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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)

OM9 No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or th	e 2016 calendar year, or tax year beginning , 2016	, and ending		, 20
$\overline{}$		C Name of organization		D Employer identific	ation number
<b>B</b> C	heck if ap	BROOKLYN BRIDGE PARK CONSERVANCY, INC.		13-327765	51
	Addres				
	7 -	Number and street (or P O box if mail is not delivered to street address)	E Telephone number	<del></del>	
	Initial	224 EVENAN CORPER	(718) 802-0	0603	
-	Final r	· · · · · · · · · · · · · · · · · · ·	<u> </u>	1,120,000	
$\vdash$	Lermin Amend	ated		G Gross receipts \$	2,852,938.
$\vdash$	return Applic		··	H(a) Is this a group ret	
<u></u>	pendin	19		subordinates?	
		SAME AS C ABOVE	<del></del>	H(b) Are all subordinates	
		empt status	or 527	<b></b>	st (see instructions)
		e: ▶ WWW.BROOKLYNBRIDGEPARK.ORG		H(c) Group exemption	
_		of organization X Corporation Trust Association Other	L Year of forr	mation 1985 M State	e of legal domicile NY
Pa	art I	Summary		<del></del>	
	1	Briefly describe the organization's mission or most significant activities. TO EN	SURE THE C	REATION, ADEQ	UATE
8		FUNDING, PROPER MAINTENANCE, PUBLIC SUPPORT, AN	D CITIZEN	ENJOYMENT	<del></del>
nan		OF BROOKLYN BRIDGE PARK.			
Governance	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispose	ed of more than 2	5% of its net assets	
တိ	3	Number of voting members of the governing body (Part VI, line 1a)			26.
∞ಶ		Number of independent voting members of the governing body (Part VI, line 1b)			26.
Activities		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			33.
₹		Total number of volunteers (estimate if necessary)			1,850.
Ą	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			0.
	_ <u>~</u>	The amended bearings to be a second of the s	<del> </del>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,846,606.	2,129,952.
Revenue			410,044.		
9		Program service revenue (Part VIII, line 2g)		415,778. -291.	127.
æ	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	• • • • • • • •	-129,119.	-135,872.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,132,974.	2,404,251.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, cotumn (A): ine (2) F	<del>) · <u>-</u> :                                  </del>	0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	ᅲ	0.	0.
	1	Benefits paid to or for members (Part IX, column (A), Infe@)	7∙   જુ.  -	1,163,449.	1
es Ses	15	Salaries, other compensation, employee benefits (Part X350 Jumn (A), lines 528)	'·   S:  ·  -		
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>→</b> ~	111,677.	122,132.
ᄶ	b	Total fundraising expenses (Part IX, column (D), line 25 ► OGD4371 985			
	17/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)-	<del></del> /	1,160,356.	<u></u>
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,435,482.	<u> </u>
	19	Revenue less expenses Subtract line 18 from line 12	<u></u>	-302,508.	12,392.
3 OI	20 21 22		Be	ginning of Current Year	End of Year
set alar	20	Total assets (Part X, line 16)		1,240,211.	1,161,321.
₽ B B	21	Total liabilities (Part X, line 26)		139,059.	47,777.
<u>  원</u>	22_	Net assets or fund balances Subtract line 21 from line 20	<u></u>	1,101,152.	1,113,544.
Pa	rt II	Signature Block			
Und	der pen	natures of perjury, I declare that I have examined this return, including accompanying schedules and specific property (athor than of property (athor than of property (athor) in board as all information of which	ules and statements	s, and to the best of my	knowledge and belief, it is
Liue	s, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of whi	ich preparer has an	y knowledge	
		1/1/20		5-/	5-17
Sig		Signature of officer	, <b>(</b>	Date	
He	re	Naux Webster Executive III	rector		
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature	MAY 12	2017 Check If	PTIN
Paic -			MAI 12	2017 Check if self-employed	P00183769
	parer	Firm's name CONDON O'MEARA MCGINTY & DONNILLY L		Firm's EIN ▶ 13-	3628255
Use	Only	Firm's address ONE BATTERY PARK PLAZA, NEW YORK, NY 10004-1405	<del></del>		-661-7777
Mav	the if	RS discuss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·	1	. X Yes No
<u>-</u> -		work Reduction Act Notice, see the separate instructions.	<del></del>	<del></del>	Form 990 (2016)

JSA 6E10101000 8782IW M261

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Part	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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_		
. 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			х
4	candidates for public office? If "Yes," complete Schedule C, Part I	3	-+	
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	H		
9	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	: l	х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
•	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		Χ'
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		Х
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		,	
	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,			
	VII, VIII, IX, or X as applicable.	2013		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		ا أ	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_^_
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		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		x
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		<u> </u>
•	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	1		
. <u></u> u	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
14a	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	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			l <u></u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			٠,
	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		J.	
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	<b> </b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	х	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ.	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		х
	If "Yes," complete Schedule G, Part III	13		

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Part	Checklist of Required Schedules (continued)		Yes	No
00-	Did the assessmenting assessment assessment facilities 2 M // co // complete Cabady to 1	200	168	X
20a 'b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<u> </u>
	If "Yes" to line 2Oa, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<del></del>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<del></del> -
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		<del> </del>
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			<del></del> -
•	to defease any tax-exempt bonds?	24c		}
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		25a		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	* ( 54)	-	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			724 12
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	]		
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			.,
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<del> </del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			<sub>v</sub>
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		X
22	Part I	31		<del>                                     </del>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		x
22	complete Schedule N, Part II	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
34	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del> </del>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000	<del>                                     </del>	
D		35b	]	j
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		$\vdash$	
55	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>		
J.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1		
	Part VI	37	l	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<del>                                     </del>		
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	x	ł
	The second secon			(2016)

Par	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			1
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		ł	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	. 5		
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 33		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	نستست
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		F 3 2 3 1	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	40		Х
L	account)?	4a		
D	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
5.2	(FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1_		v
	required to file Form 8282?	7c	energy.	X
	If "Yes," indicate the number of Forms 8282 filed during the year	1		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h		
.,,	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
٠	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1200		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	140h			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			220
	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]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	970	W. S.C.
а	Is the organization licensed to issue qualified health plans in more than one state?	134		
L	Note. See the instructions for additional information the organization must report on Schedule O.			
D	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			
^	40-			
	Enter the amount of reserves on hand	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
<del></del> -				

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 No Yes 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 2 **b** 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 2 2 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. Х 8a a The governing body?..... X 8b b Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . 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 . . . Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? . . . . . . . . . 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 filling the form?. b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c Х 13 13 Did the organization have a written whistleblower policy?.......... 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? Х 15a Х 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 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 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request 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 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 (718) 802-0603 20 JSA

