by line 11, line 17 lot check the box	mn (f))	d line 15 is mo	15 16 17 18 re than 331/3 %, a	▶
111 112 113 114 115 116 117 118	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supplies Support percentage for 2014 (line 8 Public support percentage from 2013 Schotton D. Computation of Investment income percentage from 2013 331/3% support tests - 2014. If the or	pport Percent c, column (f) dividedule A, Part III, li nt Income Per ine 10c, column Schedule A, Part ganization did n is box and sto	age led by line 13, columne 15 rcentage (f) divided by line 17 lot check the box p here. The org	mn (f))	d line 15 is moi	15 16 17 18 re than 331/3 %, a supported organiz	and line
112 13 14 15 16 Sec 17 18	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Support percentage for 2014 (line 8) Public support percentage from 2013 Schetion D. Computation of Investment income percentage from 2013 331/3% support tests - 2014. If the or 17 is not more than 331/3%, check the	pport Percent c, column (f) dividedule A, Part III, II nt Income Per ne 10c, column Schedule A, Part ganization did not this box and sto anization did not this box and s	age led by line 13, columne 15	nn (f)) 13, column (f)) c on line 14, an anization qualifie line 14 or line 19 ganization qualifie	d line 15 is more as a publicly 9a, and line 16 ies as a publicly	15 16 17 18 re than 331/3 %, a supported organizes more than 331/3 supported organizes.	and line zation ► %, and zation ►

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
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	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	M	
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	3b		
С	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	3c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a	達	
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	4b	us feet to a	\$ 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
С	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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b	, t	, 72
6	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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also	5c	7 % Y	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	رُدِيرِي 6	1, 10 f	** A
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	104
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	32. · · ·	* (*)
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 .	′ 9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		٠,٧,٥ ٠
С	Did a disqualified person (as defined in line 9(a)) 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.	9c	, ;- ;	3
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below	 10a	, , , , , , , , , , , , , , , , , , ,	7.7°
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)	10b	·	<u> </u>

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	uster t	7-1-1/2
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	as Est	y y Salu	1 (5) 1 (1) 1 (1)
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		MAX.	遊場灣
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			3.55
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	36.5°		
	controlled the organization's activities. If the organization had more than one supported organization,		1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	7 3
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		5-1 X	13.3% ST
	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	16.5		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1873 ·	***	
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ار در ادر ادر ادر ادر ادر ادر ادر ادر اد	AT I	, , , , , , , , , , , , , , , , , , ,
	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	Bis.	شنائع	, Z.:
	the supported organization(s)	1		<u> </u>
Secti	on D. All Type III Supporting Organizations			
	Did the assessment as asset of its connected arganizations, by the last day of the fifth month of the	. N. r. 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, (1) a written notice describing the type and amount of support provided during the prior	- (867) (5) (3) (4)	130 m	,
	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of	- (30)	31 (*) 3. (*)	;
	the organization's governing documents in effect on the date of notification, to the extent not previously		1	. 2
	provided?	1	<u></u>	<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	, , ,	2.4	
	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)	28	^.^ ^	
		2	٠.	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			; *
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1	*	1 2
	supported organizations played in this regard		~	- *
C4:		3		
	on E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	4	ono)	
1	The organization satisfied the Activities Test Complete line 2 below	uucu	uis)	
a h	The organization satisfied the Activities rest <i>Complete line 2 below</i> The organization is the parent of each of its supported organizations <i>Complete line 3 below</i>			
b c	The organization is the parent of each of its supported organizations complete interest of the parent of each of its supported organizations. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	tions)		
·	The diganization supported a governmental chitiy. Describe in Fair Villon you supported a government chitiy (see institut		Yes	No
2	Activities Test Answer (a) and (b) below.	مېر در	132	100
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		40.00	, ,
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ر مريد آر	~	' · `,
	those supported organizations and explain how these activities directly furthered their exempt purposes,	Ę,	•	· ,
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2а	^{* -}	^^ ·''
	·	<u>-a</u>	37	,, ž
b		ŀ	٠,	1. 1.
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	, ,		
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	1	' '
_		20		5,85
3	Parent of Supported Organizations Answer (a) and (b) below.		1 .	1,40
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	 3a		**
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	<u> </u>	<u> </u>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		'-
	of its supported organizations / if Yes, describe in Part VI the fole played by the organization in this regard		000 5	7) 2044

