(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

AI	OI LIN	e 20 19 Calefidat year, or tax year beginning	enuing		
B c	heck if	C Name of organization		D Employer identifi	ication number
	Addre	HIGH LINE CANAL CONSERVANCY			
	Name chang	e Doing business as		81-43379	38
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	 Final return	015 C DEADT CODEED		720-767-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,362,358.
	Amen return	ded DENVER, CO 80209		H(a) Is this a group r	eturn
	Application	F Name and address of principal officer: TARKIEI CKIIIEMDEN	LAMAI		
	pendi	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No
II	ax-ex	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)$	or 527	If "No," attach a	a list. (see instructions)
		te: ► WWW.HIGHLINECANAL.ORG		H(c) Group exemption	on number
		forganization: X Corporation Trust Association Other	L Year	of formation: 2016	M State of legal domicile: CO
Pa	art I	Summary			
o o	1	Briefly describe the organization's mission or most significant activities: TO P	RESERV	E, PROTECT	AND ENHANCE
Activities & Governance		THE 71-MILE LEGACY CANAL.			
ern	l	Check this box if the organization discontinued its operations or dispos	sed of more		
ŏ	I			<u>3</u>	17
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b)			17
es		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			12
ĭ		Total number of volunteers (estimate if necessary)			422
Act		Total unrelated business revenue from Part VIII, column (C), line 12			
	b	Net unrelated business taxable income from Form 990-T, line 39	·····		0.
Revenue				Prior Year	Current Year
	l	Contributions and grants (Part VIII, line 1h)		1,320,049.	1,346,965.
	I	Program service revenue (Part VIII, line 2g)		2,176.	4,366.
Вè		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-69,984 .	
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,252,241.	98. 1,351,429.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,252,241.	
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		479,355.	648,863.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4/9,355.	9,153.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 157, 2	<u> </u>	0.	9,133.
꼾	_ D			680,744.	530,464.
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,160,099.	1,188,480.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		92,142.	162,949.
c	19	Revenue less expenses. Subtract line 18 from line 12		· · · · · · · · · · · · · · · · · · ·	
ts o		Total accests (Dout V. Grand C)	В	eginning of Current Year 1,206,435.	End of Year 1,367,844.
Sse	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		17,999.	16,459.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		1,188,436.	1,351,385.
Pa	rt II	Signature Block		1,100,430.	1,331,303.
		alties of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the hest of m	v knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wi			y kilowidago alia boliol, it io
ti do,	001100	A and complete. Becautation of property (earlier than emost) is seeded on an information of the	mon propuror	nas any knowledge:	
Sign	n	Signature of officer		Date	
Her		HARRIET CRITTENDEN LAMAIR, EXECUTIVE D	IRECT	OR	
	·	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		KEVIN RICKMAN		p01240896	
	arer	Firm's name BROCK AND COMPANY, CPAS, P.C.			84-0930288
	Only	Firm's address 900 S. MAIN STREET, SUITE 200			
_	_	LONGMONT, CO 80501		Phone no. 30	3-776-2160
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	Statement of Program Service Accomplishments	\neg
	Check if Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission:	
	TO PRESERVE, PROTECT AND ENHANCE THE 71-MILE LEGACY CANAL WITH SUPPORT	
	FROM EACH JURISDICTION AND IN PARTNERSHIP WITH DENVER WATER.	_
		_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	lo
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N If "Yes," describe these changes on Schedule O.	lo
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 886 , 806 including grants of \$) (Revenue \$	
Tu	PRESERVE, PROTECT AND ENHANCE THE HIGH LINE CANAL THROUGH LEADERSHIP,	- ′
	STEWARDSHIP, ADVOCACY AND EDUCATION. THE ORGANIZATION'S VISION FOR THE	_
	FUTURE IS TO PERMANENTLY PRESERVE THE 71-MILE LINEAR GREENWAY THAT	_
	CREATES CONNECTIONS; ENHANCES RECREATION; LEVERAGES ECONOMIC GROWTH;	_
	AND IMPROVES ENVIRONMENTAL HEALTH.	_
	AND IMPROVES ENVIRONMENTAL HEADIN.	_
		_
		_
		_
		_
		_
4b	(Code:) (Expenses \$	_)
		_
		_
		_
		_
		_
		_
		_
4-		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
-	(Expenses \$ including grants of \$) (Revenue \$)	
4e	000.000	