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

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,	unles	Pos neck ss pe	erson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	1 14 ==	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)MARK BAKER	3.00									
CHAIR	0.	x		х				٥.	0.	0.
(2)H. CLAUDE SHOSTAL	1.00								<u></u>	
VICE CHAIR	0.	х		х				٥.	0.	0.
(3)RACHEL HINES	2.00		<del> </del>		H		<u> </u>			
TREASURER	0.	х		Х				٥.	0.	0.
(4)PENELOPE CHRISTOPHOROU	2.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(5)MATTHEW AMMIRATI	1.00									
BOARD MEMBER (FORMER)	0.	Х						0.	0.	0.
(6)BRENDAN COBURN	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(7)CHRIS COFFEY	1.00									
BOARD MEMBER	0.	Х			l			0.	0.	0.
(8)MICHAEL CRANE	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(9)NANCY BOWE	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(10)JOHN DEW	1.00									_
BOARD MEMBER	0.	Х			ļ			0.	0.	0.
(11)STEPHEN DIETZ	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(12)BRENDAN J. DUGAN	1.00									-
BOARD MEMBER (FORMER)	0.	X_						0.	0.	0.
(13)STEVEN EISENSTADT	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(14)KATHLEEN ELSESSER	1.00									
BOARD MEMBER	0.	X					<u> </u>	0.	0.	0.
										Eart 990 (2016)

Pag	e	8

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and l	Hig	hest Compensat	ed Employees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related	box,	unles er and	Pos heck ss pe	rson Irrec	e than o is both tor/trus	an tee)	(D) Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
•	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
15) MARISA FARINA	1.00									
BOARD MEMBER	0.	X		_	<u> </u>	<u> </u>	L.	0.	0.	0.
16) LUKE FICHTHORN	1.00	]	ļ '		Ì	i				
BOARD MEMBER	0.	X			<u>L</u>	<u> </u>	L	0.	0.	0.
17) KARA HAILEY	1.00	1	ł	ł	l	ł	1	ì	{	
BOARD MEMBER	0.	X	L_	_		<u> </u>	L	0.	0.	0.
18) DICK DADEY	1.00	]		1	1	}		1		
BOARD MEMBER (FORMER)	0.	X			L	<u>L_</u>	<u> </u>	0.	0.	0.
19) KAREN AUSTER	1.00	j						]		
BOARD MEMBER	0.	Х		_	\ 	Ì	_	0.	0.	0.
20) PETER EBRIGHT	1.00						Γ			
BOARD MEMBER	0.	X	ĺ	(	1	ĺ	1	0.	0.	0.
21) PETER MEYER	1.00			$\Box$	Γ					
BOARD MEMBER	0.	Х	ì	ł	ĺ	ì	Ì	0.	0.	0.
22) SARAH ROBERTSON	1.00									
BOARD MEMBER (FORMER)	0.	X	Ì			Ì	ł	0.	0.	0.
23) SUSI YU	1.00	-								
BOARD MEMBER	0.	х	}			}		0.	0.	0.
24) PETER STEINBERG	1.00	<b> </b>	T -		1	1				
BOARD MEMBER	0.	x	ì	l	l			0.	0.	0.
25) GARY VANDERPUTTEN	1.00	<u> </u>	<u> </u>	┢	1	1				
BOARD MEMBER	†ō.	X						0.	0.	0.
1b Sub-total	·						_	0.	0.	0.
c Total from continuation sheets to Part VII, S	ection A		• •	• •	• •	• • •		257,584.	0.	78,683.
d Total (add lines 1b and 1c)					• •			257,584.	0.	78,683.
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose					o re	<del> </del>	\$100,000 of	<del></del>
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15 • • •	50,0 • •	0007	? /i	f "Ye: 	s," •••	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

Probability Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.



nployees (c	Page 8
(E)	(F)
eportable	Estimated
ensation from	amount of
related	other
anizations	compensation
(1099-MISC)	from the
,	organization
	and related
ŀ	organizations
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	0
0.	0.
0.	0.
	<del></del>
0.	0.
0.	0.
0.	39,962.
0.	38,721.
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000 of	
	Yes No
pensated	
ipensaleu	3 X
from the	
for such	
	4 X
individual	
murvidual	5 X
• • • • •	5 X
¢100 000 -	<u> </u>
\$100,000 o	
organizatioi	is lax
	(C)
	161

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	yee	es,	and I	ligi	hest Compensat	ed Employees (d	continued	1)	
(A) Name and title	(B) Average hours per week (list any hours for				an	(D)  Reportable compensation from	(E) Reportable compensation from related	Esti amo o	(F) imated ount of ther ensation			
•	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	m the nization related nizations	
26) SUSAN WHORISKEY	1.00	4										
BOARD MEMBER	0.	X						0.	0.	ļ	(	0.
27) AMELIA WILSON	1.00	4										^
BOARD MEMBER 28) SOPHIE FERRER	1.00	Х	Н		ļ	├	-	0.	0.			0.
BOARD MEMBER	} <del></del> 0.	x			1	1		0.	٥.			Ο.
29) SYVANA DURRETT	1.00	_ ^		-	ļ		├	· · · · · ·	0.	<del> </del>	<del></del>	<u>-</u>
BOARD MEMBER	0.	x						0.	٥.		(	ο.
30) GRAVES TOMPKINS	1.00											_
BOARD MEMBER	0.	Х			l			0.	0.	l	(	Ο.
31) NANCY WEBSTER	40.00											_
EXECUTIVE DIRECTOR	0.	]		Х				149,864.	0.	] 3	39,962	2.
32) RICHARD LOYD DEVELOPMENT DIRECTOR	40.00					х		107,720.	0.		38,721	1.
	<u> </u>	]		Ì			1					
		ļ	_	_	<u> </u>							
	<b></b>	1						•				
	<del> </del>	ļ			ļ		<u> </u>					
	<del> </del>	4					1		1	ļ		
		<del> </del>	-	-	-		┢					
	<del> </del>	1										
1b Sub-total	I	1	<u> </u>	ı	<u> </u>	Ц	<u> </u>					
1b Sub-total c Total from continuation sheets to Part VII, S	ection A	• • •	• •	• •	• •							
d Total (add lines 1b and 1c)	_						•					_
2 Total number of individuals (including but not	limited to t						o re	ceived more than	\$100,000 of			
reportable compensation from the organization	<u>n</u> ▶	2	2						·			
											Yes N	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	er, directoule J for suc	or, or ch ind	tru Ividi	uste ual	e, 	key e	emp	oloyee, or highes	t compensated	3	X	ζ
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	0,0	007	. If	"Yes	5,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y										5		ζ
Section B. Independent Contractors	_											

Complete this table for your five highest compensated independent contractors that received more than compensation from the organization Report compensation for the calendar year ending with or within the year