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		_
7 Other expenses (see instructions)	7		-
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	38. 38.		
instructions for short tax year or assets held for part of year)	14.00		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	* x		
factors (explain in detail in Part VI)	13° 2		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	Committee of the state of the s	
2 Enter 85% of line 1	2	A COMMENT OF THE PARTY OF THE P	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	9, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,	
4 Enter greater of line 2 or line 3	4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
5 Income tax imposed in prior year	5	which is a set that the	
6 Distributable Amount Subtract line 5 from line 4, unless subject to		the strain of the	
emergency temporary reduction (see instructions)	6	Point 1973 - 20 7 - 10 2	1

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

Schedule A (Form 990 or 990-EZ) 2014

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	Page
	tion D - Distributions	<u>, , ,</u>	/	Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer		ted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets		-, -, , -, -	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			·
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is rest	onsive	
	(provide details in Part VI) See instructions	g		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	The same and the s		(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	14 10 10 1500 1888		
2	Underdistributions, if any, for years prior to 2014	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		文献的"四九"。 《新聞》
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014.	を立ては イスのの変更成め、	運動機 ニューペンテング	Car Company Company
а	· · · · · · · · · · · · · · · · · · ·	Company Company	1250 No. 100 No.	13-20-20-20-20-20-20-20-20-20-20-20-20-20-
b	the state of	27、经元、经济经济设施。	可能 可参加大学	1 - 1 40 818 2 04 W
С	The state of the s	Land Allegan State	and the state of	一个,然为《香港》
d	自然的强烈的复数 不然 阿洛索尔 医无线点		1 2 th 14 th 1 th 1 1	
е	From 2013	· · · · · · · · · · · · · · · · · · ·	100-1	1 1 2 2 1 2 1 2 1 2 1 3 1 3 1 3 1 3 1 3
f	Total of lines 3a through e		17 10 10	" Waste Chiles
g	Applied to underdistributions of prior years			- The state of the state of the
h	Applied to 2014 distributable amount	KINDS WAS SAND	', , xx ,	3 2 20 52 1 2 1 4
i	Carryover from 2009 not applied (see instructions)	San	13/8 mm 12 13	-25 6 Land 100 100 100 100 100 100 100 100 100 10
i	Remainder Subtract lines 3g, 3h, and 3i from 3f		Part of the State	or Kitheli College
4	Distributions for 2014 from Section	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	124 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A 1 3 5 5 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	D, line 7 \$			
а	Applied to underdistributions of prior years	La Service Land Company		3 1 2 4 4 7 3
b	Applied to 2014 distributable amount	Therein with the	25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
С	Remainder Subtract lines 4a and 4b from 4	4 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	() (m, p n () () ()	1 10 10 10 10 10 10 10 10 10 10 10 10 10
5	Remaining underdistributions for years prior to 2014, if	17 N 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7,27 - 7,374 48	, with the second
-	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015 Add lines 3	1 20 27 27		the and a finite
•	and 4c			
8	Breakdown of line 7	Garage Mar of March	The second section of the section of th	1 1 1 4 m 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a	The state of the s			2 - 50 com 2 com
_ <u>a</u>				e san jara antiga Roman Kanada an
_				
c d			and the second	- 100 mm 1
	Excess from 2013			
е	Excess from 2014	1 - 2 - 1 - 1 - 1 - 1 - 1		No Company of the

Schedule A (Form 990 or 990-EZ) 2014

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II	- OTHER INCOM	E			ATTACHMENT	
DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
OTHER INCOME	17,982.	17,270.	924.		1,380.	37,556.
TOTALS	17.982.	17,270.	924.		1,380.	37,556.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

► Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

 Section 527 organizations Complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations. Complete Part III. Employer identification number Name of organization 13-3277651 BROOKLYN BRIDGE PARK CONSERVANCY, INC. Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures.....▶\$ Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955, ▶\$ Enter the amount of any excise tax incurred by organization managers under section 4955 . . > \$ Yes No No Yes b If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV (d) Amount paid from (e) Amount of political (a) Name (b) Address (c) EIN filing organization's contributions received and funds If none, enter -0promptly and directly delivered to a separate political organization If none, enter -0-. (1) (2) (3) (4) (5) (6)