Form 990 (2019) HIGH LINE CANAL CONSERVANCY
Part IV Checklist of Required Schedules

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

Form 990 (2019) HIGH LINE CANAL CONSERVANCY
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		_
C		040		
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			7.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	200		
C	•	28c		x
00	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			- v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	N + AU = 000 ft	38	Х	
Par		, 55		
	Check if Schodula O contains a response or note to any line in this Bart V			
	Check it Schedule O contains a response of note to any line in this Fart v		Voc	No
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the harmon of terms we can induce any mile tal. Enter of inflort applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_	v	
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2019) HIGH LINE CANAL CONSERVANCY

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

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 12							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?	2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
			3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	•			v				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		X				
D	If "Yes," enter the name of the foreign country	acusto (EDAD)							
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	` ,	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
any contributions that were not tax deductible as charitable contributions?									
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		6a		X				
	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 servi	ces provided to the payor?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required							
	to file Form 8282?		7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor		7e 7f						
f	3 , 3 , 1 , 1								
g									
h									
9	sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds.								
а	5111		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	1	10a							
b		10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	,	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a						
	, , , , , , , , , , , , , , , , , , , ,	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10-						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
h	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b							
c		13c							
14a	Did the consideration and the consideration of the first	•	14a		Х				
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O								
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?								
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome?	16		X				
	If "Yes," complete Form 4720, Schedule O.								

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 17							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х				
6	Did the organization have members or stockholders?	6		Х				
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		x				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	'u						
	and the self-self-self-self-self-self-self-self-	7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9		00	- 21					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x				
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		_ 25				
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	N ₀				
10-	Did the exemination have level charters branches as effiliates?	10a	162	No X				
	Did the organization have local chapters, branches, or affiliates?	10a						
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-						
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X					
	12a Did the organization have a written conflict of interest policy? If "No," go to line 13							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37					
	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	Х	77				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
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?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	only)	availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website X Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	THE ORGANIZATION - 720-767-2452							
	915 S. PEARL STREET, DENVER, CO 80209							

932007 01-20-20

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

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

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

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

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

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

(A)	(B)	(C)			ірсі	Jan	(D)	(E)	(F)			
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated		
	hours per week	box,	box, unless person is both an officer and a director/trustee)				an tee)	compensation from	compensation from related	amount of other		
	l (list any	tor						the	organizations	compensation		
	hours for	r direc				ted		organization	(W-2/1099-MISC)	from the		
	related	stee o	rustee			ensat		(W-2/1099-MISC)		organization		
	organizations	nal tru:	onal t		ployee	comp				and related		
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) DIRK MCDERMOTT	2.00											
CHAIR		Х		Х				0.	0.	0.		
(2) MIKE ROSSER	2.00											
VICE CHAIR		Х		Х				0.	0.	0.		
(3) MARTY ZELLER	2.00								_	_		
VICE CHAIR		Х		Х				0.	0.	0.		
(4) NINA BEARDSLEY ITIN	2.00											
SECRETARY	2 22	Х		X				0.	0.	0.		
(5) KARL FRIEDMAN	2.00											
TREASURER	1 00	Х		Х				0.	0.	0.		
(6) JOCK BICKERT	1.00								•	•		
DIRECTOR	1 00	Х						0.	0.	0.		
(7) KENDRA BLACK	1.00	7.7							0	0		
EX OFFICIO (8) JAMES BOLT	1.00	Х						0.	0.	0.		
DIRECTOR	1.00	Х						0.	0.	0.		
(9) DANIEL BROGAN	1.00	Λ						0.	0.	0.		
DIRECTOR	1.00	Х						0.	0.	0.		
(10) PAULA HERZMARK	1.00	25						•		<u></u>		
DIRECTOR	1.00	х						0.	0.	0.		
(11) GRAHAM HOLLIS	1.00											
DIRECTOR		х						0.	0.	0.		
(12) TONY PICKETT	1.00								-			
DIRECTOR		Х						0.	0.	0.		
(13) NANCY SHARP	1.00											
EX OFFICIO		Х						0.	0.	0.		
(14) KATHY TYREE	1.00											
DIRECTOR		Х						0.	0.	0.		
(15) TOM WAYMIRE	1.00											
DIRECTOR		Х						0.	0.	0.		
(16) SUZANNE WHITE	1.00											
DIRECTOR		Х						0.	0.	0.		
(17) TRACY YOUNG	1.00							_	_	_		
DIRECTOR		Х						0.	0.	0.		