(A) Name and business address	(B) Description of services	(C) Compensation

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

_		Check if Schedule Occ	ontains a respon	ise or note to ar	ny line in this Part \	<u> </u>	<u></u>	<u> </u>
•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
के क	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1 1	188,433.	<b>ļ</b> .	ļ-		ļ
A, G	c	Fundraising events	1 . 1	1,128,690.	]			
a 를	d	Related organizations	1 1		<b>,</b> ,			
ž, i		Government grants (contribu		126,398.	]			
활동	f	All other contributions, gifts,	' I I					]
들		and similar amounts not included	- 1 1	686,431.				
a di	g	Noncash contributions included i	ın lines 1a-1f \$	84,593.	-			
	h	Total. Add lines 1a-1f	<u> </u>	▶	2,129,952.			
ã			,	Business Code			- 1 - 1 - 1 - 1 - 1 - 1	7.1.
9.0	2a	PUBLIC PROGRAMMING		713110	383,475.	383,475.		
æ	b	MEMBERSHIP BENEFITS		713990	26,569.	26,569.		
ž	С	<del></del>		ļ <u></u>				
Š	d							
Ea	e							
Program Service Revenue	f	All other program service rev				Digital and the second of the second	100 M No. 100 PERS 1 NO.	2 M 2 2 No. 194 (1992) 14 4
	9	Total. Add lines 2a-2f			410,044.	WASHIT T		
	3	·	cluding dividen	_		1		
		and other similar amounts).			90.			90.
	4	Income from investment of			0.			<del></del>
	5	Royalties	(ı) Real	(II) Personal	0.			PORTON PORTON TO
			······································	(II) Personal				
	6a	Gross rents	<u> </u>					
	þ	Less rental expenses	<del></del>					
	C	Rental income or (loss)	L		0.			
	d	Net rental income or (loss).  Gross amount from sales of	(i) Securties	(II) Other				
	'"	assets other than inventory	5,459.	(1) 0 21 131				
	Ь	Less cost or other basis	57105.					
	"	and sales expenses	5,422.					
	_	Gain or (loss)						
	d	Net gain or (loss)			37.			37.
•	8a	Gross income from fundra			F-67		644.784 <b>9</b> 23.48	
Other Revenue		events (not including \$1						
Şe Çe		of contributions reported on						
7		See Part IV, line 18		306,851.				
Ę	ь	Less direct expenses		443,265.				
_	c	Net income or (loss) from fu	ndraising events.	<u></u>	-136,414.			-136,414.
	9a	Gross income from gaming	activities.					
	İ	See Part IV, line 19	a					
	b	Less direct expenses			Property Contraction	APPLY 1885		2 2 m 2 2 m
	C	Net income or (loss) from g	aming activities.	<u> ▶</u>	0.	. 2 20 22 22 23	maglioning groups as a series to be for the second	14 /4 2 W 27 22
	10a	Gross sales of invento						
		returns and allowances	-					
	b	Less: cost of goods sold	b			17.		13 10 10 10 10 10
		Net income or (loss) from sal		Business Code	0.			Chille St. Janes Co.
						Caracra Can Martinal S		5
	11a	OTHER		900099	542.	<del></del>		542.
	b							<del></del>
	C		<del> </del>					
	d	All other revenue						
	12 e	Total Property See unstruction			542.		<u> </u>	3.2
	12	Total revenue. See instruction	112	<u> </u>	2,404,251.	410,044.		-135,745.

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## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all colu	mns All other organizations must o	omplete column (A)

Check if Schedule O contains a response or note to any line in this Part IX								
. Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1 Grants and other assistance to domestic organizations								
and domestic governments. See Part IV, line 21	0.							
2 Grants and other assistance to domestic			9	,				
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	0.							
4 Benefits paid to or for members	0.			·, ·				
5 Compensation of current officers, directors,								
trustees, and key employees	189,826.	146,655.	13,507.	29,664.				
6 Compensation not included above, to disqualified								
persons (as defined under section 4958(f)(1)) and								
persons described in section 4958(c)(3)(B)	0.							
7 Other salaries and wages	698,315.	539,503.	49,689.	109,123				
8 Pension plan accruals and contributions (include		<del></del>						
section 401(k) and 403(b) employer contributions)	0.							
	165,781.	128,079.	11,796.	25,906.				
	119,851.	92,594.	8,528.	18,729.				
10 Payroll taxes		32,00%						
11 Fees for services (non-employees):	0.1							
a Management	0.							
b Legal	22,025.	13,321.	690.	8,014				
c Accounting	60,000.	36,287.	1,880.	21,833				
d Lobbying	122,132.	30,207.	1,000.	122,132				
e Professional fundraising services See Part IV, line 17.	0.	· · · · · · · · · · · · · · · · · · ·		122,132.				
f Investment management fees		<del></del>						
<b>9</b> Other (If line 11g amount exceeds 10% of line 25, column	57 200	57 200 l						
(A) amount, list line 11g expenses on Schedule O),	57,289.	57,289.						
12 Advertising and promotion			2 000	4 607				
13 Office expenses	29,484.	22,779.	2,098.	4,607				
14 Information technology	56,020.	56,020.						
15 Royalties	0.							
16 Occupancy	9,530.	7,363.	678.	1,489				
17 Travel	0.							
18 Payments of travel or entertainment expenses								
for any federal, state, or local public officials	0.		· · · · · · · · · · · · · · · · · · ·					
19 Conferences, conventions, and meetings	7,499.	5,794.	533.	1,172				
20 Interest	0.							
21 Payments to affiliates	0.			·				
22 Depreciation, depletion, and amortization	78,212.	73,406.	1,504.	3,302				
23 Insurance	23,891.	18,458.	1,700.	3,733				
24 Other expenses Itemize expenses not covered								
above (List miscellaneous expenses in line 24e If								
line 24e amount exceeds 10% of line 25, column	,							
(A) amount, list line 24e expenses on Schedule O)								
a PROGRAMMING DIRECT EXPENSES	473,535.	473,535.						
MEMBERSHIP & CONSITUENCY DEV	137,150.	85,275.		51,875.				
c EVENTS	100,676.	70,473.		30,203				
dONLINE DONATION TRANS. FEE	31,907.	24,651.	2,270.	4,986				
	8,736.	5,987.	1,582.	1,167				
e All other expenses Add lines 1 through 24e	2,391,859.	1,857,469.	96,455.	437,935				
25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the	2,331,003.	1,001,409.	50,355.	15,755				
organization reported in column (B) joint costs								
from a combined educational campaign and								
fundraising solicitation Check here X If following SOP 98-2 (ASC 958-720)	108,446.	54,223.		54,223				
JSA	100,440.	34,243.		Form <b>990</b> (2016				