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

Schedule C (Form 990 or 990-EZ) 2014

Sch	edule C (Form 990 or 990-EZ) 2014 BROOK	LYN BRIDGE PARK CONSERVANCY,INC.	13-3	277651 Page 2
Pa	ort II-A Complete if the organization 501(h)).	on is exempt under section 501(c)(3) and	d filed Form 5768 (ele	ction under
A	Check ► if the filing organization name, address, EIN, exp	n belongs to an affiliated group (and list in P enses, and share of excess lobbying expen	art IV each affiliated g ditures)	roup member's
В	Check ▶ if the filing organization	n checked box A and "limited control" provis	sions apply	
	Limits on Lob	oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
4 -	· · · · · · · · · · · · · · · · · · ·			
		public opinion (grass roots lobbying)		··
	·	e a legislative body (direct lobbying)		
		a and 1b)		
		d base de and delv		
		d lines 1c and 1d)		
f		e amount from the following table in both		
	columns	T	1905 1 days 827 99, 0764 75, 0855	<u> </u>
	If the amount on line 1e, column (a) or (b) is			
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		AND PROPERTY OF COMMENT
•	•	5% of line 1f)		
ł	Subtract line 1g from line 1a If zero or	ess, enter -0		
	Subtract line 1f from line 1c If zero or le			
j	If there is an amount other than zero	on either line 1h or line 1i, did the organization	ation file Form 4720	
	reporting section 4911 tax for this year	<u> </u>		Yes No
		4-Year Averaging Period Under Section 501(h	•	
	(Some organizations that made	a section 501(h) election do not have to comp	lete all of the five colun	nns below.
	See	the separate instructions for lines 2a through	h 2f.)	
	Lob	bying Expenditures During 4-Year Averaging P	eriod	
	4	I I		

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total		
2a Lobbying nontaxable amount							
b Lobbying ceiling amount (150% of line 2a, column (e))	13						
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))	10.75 175 2 10.00 2 2 2 3 3 4						
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2014

Schedule.C (Fo	prm 990 or 990-EZ) 2014	Page
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)).	

Eor	(election under section 501(h)). each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(;	a)	(b)
	cription of the lobbying activity	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local		1 50 to 20 1 20 to 20 to	
	legislation, including any attempt to influence public opinion on a legislative matter or		22 As	
	referendum, through the use of.	57.5%	E.E.S	
а	Volunteers?	X	-	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	X	ng kalawan Mara Mara Mara Mara Mara Mara Mara Ma
C	Media advertisements?		$\frac{\lambda}{X}$	
d	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?	<u> </u>	X	
e f	Grants to other organizations for lobbying purposes?	<u> </u>	X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	$\overline{\mathbf{x}}$		22,271
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	, , , , , , , , , , , , , , , , , , ,
i	Other actuation?	Х		30,000
j	Total. Add lines 1c through 1i	S.	7)	52,271
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912	(A)	1800	
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	[33]	2,20	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			(4) 图 (4) 图 (4) 图 (4)
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)), or s	section
	501(c)(6).			1,2 1,2
	18/ that a think all (000/) dura are sound a sanda durabble by mark and 0			Yes No
1	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?			\cdots $\frac{1}{2}$
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?			
_	till-B Complete if the organization is exempt under section 501(c)(4), section 501			
Га	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"			
	answered "Yes."		,	
1	Dues, assessments and similar amounts from members			1
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo	unts	of	(h
	political expenses for which the section 527(f) tax was paid).			
а	Current year			2a
b	Carryover from last year			2b
C	Total			2c
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3 h + y -
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible l	obbyli	ng	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)			5
5	rt IV Supplemental Information	<u>· · · · · </u>] 3
	vide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliate	d aro	un lie	t) Part II-A lines 1 and
	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information	.u g.u	чр с	,, , are ii , , iii oo i araa
_ \-	,,,,,,,,			
SE	E PAGE 4			

Part IV Supplemental Information (continued)

PART II-B, LINE 1 (I) - LOBBYING ACTIVITIES

BROOKLYN BRIDGE PARK CONSERVANCY ("CONSERVANCY") ENGAGES A STRATEGIC

PLANNING AND GOVERNMENT RELATIONS FIRM WHICH PROVIDES SERVICES, INCLUDING

ADVOCACY ON POLICY ISSUES IMPORTANT TO BROOKLYN BRIDGE PARK ("PARK") AND

THE CONSERVANCY AS WELL AS ASSISTING THE CONSERVANCY IN ACQUIRING

FUNDING.