Form **990** (2019)

Section A. Officers, Directors, Trus	<u>tees, Key Em</u>	ploy	ees,	anc	<u>iH t</u>	ghe	st C	compensated Employee	s (continued)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Esti	mate	d
	hours per	box	k, unle	ss pe	rson i	is bot	h an	compensation	compensation from related		amo	ount c	ρf
	week	—	icer ar	na a a	Irecto	or/trus	stee)	from			l	ther	
	(list any	recto						the	organization		compe		
	hours for related	or di	l e			ated		organization	(W-2/1099-MIS	SC)	l .	m the	
	organizations	ustee	trust		e e	Suedi		(W-2/1099-MISC)			orgar	nizatio relate	
	below	ual tr	tional		ploye	t con					organ		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Organ	izatio	113
(18) HARRIET CRITTENDEN LAMAIR	40.00	=	 =	0		1 0	1						
EXECUTIVE DIRECTOR	1000			x				103,883.		0.	21	, 37	0.
												,	
		1											
			_										
		1											
			\vdash			+	-						
		1											
							Ļ	103,883.		0.	21	,37	, n
1b Subtotal								0.		0.		, 5 /	0.
c Total from continuation sheets to Part VI								103,883.		0.	21	, 37	
d Total (add lines 1b and 1c)							no re	•	000 of reportable			, , ,	-
compensation from the organization	or minica to th	1000	11010	, a ac	JO V C	, wi	10 10	socived more than \$100,	ooo or reportable	•			1
											١	/es	No
3 Did the organization list any former officer,	director, trust	ee, ł	кеу е	empl	loye	e, o	r hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3	_	X
4 For any individual listed on line 1a, is the su	ım of reportabl	le cc	ompe	ensa	tion	anc	oth	ner compensation from t	he organization				
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a	•				,			J					77
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch i	oers	son					5		Х
Section B. Independent Contractors	mnonootod inc	4000		nt 0.	- n+		ام +ا	hat received more than (`100,000 of com		tion from		
 Complete this table for your five highest co the organization. Report compensation for 										Jensa	LIOIT ITOIT	1	
(A)	ine calcindar y	carc	Jiidii	ig w	1011	O1 VV		(B)	car.		(C)		
Name and business	address	N	INC	3				Description of s	services	C	compens		I
										<u> </u>			
										l			
O Takal assessed as a Charles and I have a	a ali i ali · · · ·		:-	-1 A	ı.				ana tha a c				
 Total number of independent contractors (i \$100,000 of compensation from the organi 		ot IIr	nited	u to		se iis)	sted	above) who received me	ore man				
	Lanoii 🚩					_					- 0	<u>an /o</u>	