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Part X Balance Sheet
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		Check if Schedule O contains a response or note to any line in the	nis Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	542,911	1	480,179.
ı	2	Savings and temporary cash investments	28,114	. 2	183,183.
- }	3	Pledges and grants receivable, net	0	. 3	0.
-	4	Accounts receivable, net	306,504	. 4	214,669
- }	5	Loans and other receivables from current and former officers, directo	rs	. ::	であると、 はった はっかい できる (本)
		trustees, key employees, and highest compensated employee			是是 医乳管性 电流
-		Complete Part II of Schedule I	0	. 5	0
	6	Loans and other receivables from other disqualified persons (as defined under sect	ion I and the same	7-7-16	المنافقة عالمية المناف المناف المنافة
-		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employ and sponsoring organizations of section 501(c)(9) voluntary employees' benefici	ers		
		organizations (see instructions) Complete Part II of Schedule L	aly 0	. 6	0
Sees	7	Notes and loans receivable, net		. 7	0
25	8	Inventories for sale or use		. 8	3,359
١,	9	Prepaid expenses and deferred charges	12,010		6,134
	10a	Land, buildings, and equipment cost or	132 1 To 1344	1774	- HOLLIE BARY
-		other basis. Complete Part VI of Schedule D 10a 582, 83	24.	177	
	b	Less accumulated depreciation	27. 349,145	. 10c	273,797
-	11	Investments - publicly traded securities			0.
	12	Investments - other securities. See Part IV, line 11		. 12	0
- 1	13	Investments - program-related See Part IV, line 11	0	13	0.
	14	Intangible assets		- 14	0
- 1	15	Other assets See Part IV, line 11		15	0
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)	• • • • • • • • • • • • • • • • • • • •		1,161,321
-	17	Accounts payable and accrued expenses			45,372
- 1	18	Grants payable	• •	. 18	0
- 1	19	Deferred revenue	• •	. 19	2,405
- 1	20	Tax-exempt bond liabilities	• •	_	0
- 1	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	. 21	0.
	22	Loans and other payables to current and former officers, directo		<del>-</del>	Eligense with all
LIADIIILLES		trustees, key employees, highest compensated employees, a		المرم ـــــــــــــــــــــــــــــــــــ	
5		disqualified persons. Complete Part II of Schedule L		. 22	0
֓֞֜֞֜֞֜֞֜֞֜֞֜֜֞֓֓֓֡֡֜֞֜֡֓֓֡֡	23	Secured mortgages and notes payable to unrelated third parties		. 23	0.
Ų	24	Unsecured notes and loans payable to unrelated third parties		. 24	0.
	25	Other liabilities (including federal income tax, payables to related this		<del> </del>	
1		parties, and other liabilities not included on lines 17-24) Complete Part	!	1	
-		of Schedule D		. 25	0.
- {	26	Total liabilities. Add lines 17 through 25	139,059		47,777.
7		Organizations that follow SFAS 117 (ASC 958), check here X a	nd	7,75	Carlotte State
3		complete lines 27 through 29, and lines 33 and 34.		1 124	
1	27	Unrestricted net assets	883,528	. 27	946,716.
2	28	Temporarily restricted net assets	207,624		151,828.
5	29	Permanently restricted net assets	10,000		15,000
OI Fully Dalailles		Organizations that do not follow SFAS 117 (ASC 958), check here accomplete lines 30 through 34.			
	20	· · · · · · · · · · · · · · · · · · ·	The state of the control		it av Heiltee
	30 24	Capital stock or trust principal, or current funds	••	30	<del> </del>
	31	Paid-in or capital surplus, or land, building, or equipment fund	• •	31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	1 112 544
_	33	Total net assets or fund balances	1,101,152		1,113,544.
_1_	34	Total liabilities and net assets/fund balances	1,240,211	- 34	1,161,321.
					Form 990 (201

Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI.  1 Total revenue (must equal Part VIII, column (A), line 12). 2 Total expenses (must equal Part VIII, column (A), line 25). 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 1, 101, 152. 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Net ourselized gains (losses) on investments 7 0. 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O). 9 Other changes in net assets or fund balances (explain in Schedule O). 9 Other changes in net assets or fund balances (explain in Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.  1 Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis or both X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis or both X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis or both X Separate basis Consolidated basis Both	orm 99	0 (2016)				Pag	e 12
1 Total revenue (must equal Part VIII, column (A), line 12). 1 2, 404, 251. 2 Total expenses (must equal Part IX, column (A), line 25). 2 2,391, 859. 3 Revenue less expenses. Subtract line 2 from line 1. 3 12,392. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 1,101,152. 5 Net unrealized gains (losses) on investments 5 0. 6 Donated services and use of facilities 7 0. 7 Net unrealized gains (losses) on investments 6 0. 8 Prior period adjustments 7 0. 8 Prior period adjustments 8 0. 9 Other changes in net assets or fund balances (explain in Schedule O). 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 9 0. 11 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 9 0. 12 Accounting method used to prepare the Form 990: Cash X Accrual Other 16 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0. 12 Were the organization's financial statements compiled or reviewed by an independent accountant? 17 Yes, check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis. Doth. Separate basis Consolidated basis Both consolidated and separate basis 2b Were the organization's financial statements audited by an independent accountant? 18 Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis. Both consolidated and separate basis 2b X Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis 2b X Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis 2b X Yes Yes No Yes, check a box below to indicate whether the financ	Part	XI Reconciliation of Net Assets					
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#### 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.

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.

OMB No 1545-0047
2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BROOKLYN BRIDGE PARK CONSERVANCY, INC

Employer identification number 13-3277651

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Pa	rt I	Reason for Public Cha	rity Status (All o	rganizations must c	omplete	this pa	rt ) See instructions	•
	_	anization is not a private four						
1		A church, convention of chu				-	•	
2		•	•					
3	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organiz						(iii). Enter the
•		hospital's name, city, and st		oonjanoaon wan a not	, p			(III). Linoi dio
5	Г	An organization operated f		a college or universit	v owner	d or one	rated by a governme	ntal unit described in
•				a college of diliversit	y owner	or ope	rated by a governme	intal unit described in
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		described in section 170(b)		· ·	Dod II V			
8	$\vdash$	A community trust describe					in	land seems called
9	L	An agricultural research org						
		or university or a non-land-	grant college of ag	riculture (see instruct	ions) E	nter the r	name, city, and state of	the college or
		university.				<del>-</del>		
10	L_	An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt f ent income and ui n after June 30, 19	unctions - subject to entrelated business tax 1975. See <b>section 509</b>	certain e able inco (a)(2). (0	xception ome (less complete	s, and (2) no more that s section 511 tax) from Part III)	n 331/3 %of its
11	L	An organization organized a	•	•	-			
12	L	An organization organized a						
		of one or more publicly su						
	_	_Check the box in lines 12a t	hrough 12d that de	escribes the type of si	hboutiné	g organiz	ation and complete lir	nes 12e, 12f, and 12g
а	L	Type I A supporting orga	anızation operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	n(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the
	_	supporting organization \	ou must complet	e Part IV, Sections A	and B.			
b	L	Type II A supporting org	anızatıon supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e person	is that control or man	age the supported
	_	organization(s). You must	complete Part IV	, Sections A and C.				
C	L	Type III functionally integ	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functional	ly integrated with,
		its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d	L	Type III non-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated The organ	nization generally mus	st satisfy	a distrib	ution requirement and	d an attentiveness
		requirement (see instructi	ions) You must co	omplete Part IV, Sect	ions A a	nd D, and	d Part V.	
e		Check this box if the orga	inization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion	
f	En	iter the number of supported	l organizations					
g	Pr	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
/A)								
(A)								
(B)								
(C)								
							<u> </u>	
(D)								
					-	<u> </u>		
(E)								
					<u> </u>			
Tota	al					漢詞		