PART II-B, LINE 1 (A,B,G) - VOLUNTEERS, PAID STAFF

STAFF AND BOARD OCCASIONALLY MEET WITH ELECTED OFFICIALS TO DISCUSS

GOVERNANCE OF THE PARK AND FUNDING OF THE PARK AND THE CONSERVANCY.

SCHEDULE D (Form 990) ·

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Inspection

Employer identification number Name of the organization 13-3277651 BROOKLYN BRIDGE PARK CONSERVANCY, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register........... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Assets included in Form 990, Part X...... For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2014

Page	2
raye	_

<u>Pa</u> r	art III Organizations Maintaining Collections	of Art, Hi	storical T	reasure	s, or	Other Simila	ar Asser	ts (conti	nuea)_
_				. •	41 6	- 11			
3	3 3	nd other rec	ords, check	k any of	the f	ollowing that a	re a sign	lificant us	se of its
	collection items (check all that apply)	г	_						
а	——	d		or exchar	_				
b		е	Other						
C	L								
4	Provide a description of the organization's collection	ions and exp	olain how t	they furth	her th	e organization'	s exempt	t purpose	ın Part
	XIII								
5	<i>y</i> , ,							_	
	assets to be sold to raise funds rather than to be ma								No
Par	art IV Escrow and Custodial Arrangements. C			ızation a	answe	ered "Yes" to F	orm 990	D, Part IV	/, line 9,
	or reported an amount on Form 990, Pa	rt X, line 21							
1 a	a Is the organization an agent, trustee, custodian or								
	included on Form 990, Part X?						L	Yes	No
b	b If "Yes," explain the arrangement in Part XIII and co	omplete the f	following tab	ole _					
						A	mount		
C	c Beginning balance			[•	1c				
d	d Additions during the year			[1d				
е					1 -				
f									
2a	a Did the organization include an amount on Form 99					odial account lia	bility?	Yes	No
b	b If "Yes," explain the arrangement in Part XIII Chec	k here if the	explanation	has bee	n prov	nded in Part XIII		— 	
	art V Endowment Funds. Complete if the org	anization a	nswered "	Yes" to I	Form	990, Part IV,	line 10.		
	(a) Current year		rior year	(c) Two				(e) Four y	ears back
1 a	a Beginning of year balance								-
b	b Contributions								
	c Net investment earnings, gains,								
	and losses								
d	d Grants or scholarships	-							
	e Other expenditures for facilities								
_	and programs								
f	f Administrative expenses	.							
g		 				·			
2	——————————————————————————————————————	ar end balan	ce (line 1a.	column ((a)) he	eld as			
– a				,	(//				
h	b Permanent endowment ▶ %								
c	c Temporarily restricted endowment	%							
·	The percentages in lines 2a, 2b, and 2c should equ	_ ` `							
3a	Are there endowment funds not in the possession		zation that	are held	and a	administered for	the		
-	organization by	o o.g						ſΥ	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
h	b If "Yes" to 3a(ii), are the related organizations listed							3b	
4								<u> </u>	
	Part VI Land, Buildings, and Equipment.	THE CITE OF THE	down to the tal	-		-			
rai	Complete if the organization answered	"Yes" to Fo	rm 990, P	art IV, III	ne 11	a See Form 9	<u> 990, Par</u>	t X, line '	10
	Description of property (a) Co	ost or other basis	(b) Cost	or other bas other)	is	(c) Accumulated depreciation	(0	d) Book valu	е
1a		investment)	- '(c	otner)		depreciation			
b							<u> </u>		
C					\dashv				
d				156,86	6.	153,618.			3,248.
				124,30		11,438			2,867.
	e Other	Form 000 Do		<u>-</u>					$\frac{2,007.}{6,115.}$
ota	otal. Add lines 1a through 1e (Column (d) must equal	onn 990, Pa	ıı ∧, colul∏i	ιι (<i>Δ)</i> , ΙΙΙΙΘ	, 10(C)	<i>,,</i>	C+1		n 990) 2014
							ocned	מופ ה (בסווו	11 330) 2014