81-4337938

		Check if Schedule O cor	ntains a response o	or note to any lin	e in this Part VIII			
			•	,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
SS	1 a	Federated campaigns	1a					
ant		Membership dues						
9		Fundraising events		7,500.				
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations	·····	7,300.				
				410,000.				
ons,		Government grants (contribu	, - 	410,000.				
utio	T	All other contributions, gifts, gra		020 165				
		similar amounts not included ab		929,465. 5,500.				
out	_	Noncash contributions included in line			1 246 065			
O g	n	Total. Add lines 1a-1f			1,346,965.			
				Business Code				
<u>ic</u>	2 a							
er v	b							
n S	С							
ran 3ev	d							
Program Service Revenue	е							
	f	All other program service rev						
\longrightarrow	g							
	3	Investment income (including						
		other similar amounts)			4,366.			4,366.
	4	Income from investment of ta	ax-exempt bond pr	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents6	a					
	b	Less: rental expenses 6	ib					
	С	Rental income or (loss) 6	ic					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7	'a					
	b	Less: cost or other basis						
ē		and sales expenses 7	b					
Revenue	С	Gain or (loss) 7	'c					
Şe.		Net gain or (loss)						
her		Gross income from fundraising						
퓽	-		500 • of					
		contributions reported on lin						
		Part IV, line 18	, l	1,119.				
	h	Less: direct expenses		7,736.				
		Net income or (loss) from fur		,	-6,617.			-6,617.
		Gross income from gaming a		······	-,			,,
	Ju	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gar						
		Gross sales of inventory, less	_					
	io a	and allowances		8,675.				
	h	Less: cost of goods sold						
		Net income or (loss) from sal		<u> </u>	5,482.	5,482.		
-+	C	THE HILLOTTIC OF (1055) HOTH SAI	ica of inventory	Business Code	3,402.	3,402.		
sn	11 ^	OTHER INCOME			1,233.	1,233.		
e Te					1,255	1,255		
Miscellaneous Revenue	b							
Sce	q	All other revenue						
Ξ					1,233.			
		Total revenue See instructions			1,351,429.	6,715.	0.	-2,251.
	12	Total revenue. See instructions		–	<u> </u>	0,/10•	ı •	<u> </u>

Form 990 (2019) HIGH LINE CANAL CONSERVANCY Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons		this Part IX		(D)
	not include amounts reported on lines 6b, Bb, 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	102 002	F1 040	20 777	21 164
	trustees, and key employees	103,883.	51,942.	20,777.	31,164.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	444,385.	354,762.	31,199.	58,424.
7	Other salaries and wages	444,303.	334,704.	31,133.	50,444.
8	Pension plan accruals and contributions (include	12 3/15	9 210	843.	2 202
0	section 401(k) and 403(b) employer contributions)	12,345. 45,854.	9,210. 34,210.	3,130.	2,292. 8,514.
9	Other employee benefits	42,396.	31,073.	4,239.	7,084.
10	Payroll taxes Fees for services (nonemployees):	42,390.	31,073.	4,239.	7,004.
11	` ' ' ' '				
a	Management				
	Legal Accounting	8,697.		8,697.	
d	Lobbying	0,037.		0,0371	
	Professional fundraising services. See Part IV, line 17	9,153.			9,153.
f	Investment management fees	3,2331			3,2331
g g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	341,086.	336,766.	320.	4,000.
12	Advertising and promotion	26,890.	26,272.		4,000. 618.
13	Office expenses	6,030.	1,827.	4,203.	
14	Information technology	25,390.	8,694.	8,221.	8,475.
15	Royalties				
16	Occupancy	52,005.		52,005.	
17	Travel	5,882.	4,972.	315.	595.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,471.	11,087.	2,580.	804.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 100		1 100	
23	Insurance	1,692.		1,692.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PRINTING AND POSTAGE	36,419.	11,134.	2,816.	22,469.
b	DUES AND FEES	3,871.	644.	3,137.	90.
c	PROGRAM EXPENSES	3,606.	3,606.	, -	
d	BANK AND CREDIT CARD FE	3,150.	157.	155.	2,838.
	All other expenses	1,275.	450.	50.	775.
25	Total functional expenses. Add lines 1 through 24e	1,188,480.	886,806.	144,379.	157,295.
26	Joint costs. Complete this line only if the organization				· · · · · · · · · · · · · · · · · · ·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2019)
Part X | Balance Sheet