Page 2

Par	(Complete only if you checked Part III. If the organization fails	ed the box on l	line 5, 7, or 8	of Part I or if ti	he organizatio	n failed to qua			
Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,226,909.	1,637,004.	2,123,749.	1,846,606.	2,129,952.	8,964,220.		
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	1,226,909.	1,637,004.	2,123,749.	1,846,606.	2,129,952.	B,964,220.		
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)						387,309.		
6	Public support. Subtract line 5 from line 4	14-52 - 6-13	新子丁語/2号1	<u> 1911 (A. 1918)</u>	taling days		8,576,911.		
	tion B. Total Support					· · · · · · · · · · · · · · · · · · ·			
	ndar year (or fiscal year beginning in)	(a) 2012	(ь) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
7 8	Amounts from line 4	1,226,909.	1,637,004.	2,123,749.	1,846,606.	2,129,952.	8,964,220.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	792.	422.	293.	1,398.	50.	2,995.		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . ATCH. 1	924.		1,380.	149.	542.	2,995.		
11	Total support. Add lines 7 through 10		* , = 2	<u> </u>		x15 - x 1	8,970,210.		
12	Gross receipts from related activities, etc. (	see instructions)				12	761,122.		
13	First five years. If the Form 990 is forganization, check this box and stop here tion C. Computation of Public Sup	<u> </u>	<u> </u>						
	Public support percentage for 2016 (li			11 001-101		144	95.62%		
14 15				• • • • • • • • • • • • • • • • • • • •			88.99%		
	Public support percentage from 2015 331/3% support test - 2016. If the control of								
IVa	this box and stop here. The organizati	-							
b	331/3% support test - 2015. If the	organization did	not check a b	ox on line 13 o	or 16a, and line	e 15 is 331/3%	or more,		
17a	10%-facts-and-circumstances test - 10% or more, and if the organization Part VI how the organization meets	check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization							
b	10%-facts-and-circumstances test -: 15 is 10% or more, and if the organization part VI how the organization.	2015. If the organization meets on meets the "	ganization did n s the "facts-and facts-and-circun	ot check a box d-circumstances nstances" test	on line 13, 16 " test, check t The organizatio	a, 16b, or 17a, his box and <b>st</b> e on qualifies as a	op here.		

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
. 1	Gifts, grants, contributions, and membership fees				T		
	received (Do not include any "unusual grants")				}		
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities				}		
	furnished in any activity that is related to the		1				
	organization's tax-exempt purpose		1		İ		
3	Gross receipts from activities that are not an		-	<del> </del>			<del></del>
•	unrelated trade or business under section 513 .						
4	Tax revenues levied for the	\	<del> </del>				
-							
	organization's benefit and either paid			1			
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge			<u> </u>			
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3				İ		
h	received from disqualified persons Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of \$5,000					l	
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b					* . W 3 2~ 3	
8	Public support. (Subtract line 7c from			Samueld and Samuel			
	line 6)	4, 3	- 5	Part of the second			
	tion B. Total Support		I	1	1		
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is f	or the organization	tion's first, seco	nd, third, fourth	or fifth tax ve	ear as a section	501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						<del></del>
15	Public support percentage for 2016 (line 8	, column (f) divide	ed by line 13, colur	mn (f))		15	%
16	Public support percentage from 2015 Sche					16	%
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 2016 (In			(f)	<del></del> -	17	%
18	Investment income percentage from 2015					18	
	331/3% support tests - 2016. If the org						
	17 is not more than 331/3%, check th					·	
b	331/3% support tests - 2015. If the orga						
_	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization						
JSA				.,, 100		chedule A (Form 99	
6E 122	1 8782IW M261					•	PAGE 1

#### Part IV Supporting Organizations

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

Secti	ion A. All Supporting Organizations			т—-
•			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1 1		, _ ; '= -12 132
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2	# 75 T	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	क्-,≘ैर 3a	,, — <u> </u>	بار الله بالمانية
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 <b>Part VI</b> when and how the organization made the determination.	3b	in in	1 (2000) 1 (2000) 1 (2000)
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	لم يرياء سامس	, PER
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	<u>. د ب</u> ر	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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 <b>Part VI</b> , 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	- 11%	, ' e
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ļ	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			ر المالية المالية المالية
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or		Z, _5,	

- benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

6

8

9a

9b

9с

10a

10h

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izatic	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov 20, 1970 (explain	ın Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organiz	ations	s must complete Sections	A through E.
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
. 1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	1-2		
instructions for short tax year or assets held for part of year):		Act To the state of the state o	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	-7-4		Eligible of the first of the second
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,			1
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		The first of the same	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	The state of the s	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	4. 是以来的特别。	
4 Enter greater of line 2 or line 3	4	January Control	
5 Income tax imposed in prior year	5	211	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			7
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y inte	grated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Page 7

Sect	ection D - Distributions					
1	Amounts paid to supported organizations to accomplish e	xempt purposes				
. 2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed			
	organizations, in excess of income from activity					
. 3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations			
4	Amounts paid to acquire exempt-use assets		•			
5	Qualified set-aside amounts (prior IRS approval required)					
	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 resp	onsive			
	(provide details in Part VI) See instructions.	- '				
9	Distributable amount for 2016 from Section C, line 6			-		
10	Line 8 amount divided by Line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6	Se sept "Englisher, "all				
	Underdistributions, if any, for years prior to 2016			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2	(reasonable cause required-explain in Part VI). See					
	instructions.					
_3	Excess distributions carryover, if any, to 2016			26 - 10 M [10] - 16 多数数数		
a			AT THE WEST OF THE STATE OF	#####################################		
b			د المراجعة المراجعة المراجعة المراجعة	证。除作情情被抗失		
C	From 2013					
d	From 2014		机制度 有机 通過過少	The state of the s		
е	From 2015	نا و سامان ساده که سام داد. انتش کا هماند بداید ایالساد کا رافع اداد		大工具作品有其地。 通過		
f	Total of lines 3a through e		و المستقل منها ما يكان شياء بالهوا			
g	Applied to underdistributions of prior years	THE SET WITH FRANCE				
<u>h</u>	Applied to 2016 distributable amount					
i_	Carryover from 2011 not applied (see instructions)					
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2016 from	The second of th				
	Section D, line 7.	ريا ۽ پلايتايه سانه د	territorial i			
a	Applied to underdistributions of prior years					
b	Applied to 2016 distributable amount	Tarter & Barris Constitution		A ==		
c	Remainder Subtract lines 4a and 4b from 4	-,	医病 经工业基础工品额			
5	Remaining underdistributions for years prior to 2016, if	The state of the s				
	any. Subtract lines 3g and 4a from line 2 For result					
	greater than zero, explain in Part VI See instructions	g girling online of lighter Name of the open of the	. C	HARRY BUTTON		
6	Remaining underdistributions for 2016 Subtract lines 3h					
	and 4b from line 1 For result greater than zero, explain in					
	Part VI See instructions	and the state of t	is to establish the second	_ 12 1 6 121" 1		
7	Excess distributions carryover to 2017. Add lines 3j		- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
	and 4c.			gang dan gang dan dan dan dan dan dan dan dan dan dan		
8	Breakdown of line 7			<u>ైక్ష్మ ఉద్యో ఇత్సిన్ట్</u> తార్వాలు ఉంది. ఇందా		
a	Expose from 2012		er te distribuit di di distribuit. En la primaria de la come	to the second of		
b	Excess from 2013	TO THE TAX OF THE TAX	Desert folks folks folks in 1975	and file of the control of the contr		
<u>c</u>	Excess from 2014	A TAN DAY TO A TO A TAN DAY OF THE PARTY OF	anguru — nggala lasila jir dalah di Ngaratan na ngadisanaran na asin			
d	Excess from 2015					
<u>е</u>	Excess from 2016					

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

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

SCHEDULE A, PART II	- OTHER INCOM	iE			ATTACHMENT	1
DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
OTHER INCOME	924.		1,380.	149.	542.	2,995.
TOTALS	924.		1,380.	149.	542.	2,995.