Schedule, D	(Form	9901	2014
Joint dance D	(1 01111	33U	2017

Part VII	Investments - Other Securities.	1 "Voc" to Form 000	Dort	t IV, line 11b See Form 990, Part X, line 12.
· · · · · · · · · · · · · · · · · · ·			, Pail	
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation Cost or end-of-year market value
(1) Financia	al derivatives		<u> </u>	
	-held equity interests			
(3) Other			ļ	
<u>(A)</u>				
			<u> </u>	
<u>(C)</u>				
<u>(D)</u>				
<u>(E)</u>				
<u>(F)</u>			l —	
<u>(G)</u>			├	
(H)	(A)		, 1707 Cally St	
	n (b) must equal Form 990, Part X, col (B) line 12)	<u>l</u>	13 87 74	Statement of the statem
Part VIII	Investments - Program Related.	d "Yes" to Form 990	Part	t IV, line 11c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	, r u. c	(c) Method of valuation
	(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)				
(2)		1	ļ	
(3)				
(4)			ļ	
(5)			<u> </u>	
(6)			 	
(8)			 	
(9)			 	
	n (b) must equal Form 990, Part X, col (B) line 13)		آرج ً	A STATE OF THE STA
Part IX	Other Assets.	<u> </u>	1.00	
Tarrix	Complete if the organization answere	d "Yes" to Form 990	, Parl	t IV, line 11d See Form 990, Part X, line 15.
		escription	<u> </u>	(b) Book value
(1)	177			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		 -		
(9)				
Total. (Col	umn (b) must equal Form 990, Part X, col (B)	line 15)		
Part X	Other Liabilities.			
		d "Yes" to Form 990	, Par	rt IV, line 11e or 11f. See Form 990, Part X,
	line 25			
1	(a) Description of liability	(b) Book valu	Je	
	ral income taxes			
(2) CAPI	TAL LEASE PAYABLE	5,	357.	
_(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			253	
	mn (b) must equal Form 990, Part X, col. (B) line 25		357.	
2. Liability t	for uncertain tax positions. In Part XIII, provide the	e text of the footnote to	the or	rganization's financial statements that reports the

BROOKLYN BRIDGE PARK CONSERVANCY, INC.

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII JSA 4E1270 1 000 8782IW M261

Schedule D (Form 990) 2014

X

Part	Réconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	1.	
1	Total revenue, gains, and other support per audited financial statements	1	2,828,007.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2.5	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 384,345.		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	384,332.
3	Subtract line 2e from line 1	3	2,443,675.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		·
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	(A. 138)	
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		2,443,675.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	ırn.	
1	Total expenses and losses per audited financial statements	1	2,411,064.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	25 5 5 4 2 5 5 5 5	
а	Donated services and use of facilities 2a 384,345.		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII)	> 2.,.	
е	Add lines 2a through 2d	2e	384,345.
3	Subtract line 2e from line 1	3	2,026,719.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	27.7	
a	Investment expenses not included on Form 990, Part VIII, line 7b	77.5	
b	Other (Describe in Part XIII)		
	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4c 5	2,026,719.
5		5	2,020,113.
Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa	art V fur	e 4 Part X line
2, Parl	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
	X, LINE 2 - LIABILITY FOR UNCERTAIN TAX POSITIONS		
AS O	F DECEMBER 31, 2014, NO AMOUNTS HAVE BEEN RECOGNIZED FOR TAX BENEFITS		
RESU	LTING FROM UNCERTAIN INCOME TAX POSITIONS. THE CONSERVANCY'S TAX		
RETU	RNS FOR 2011 AND FORWARD ARE SUBJECT TO THE USUAL REVIEW BY THE		
APPR	OPRIATE AUTHORITIES.		
			
			
		-	

Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Employer identification number Name of the organization 13-3277651 BROOKLYN BRIDGE PARK CONSERVANCY, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply e X Solicitation of non-government grants Mail solicitations а X | Solicitation of government grants Х b Internet and email solicitations X Special fundraising events C Phone solicitations X In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) (ii) Activity custody or control of from activity fundraiser listed in or entity (fundraiser) organization contributions? col (i) Yes No MK DIRECT MARKETING & COMMUNICATIONS LLC **Direct Response** 612 EAST JEFFERSON ST CHARLOTTESVILLE, VA 22902 Strategy & Execution Х 82,400 2 3 R 10 82,400 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing **NEW YORK**