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or no	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		438,296.	1	128,984.
	2	Savings and temporary cash investments	539,465.	2	965,786.	
	3	Pledges and grants receivable, net	217,190.	3	242,230.	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describe		6		
Ŋ	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	20,637.
As	9	Prepaid expenses and deferred charges		8,369.	9	7,092.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	I I			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		3,115.	15	3,115.
	16	Total assets. Add lines 1 through 15 (must eq		1,206,435.	16	1,367,844.
	17	Accounts payable and accrued expenses		17,999.	17	16,459.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
တ္	22	Loans and other payables to any current or for	mer officer, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
abi		controlled entity or family member of any of the	ese persons		22	
=	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate	ed third parties		24	
	25	Other liabilities (including federal income tax, p	payables to related third			
		parties, and other liabilities not included on line	es 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		17,999.	26	16,459.
		Organizations that follow FASB ASC 958, ch	neck here 🕨 🛚 🔻			
Ses		and complete lines 27, 28, 32, and 33.				
<u>a</u>	27	Net assets without donor restrictions		850,622.	27	652,341.
Ba	28	Net assets with donor restrictions		337,814.	28	699,044.
P		Organizations that do not follow FASB ASC	958, check here ▶ □			
币		and complete lines 29 through 33.				
5	29	Capital stock or trust principal, or current fund	s		29	
set	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	income, or other funds		31	
Net	32	Total net assets or fund balances		1,188,436.	32	1,351,385.
	33	Total liabilities and net assets/fund balances	1,206,435.	33	1,367,844.	

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	.,35	1,4	29.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	.,18	8,4	80.	
3	Revenue less expenses. Subtract line 2 from line 1	3		16	2,9	49.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1	.,35	1,3	85.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
	•				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	 Э.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed						
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b		х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	consolidated basis, or both:	ĺ					
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c		Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin						
	Act and OMB Circular A-133?			3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	dit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HIGH LINE CANAL CONSERVANCY

Employer identification number 81 – 4337938

Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.										
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only o	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	一	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
-		city, and state:	•				CARA 7	, ,			
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
·		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X	An organization that norma	ŭ				• •	public described in			
'		section 170(b)(1)(A)(vi). (C	-	ittai part of its support if	om a gove	minentai	unit of from the general p	public described in			
			•	(1)(A)(vi) (Complete Dark	· II \						
8	Н	A community trust describe									
9		An agricultural research org				-	-	•			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of the college	e or			
		university:									
10	Ш	An organization that norma									
		activities related to its exen		•				•			
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.			
		See section 509(a)(2). (Con	•								
11	Н	An organization organized a	•	•	•						
12		An organization organized a	•	•	•		•	• •			
		more publicly supported or	-					Check the box in			
		lines 12a through 12d that					, ,				
а	ı <u>L</u>		· · · · · · · · · · · · · · · · · · ·	•		-					
		the supported organization		• • • •	majority o	f the direc	tors or trustees of the su	upporting			
	_	organization. You must o									
b	· L		•					-			
		control or management o			ame persoi	ns that co	ntrol or manage the supp	ported			
	_	organization(s). You mus									
C	:						• •	ed with,			
	_	its supported organization		·							
C	I L							. ,			
		that is not functionally int	•	• ,	•		•	veness			
	_	requirement (see instructi	•	-							
e	•	Check this box if the orga					Type I, Type II, Type III				
		functionally integrated, or	• .	nally integrated supportir	ng organiza	ation.					
f		er the number of supported of	•								
		vide the following information (i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other			
	'	organization	(11) 2.11	(described on lines 1-10		ng document?	support (see instructions)	support (see instructions)			
				above (see instructions))	Yes	No		1			
_											
_											
Tota	ai						I	I			