#### **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

Department of the Treasury Internal Revenue Service

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

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

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

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

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

	zations that have NOT filed Form 5768 (electives," on Form 990, Part IV, line 5 (Prox s), then			
· ·	(6) organizations Complete Part III.			
Name of organization			Employer idea	ntification number
BROOKLYN BRIDGE PA	RK CONSERVANCY, INC.		13-327	7651
Part I-A Complete if	the organization is exempt unde	r section 501(c) or i	s a section 527 organ	nization.
of "political campaign			·	
	tivity expenditures (see instructions)			
3 Volunteer hours for po	olitical campaign activities (see instructi	ons), , , , , , , , , , , , , , , , , , ,	<del></del>	<del></del>
	the organization is exempt under			
	iny excise tax incurred by the organization			
	iny excise tax incurred by organization i urred a section 4955 tax, did it file Forn			
•	e?	•		Yes No
b If "Yes," describe in Pa				
Part I-C Complete it	the organization is exempt unde	r section 501(c), ex	cept section 501(c)(3	<del></del>
1 Enter the amount dire activities	ectly expended by the filing organization	on for section 527 ex	cempt function▶\$	
527 exempt function	he filing organization's funds contribute activities		▶\$	
line 17b	n expenditures Add lines 1 and 2 E		▶\$	
5 Enter the names, add organization made pathe amount of political	tion file Form 1120-POL for this year?, resses and employer identification num syments. For each organization listed, eal contributions received that were proted fund or a political action committee.	ber (EIN) of all section enter the amount paid mptly and directly de	on 527 political organiza I from the filing organizativered to a separate po	ations to which the filing ation's funds. Also enter ditical organization, such
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0
1)			-	
2)				
3)				
4)				
5)				
6)				
	. N	000 F7	0.1.1.1	- C /F 000 000 F7\ 0040

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

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016	BROOKI YN BRI	DGE PARK CONSE	DVANCY THE	- 1 2	-3277651 .Page
				d filed Form 5768 (el	ugo
name, address,	EIN, expenses, a	nd share of excess	lobbying exper		group member's
B Check ► If the filing org	anization checked	d box A and "limited	control" provi	sions apply.	
(The term "expendi		unts paid or incurred	<u> </u>	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to	influence public op	inion (grass roots lob	obying)		
<b>b</b> Total lobbying expenditures to	influence a legislat	ive body (direct lobb)	/ing)		
c Total lobbying expenditures (a	dd lines 1a and 1b)				
d Other exempt purpose expend	litures				
e Total exempt purpose expende					
f Lobbying nontaxable amount.					
columns		•			
If the amount on line 1e, column	(a) or (b) is: The lobby	ring nontaxable amount	is:	·····································	2. 连续一致一致一致一致
Not over \$500,000		e amount on line 1e			
Over \$500,000 but not over \$1,00		plus 15% of the excess	s over \$500,000		
Over \$1,000,000 but not over \$1,	7	plus 10% of the excess			
Over \$1,500,000 but not over \$17		plus 5% of the excess			
Over \$17,000,000	\$1,000,00				
g Grassroots nontaxable amoun					
h Subtract line 1g from line 1a I					
i Subtract line 1f from line 1c If	zero or less, enter -	0			
j If there is an amount other t	han zero on either	line 1h or line 1i,	did the organiz	ation file Form 4720	<del></del>
reporting section 4911 tax for	this year?			<u> </u>	Yes No
(Some organizations the			•	•	
(Some organizations the			•		mns below.
	See the separ	ate instructions for	lines 2a throug	n 2f.)	
	Lobbying Exp	enditures During 4-Y	ear Averaging P	eriod	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					-

(150% of line 2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2016

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

	each "Yes," response on lines 1a through 11 below, provide in Part IV a detailed	- <u>'</u>	a)		(b)	
des	cription of the lobbying activity.	Yes	No	Ar	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local	- \ \  		F 57	2 - T	
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	X				
а	Volunteers?	<del>                                     </del>	├	(1.00) (1.00) (1.00) (1.00)		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.  Media advertisements?	<del>-</del>	х	ler Europe	5\.\.\ 	î î
d	Mailings to members, legislators, or the public?		X			
е	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		<del>  ,,</del>		23	, 34
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	ļ		000
i	Other activities?	724-17	12. 1	<del> </del>		, 00
j	Total Add lines 1c through 1i	4	V	77 <u>8</u> 7-7-3-3		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		- A		11.745	
b	If "Yes," enter the amount of any tax incurred under section 4912					
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		2527	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	jan en	٩
_	t III-A Complete if the organization is exempt under section 501(c)(4), section 50		. or :	1	~ , .1	- Charles 6
	501(c)(6).	- ( - ) ( - )				
				<del></del>	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?					<del> </del>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					<b>-</b>
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from					<u> </u>
۲a	TIII-B Complete if the organization is exempt under section 501(c)(4), section 50				0 !-	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,' answered "Yes."	OR (	D) Pa	irt III-A, III	ie 3, is	i
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo			T <sub>1.</sub>		
_	political expenses for which the section 527(f) tax was paid).	uc	<b>.</b>	2.1		
а	Current year			2a		
b	Carryover from last year			2b		
С	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio			-1.7,-1		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible			آرگامو مد استخار م		
	and political expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures (see instructions)		<u> </u>	5		
	t IV Supplemental Information			· - · · · ·		<del></del>
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate se instructions), and Part II-B, line 1. Also, complete this part for any additional information.	ea gro	up iis	t), Part II-A	ines 1	i and
. (5	e instructions), and Part IPB, line 1. Also, complete this part for any additional information.					
SE	PAGE 4			<del></del>		
				<del></del>	•	
					<u>.</u>	
					·	<del></del>

## 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" on 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.

2016

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization BROOKLYN BRIDGE PARK CONSERVANCY, INC. 13-3277651 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6, (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Aggregate value at end of year. . . . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 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 Part II Conservation Easements. Complete if the organization answered "Yes" on 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 Preservation of a certified historic structure Protection of natural habitat 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.............. 2d 3 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 ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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. Part III Complete if the organization answered "Yes" on 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Schedule D (Form 990) 2016

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a	Land				
þ	Buildings				
C	Leasehold improvements				
	Equipment		444,918.	275,190	169,728
			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22 22	104 000

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)...

Schedule D (Form 990) 2016

273,797.