Schedule G (Form 990 or 990-EZ) 2014

4E1281 1 000

•			YN BRIDGE PARK C	CONSERVANCY, INC.	13-	-3277651 .
	rt l	Fûndraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,0	nt contributions and gro			
			(a) Event #1 BLACK TIE BALL (event type)	(b) Event #2 SUNSET GALA (event type)	(c) Other events 3.	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts			138,242.	945,357
æ		Less Contributions	443,959.	124,120.	61,629.	629,708
	,	line 2)	144,081.	94,955.	76,613.	315,649
	4	Cash prizes				
Direct Expenses	5	Noncash prizes			· 	
	6	Rent/facility costs	69,800.	9,796.	380.	79,976
	7	Food and beverages	102,742.	50,647.	50,501.	203,890
	8	Entertainment	31,549.	6,782.		38,331
	9	Other direct expenses		29,600.		29,600
	10	Direct expense summary. Add lines of Net income summary. Subtract line	4 through 9 in column (d)		351,797 -36,148
Pa			anization answered "\			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				

ŀ	6 Volunteer labor
	7 Direct expense summary Add lines 2 through 5 in column (d)
	8 Net gaming income summary Subtract line 7 from line 1, column (d)
	Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? If "No," explain Yes No
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?YesNo If "Yes," explain
	Schedule G (Form 990 or 990-EZ) 2014

11	BROOKLYN BRIDGE PARK CONSERVANCY, INC. 13-3277651
11	ule G (Form 990 or 990-EZ) 2014 Page 3
	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in
а	The organization's facility
	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party
	Name ▶
	Address ►
16	Gaming manager information:
	Marca N
	Name ▶
	Gaming manager compensation ► \$
	Canning manager compensation P V
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
a b	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
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SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. **Open to Public**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

BROOKLYN BRIDGE PARK CONSERVANCY, INC.

13-3277651

Part	Questions Regarding Compensation				
			Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form		\$4.		
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence		1,3%	4.5.	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		**************************************		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	137,50	7 7 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3000	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	18 M		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all				
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	- £ . i.	5 y 32 c	223	
J	organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a			,	
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III	3,7	1		
	X Compensation committee Written employment contract	13,47	- 332	3	
	Independent compensation consultant X Compensation survey or study	30.00		8	
	X Form 990 of other organizations X Approval by the board or compensation committee		12 24 1	1.7 1 1.7 1	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	1 2	\$5\$ 1	3 (
-	organization or a related organization	*	, , , , , , , , , , , , , , , , , , ,	ځ. د شد	
а	Receive a severance payment or change-of-control payment?	4a		X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III				
		5.6	, ¾ ×		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.	٠,	۶,	, , , ,	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		·	, , 4	
	compensation contingent on the revenues of	. s	-		
a	The organization?	5a		$\frac{x}{x}$	
ь	Any related organization?	5b	۲.		
_	If "Yes" to line 5a or 5b, describe in Part III.		,		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		3,1		
_	compensation contingent on the net earnings of				
a	The organization?	6a		X	
b	Any related organization?	6b			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	1.0 3.6)	£'	
•	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		х	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	-		<u> </u>	
•	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe				
	in Part III	8		х	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			,94	
	Regulations section 53 4958-6(c)?	9	'	~	

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

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

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

For each individual whose compensation must be reported in 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 are not 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

Individual	-							
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	ın column (B) reported as deferred ın pnor Form 990
NANCY WEBSTER	E	120,714.	0	0		33,489.	154,203.	
ECTOR	⊥ E	0	0	0				
	€							
2	(II)							
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16	(11)							
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8782IW M261 JSA 4E1291 1 000

Schedule J (Form 990) 2014

Page 3

Complete this part to 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 Part III Supplemental Information

Schedule J (Form 990) 2014

PAGE 42

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

13-3277651

BRO	OKLYN BRIDGE PARK CONSER	VANCY, II	NC.		13-327765:	L		
Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method o			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests					****		
4	Books and publications		是一个最近中心的智慧的教					
5	Clothing and household							
	goods	Χ		1,47	O. SALES PR	ICE		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	5.	116,93	0. FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other				-			
18	Collectibles	X		EO 47	O. FMV			
19	Food inventory	Х	4.	50,47	U. FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens			·				
24	Archeological artifacts	X	19.	28,13	0			
25	Other ► (ATCH 1)		15.	20,13	-			
26	Other ►()							
27 28	Other ►() Other ►()			<u></u>				
28	Number of Forms 8283 received	by the ora	anization during the tax ve	ear for contributions f	or			
25	which the organization completed f		-					
	which the organization completed i	01111 0200,	, art iv, bonce /teknowiedg		• =====================================		Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I.	lines 1 through	3.5	·,	,
	28, that it must hold for at least th			•	-	25	***	الله الله الله الله الله الله الله الله
	to be used for exempt purposes for	•				30a		X
b	If "Yes," describe the arrangement in					-(;		700
31	Does the organization have a		tance policy that require	s the review of an	y non-standard	, ° , , ,		17 x x 1.
-	contributions?					31		x
32a	Does the organization hire or use							
	contributions?	•				32a		X
b	If "Yes," describe in Part II						-	,··
33	If the organization did not report ar	amount in	column (c) for a type of pro	perty for which colum	n (a) is checked,		-,	
	describe in Part II	-		· ·		1	ę	

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

Schedule M (Form 990) (2014)

Part II

Supplemental Information. Complete this part to 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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
GOODS/SERVICES	х	4.	11,200.	SALES PRICE
VACATION	х	2.	8,500.	SALES PRICE
SPORTS/ENTERTAINMENT	х	10.	7,680.	SALES PRICE
RESTAURANT	х	3.	750.	SALES PRICE
TOTALS	- =	19.	28,130.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Name of the organization

BROOKLYN BRIDGE PARK CONSERVANCY, INC.

Employer identification number

13-3277651

FORM 990, PART VI, SECTION A, LINE 4

THE CONSERVANCY AMENDED ITS BY-LAWS DURING 2014. SIGNIFICANT CHANGES
INLCUDED THE FOLLOWING:

- ARTICLE 5 AMENDED TO DEFINE THE ENTIRE BOARD AS THE NUMBER OF DIRECTORS THAT WERE ELECTED AS OF THE MOST RECENTLY HELD ELECTION OF THE DIRECTORS.
- ARTICLE 6 AMENDED TO SEPERATE THE AUDIT AND FINANCE COMMITTEES AND CLARIFY DUTIES, CHANGE "GOVERNANCE COMMITTEE" TO "NOMINATING COMMITTEE", AND CLARIFY OTHER "COMMITTEES" AS "COMMITTEES OF THE CORPORATION."
- ARTICLE 7 AMENDED TO CLARIFY NO ONE PERSON SHALL HOLD THE OFFICE OF EXECUTIVE DIRECTOR AND CHAIR OR VICE CHAIR. IN ADDITION, NO EMPLOYEE OF THE CONSERVANCY MAY SERVE AS CHAIR OR VICE CHAIR.

FORM 990, PART VI, SECTION B, LINE 11

THE AUDIT COMMITTEE REVIEWS THE AUDITED FINANCIAL STATEMENTS AFTER WHICH THEY ARE PRESENTED TO THE LARGER BOARD. FORM 990 IS PREPARED AFTER AUDIT COMPLETION AND BOARD APPROVAL OF THE FINANCIAL STATEMENTS. FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING, BASED ON AUDIT COMMITTEE RECOMMENDATION AND APPROVAL.

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

COMPLIANCE IS SELF-POLICING UNLESS CONFLICT IS APPARENT AND VISIBLE, THEN

THE CONSERVANCY WOULD TAKE ACTION.

Employer identification number 13-3277651

FORM 990, PART VI, SECTION B, LINE 15

COMPENSATION FOR THE EXECUTIVE DIRECTOR AND DEPUTY DIRECTOR IS DETERMINED

BY A COMMITTEE OF THE BOARD OF DIRECTORS USING THE NONPROFIT COORDINATING

COMMITTEE OF NEW YORK (NPCC) SALARY SURVEY AND OTHER PUBLISHED

COMPARATIVE ANALYSES APPLICABLE TO NOT-FOR-PROFIT ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19

THE CONSERVANCY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART I, LINE 5 & PART V, LINE 2A

THE CONSERVANCY HAS AN EMPLOYMENT MANAGEMENT AGREEMENT WITH A

PROFESSIONAL EMPLOYER ORGANIZATION ("PEO") THAT PROVIDES A COMPREHENSIVE

PERSONNEL MANAGEMENT SYSTEM ENCOMPASSING A BROAD RANGE OF SERVICES,

INCLUDING BENEFITS AND PAYROLL ADMINISTRATION, HEALTH, WORKER'S

COMPENSATION INSURANCE PROGRAMS, PERSONNEL RECORDS MANAGEMENT, EMPLOYER

LIABILITY MANAGEMENT, ETC.