P <sub>P</sub>	-	. 3

Part VII	Investments - Other Securities. Complete if the organization answere	d "Yes" on Form 990	. Part IV. line 11b. See Form 99	0. Part X. line 12.
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	uation
(1) Financia	al derivatives			<del></del>
	-held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)	<u>.</u>	ļ		
<u>(E)</u>			<u> </u>	
<u>(F)</u>		<del> </del>		<del></del>
(G) (H)				
<del>`_</del>	nn (b) must equal Form 990, Part X, col (B) line 12 )		The state of the s	
Part VIII		d "Ves" on Form 990		
	(a) Description of investment	(b) Book value	(c) Method of val	uation
		ļ	Cost or end-of-year ma	arket value
(1)		<del> </del>		
(2)				
(3)		<del> </del>		
(5)				
(6)				
(7)				
(8)				
(9)		<u></u>		
	nn (b) must equal Form 990, Part X, col (B) line 13 )	<u> </u>		
Part IX	Other Assets.  Complete if the organization answere	d "Vee" on Form 000	Dort IV line 11d See Form 00	O Port V line 15
		escription	r, Part IV, line 11d. See Point 98	(b) Book value
(1)	(a) D	escription		(b) Dook value
(2)				<del></del>
(3)				
(4)				
(5)				
(6)				
(7)				_
(8)				
(9)	(1)	1	<del></del>	
	lumn (b) must equal Form 990, Part X, col. (B)	line 15)	<u> </u>	<u> </u>
Part X	Other Liabilities.  Complete if the organization answere line 25.	d "Yes" on Form 990	), Part IV, line 11e or 11f. See F	orm 990, Part X,
1.	(a) Description of liability	(b) Book valu	le in the second	
	eral income taxes			
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 25	) ▶		
2. Liability 1	for uncertain tax positions. In Part XIII, provide the	e text of the footnote to		
ΙSΔ		, 50 . 10 J 5.100K HOLD	р	Schedule D (Form 990) 201
6E1270 1 000	B2IW M261			PAGE 3

JSA 6E1271 1 000 Schedule D (Form 990) 2016

Part XIII Supplemental Information (continued)

#### **SCHEDULE G** (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

Open to Public

Department of the Treasury	laforemetica ob	► Attach out Schedule G (Form	to Form 990			rs gov/form990	Open to Public
nternal Revenue Service	Information au	out Schedule G (Folia	1 530 01 530-6		ductions is at www.ii	Employer identificati	Inspection
BROOKLYN BRIDGE	DARK CONSERVA	NCY TNC				13-3277651	
	ng Activities. Con		anization a	answered	"Yes" on Form		
	)-EZ filers are not				700 0117 01111	000, 1 0.1117,	• • • •
	the organization rais				activities Check a	all that apply	
a X Mail solicitat		e			on-government g		
T	email solicitations	f			overnment grant		
c Phone solici	• •	g		_	sing events	-	
d X In-person so							
2a Did the organiza		r oral agreement	with any ind	dividual (in	cluding officers, o	lirectors, trustees,	
or key employee	s listed in Form 990	, Part VII) or entit	y in connec	tion with p	rofessional fundra	ising services?	X Yes No
	10 highest paid indi least \$5,000 by the		(fundraise	rs) pursua	nt to agreements	under which the	fundraiser is to b
			(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and addr or entity (fu		(ii) Activity	custody o	r control of outions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization
1			Yes	No		-	
ATTACHMENT 1							
2	<del> </del>						
3	<del></del>						
4						1	
<u>-</u>			_				ļ
5							
6							
7							
8	<del> </del>						
9					·. <u>-</u> .		
10							
	<u> </u>			▶		122,132	<del></del>
3 List all states in registration or lice	which the organizatensing	ition is registered	or licensed	d to solicit	contributions or	has been notified	d it is exempt fro
NY,							
				_			
					···		
		<del></del>					··
<u>-</u>							
<del></del>							

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

		gross receipts greater than \$5,00	00			
			(a) Event #1 BLACK TIE BALL	(b) Event #2 SUNSET GALA	(c) Other events	(d) Total events (add col (a) through
		ļ	(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	1,131,920.	202,100.	101,521.	1,435,541
œ		Less: Contributions	925,320.	143,475.	59,895.	1,128,690
	3	Gross income (line 1 minus line 2)	206,600.	58,625.	41,626.	306,851
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs	139,514.	16,413.	18,055.	173,982
Expe	7	Food and beverages	138,171.	52,623.	10,419.	201,213
Direct Expenses	8	Entertainment	21,738.	11,888.	1,448.	35,074
	9	Other direct expenses	25,738.	7,258.		32,996
	10 11	Direct expense summary Add lines 4 Net income summary Subtract line 1				443,265 -136,414
Pa	rt		anization answered "Y	es" on Form 990, Pa	rt IV, line 19, or repo	
Revenue		man \$13,000 on 1 onn 330-L	(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				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	ent Teater in 1912 Coast
	6	Volunteer labor	Yes%	No No	No No	La State State of the State of
	7	Direct expense summary Add lines 2	2 through 5 in column (d	)		
	8	Net gaming income summary Subtra	act line 7 from line 1, co	lumn (d)	<u>.</u>	
	a Is	inter the state(s) in which the organization licensed to conduct				. Yes No
l	b If	"No," explain				
		Vere any of the organization's gaming "Yes," explain.	licenses revoked, suspe	ended or terminated duri	ng the tax year?	Yes No

Schedule	G (Form	990 or	990-F7	2016
Cinemaie	G (FOIIII	230 OI	3307EZ	, 2011

### **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.

Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

BROOKLYN BRIDGE PARK CONSERVANCY, INC.

13-3277651

OMB No 1545-0047

Open to Public

Part	Questions Regarding Compensation		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items    First-class or charter travel	Yes	No
<b>.</b>	Tax indemnification and gross-up payments Discretionary spending account Health or social club dues or initiation fees Personal services (such as, maid, chauffeur, chef)  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	2000000
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  X Compensation committee  Written employment contract		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.		
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	X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		
	compensation contingent on the revenues of		
а	The organization?	5a	X
þ	Any related organization?	5b	X
	If "Yes" on line 5a or 5b, describe in Part III		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
а	The organization?	6a	X
b	Any related organization?	6b	X
-	If "Yes" on line 6a or 6b, describe in Part III		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject		
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	X
e	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		
9	Regulations section 53 4958-6(c)?	9	
For Pa	aperwork Reduction Act Notice, see the Instructions for Form 990.	ule J (Form 9	90) 2016

Page 2

Schedule J (Form 990) 2016

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

					-			
		(B) Breakdown c	(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)(i)-(D)	in column (B) reported as deferred on pnor Form 990
NANCY WEBSTER	ε	149,864.	0	0	39, 962.		189,826.	
1EXECUTIVE DIRECTOR	€	0	0	0				
	ε							
2	€							
	ε							
8	Ξ							
	Ξ							
4	€							
	€							
5	€							
	Θ							
9	€							
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7	(11)							
	ω							
8	<b>E</b>							
	(i)							
6	<b>a</b>							
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10	€							
-	€							
11	€							
	€							
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16	€							
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Schedule J (Form 990) 2016 ·

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13-3277651

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Schedule J (Form 990) 2016

Part III Supplemental Information

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

Schedule J (Form 990) 2016 .

6E1505 2 000 8782IW M261

#### 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.

BROOKLYN BRIDGE PARK CONSERVANCY, INC.

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

OMB No 1545-0047

Open To Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

13-3277651

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 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications		, , , , ,					
5	Clothing and household		T CHANGE TO THE THE THE THE THE THE THE THE THE THE					
	goods	X		3,588.	SALES PRI	CE		
6	Cars and other vehicles			_				
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2.	3,895.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests	1						
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic		}		ļ			
	structures		1		}			
14								
• -	contribution - Other				}			
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory		9.	55,655.	FMV			
20	Drugs and medical supplies	I .						
21	Taxidermy		<del></del>					
22	Historical artifacts	£						
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►( ATCH 1 )		23.	21,455.				
26	Other ►()							
27	Other ►()							
28	Other ►(							
29	Number of Forms 8283 received	by the oro	anization during the tax v	ear for contributions for	<del> </del>			
23	which the organization completed	-,			29			
	which the organization completed i	01111 0200,	Taitiv, Donce Nekhowledg		(		Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I line	s 1 through			
oou	28, that it must hold for at least t				_			
	to be used for exempt purposes for	-			-	30a		Х
h	If "Yes," describe the arrangement		olding period			<u> </u>		
			tance noticy that require	se the review of any	nonetandard			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard							
22-		the organization hire or use third parties or related organizations to solicit, process, or sell noncash						
J∠a	_	· ·				32a		X
	contributions?			• • • • • • • • • • • • • • • • • • • •		J∠d		
	If "Yes," describe in Part II.			المسترادة والمناسرين والمرادية	ر د ا ما د د د د د د د د د د د د د د د د د د			
33 ———	If the organization didn't report an describe in Part II	amount in o	column (c) for a type of pro	perty for which column (a	) is checked,			

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

Schedule M (Form 990) (2016)

Page 2

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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	x	3.	2,400.	SALES PRICE
VACATION	х	2.	3,800.	SALES PRICE
SPORTS/ENTERTAINMENT	х	14.	13,405.	SALES PRICE
RESTAURANT	х	4.	1,850.	SALES PRICE
TOTALS	_	23.	21,455.	

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

BROOKLYN BRIDGE PARK CONSERVANCY, INC.

Employer Identification number

13-3277651

PART III - LINE 1

TO ENSURE THE CREATION, ADEQUATE FUNDING, PROPER MAINTENANCE, PUBLIC SUPPORT, AND CITIZEN ENJOYMENT OF BROOKLYN BRIDGE PARK THROUGH
PARTNERSHIP WITH GOVERNMENT, DEVELOPMENT OF PROGRAMMING AND ACTIVE
PROMOTION OF THE NEEDS OF THE PARK AND ITS CONSTITUENTS. THE BROOKLYN
BRIDGE PARK CONSERVANCY, INC. (THE "CONSERVANCY") HAS WORKED FOR OVER 30
YEARS TO BRING BROOKLYN BRIDGE PARK TO LIFE. WE STARTED OUT AS GRASSROOTS
ADVOCATES, BRINGING TOGETHER RESIDENTS, GOVERNMENT, AND LOCAL SUPPORTERS
TO TRANSFORM AN ABANDONED WATERFRONT INTO A WORLD-CLASS PUBLIC PARK.
TODAY WE WORK IN PARTNERSHIP WITH BROOKLYN BRIDGE PARK CORPORATION TO
ENSURE THAT THE PARK REACHES ITS FULL FOTENTIAL AS A DYNAMIC AND VIBRANT
PUBLIC SPACE FOR BROOKLYN, NEW YORK CITY, AND BEYOND. THE CONSERVANCY
PRODUCES DIVERSE AND INNOVATIVE PROGRAMMING FOR PARK VISITORS AND
CULTIVATES VOLUNTEER AND PHILANTHROPIC SUPPORT OF THIS SPECIAL PLACE ON
THE BROOKLYN WATERFRONT. SINCE 2000, MORE THAN 1,600,000 VISITORS HAVE
ENJOYED THE CONSERVANCY'S FREE, PUBLIC PROGRAMS IN BROOKLYN BRIDGE PARK.

PART III - LINE 4A

PUBLIC PROGRAMMING INCLUDES PROVIDING FREE CULTURAL AND RECREATIONAL ACTIVITIES, PROVIDING OPPORTUNITIES FOR HANDS-ON EDUCATION PROGRAMS FOCUSED ON THE BROOKLYN WATERFRONT'S HISTORY, HABITAT, AND ECOLOGY, AND PROMOTING CIVIC VOLUNTEERISM AND CARING FOR NEIGHBORHOOD GREEN SPACE THROUGH OUR EDUCATION AND STEWARDSHIP PROGRAMS.

IN 2016, THE CONSERVANCY WELCOMED VISITORS TO OVER 600 FREE AND LOW-COST.

CULTURAL, EDUCATIONAL, AND RECREATIONAL EVENTS AND ACTIVITIES IN BROOKLYN
BRIDGE PARK, INCLUDING OUTDOOR MOVIES, SPORTS CLINICS, FITNESS CLASSES,
KAYAKING, THEATER AND MUSIC PERFORMANCES, ASTRONOMY NIGHTS, A READING
SERIES, CHILDREN'S PROGRAMMING, FAMILY FESTIVALS, AND MORE.

MORE THAN 11,000 STUDENTS FROM ACROSS NEW YORK CITY - INCLUDING EVERY ZIP CODE IN BROOKLYN - ATTENDED THE CONSERVANCY'S EDUCATION PROGRAMS IN THE PARK. STUDENTS EXPLORED AQUATIC ECOLOGY, SUSTAINABILITY, THE BROOKLYN BRIDGE, GEOLOGY, HISTORY, AND MORE THROUGH HANDS-ON ACTIVITIES THAT UTILIZED THE PARK AS A LIVING CLASSROOM. THE CONSERVANCY'S ENVIRONMENTAL EDUCATION CENTER, LOCATED INSIDE 99 PLYMOUTH, OPENED IN SEPTEMBER 2015. THIS NEW SPACE PROVIDES A YEAR-ROUND HOME TO THE CONSERVANCY'S THRIVING EDUCATION PROGRAM AND IS OPEN TO FAMILIES AND PARK VISITORS ON WEEKENDS AND OUTSIDE OF SCHOOL HOURS. NEARLY 12,000 VISITORS ATTENDED THESE PUBLIC OPEN HOURS.

THE CONSERVANCY'S CENTER PROVIDES MULTIPLE INTERACTIVE ELEMENTS INCLUDING AN EAST RIVER AQUARIUM, A DISCOVERY STATION WITH A 10' SCALE MODEL OF THE PARK, AND MORE THAT OFFER AN IN-DEPTH LOOK AT THE PARK'S ECOLOGY, HISTORY, AND SUSTAINABLE DESIGN.

AS PART OF THE CONSERVANCY'S STEWARDSHIP PROGRAM, 1,850 VOLUNTEERS

CONTRIBUTED OVER 7,000 HOURS OF SERVICE ASSISTING WITH GARDENING AND

MAINTENANCE, PUBLIC TOURS AND PROGRAMS, AND VISITOR SERVICE INITIATIVES

PART VI, SECTION B - LINE 11B

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.

PART VI, SECTION B - LINE 12C

COMPLIANCE IS SELF-POLICING UNLESS CONFLICT IS APPARENT AND VISIBLE, THEN THE CONSERVANCY WOULD TAKE ACTION.

PART VI, SECTION B - LINES 15A & 15B

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.

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.

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,

Name of the organization

BROOKLYN BRIDGE PARK CONSERVANCY, INC.

Employer identification number

13-3277651

INCLUDING BENEFITS AND PAYROLL ADMINISTRATION, HEALTH, WORKER'S
.
COMPENSATION INSURANCE PROGRAMS, PERSONNEL RECORDS MANAGEMENT, EMPLOYER
LIABILITY MANAGEMENT, ETC.