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

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

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			1753124.	1320049.	1346965.	4420138.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			1753124.	1320049.	1346965.	4420138.
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)						260,121.
6	Public support. Subtract line 5 from line 4.						4160017.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4			1753124.	1320049.	1346965.	4420138.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			486.	2,176.	4,366.	7,028.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4427166.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	37,294.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	
_	organization, check this box and stop tion C. Computation of Publi	here	·····				▶ X
Sec	tion C. Computation of Publi	c Support Per	centage			Г	
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	<u>%</u>
	Public support percentage from 2018					15	<u>%</u>
16a	33 1/3% support test - 2019. If the				14 is 33 1/3% or m	ore, check this box	c and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2018. If the o	-			line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			=	· ·	rt VI how the organ	nization
	meets the "facts-and-circumstances"	•	•		•		
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						,
	organization meets the "facts-and-circ		-	•			
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

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

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

Se	ction A. Public Support	now, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and			, ,			
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,	1					
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support			1	T		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)					1	
	Total support. (Add lines 9, 10c, 11, and 12.)				L	=======================================	<u> </u>
14	First five years. If the Form 990 is for	•		•	•		· . —
50	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2019 (li			acluma (fl)		15	
	Public support percentage from 2018			Column (i))		16	<u>%</u> %
	ction D. Computation of Inves] 10]	70
	Investment income percentage for 20			ine 13 column (f))		17	<u></u> %
	Investment income percentage from 2					18	
	a 33 1/3% support tests - 2019. If the						
.56	more than 33 1/3%, check this box an						•
ŀ	33 1/3% support tests - 2018. If the	=	-	•	• •		
•	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

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.)

Section A. All Supporting Organizations

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

	Yes	No
1		
-		
2		
3a		
3b		
0-		
3c		
4a		
44		
4b		
4c		
5a		
5b		
5c		
33		
6		
7		
8		
9a		
9b		
30		
9c		
10a		
10b		

Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		11a		
	· · · · · · · · · · · · · · · · · · ·	11b		
	7 1 1700 10 41 51 61 61 51 61 61 61 61 61 61 61 61 61 61 61 61 61	11c		
Sec	tion B. Type I Supporting Organizations	— т	1	
	Pid the director has been been been been been been been bee		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	-		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	non or type it eapperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	71 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions),		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	g trust on I	Nov. 20, 1970 (explain in F	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	anization (see
	instructions)	. 0		•

Schedule A (Form 990 or 990-EZ) 2019

Par	I v Iype III Non-F	-unctionally integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions	Current Year			
1	Amounts paid to support				
2	Amounts paid to perform				
	organizations, in excess of				
3	Administrative expenses				
	Amounts paid to acquire				
5	•	nts (prior IRS approval required)			
6		ribe in Part VI). See instructions.			
7	,	ns. Add lines 1 through 6.			
8		supported organizations to which th	ne organization is responsive		
	(provide details in Part V		J		
9		2019 from Section C, line 6			
	Line 8 amount divided by	·			
			(i)	(ii)	(iii)
Secti	ion E - Distribution Alloca	ations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for	2019 from Section C, line 6			
2	Underdistributions, if any	, for years prior to 2019 (reason-			
	able cause required- expl	ain in Part VI). See instructions.			
3	Excess distributions carry	yover, if any, to 2019			
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
	From 2018				
f	Total of lines 3a through	е			
	Applied to underdistribut				
	Applied to 2019 distribute				
	Carryover from 2014 not				
j	Remainder. Subtract lines				
4	Distributions for 2019 fro				
	line 7:	\$			
а	Applied to underdistribut	ions of prior years			
	Applied to 2019 distributa				
	Remainder. Subtract lines				
5		ions for years prior to 2019, if			
	ū	d 4a from line 2. For result greater			
	than zero, explain in Part				
6		tions for 2019. Subtract lines 3h			
	•	sult greater than zero, explain in			
	Part VI. See instructions.				
7		rryover to 2020. Add lines 3j			
-	and 4c.	, 1 1 2 1 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1			
8	Breakdown of line 7:				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 HIGH	LINE CANAL	CONSERVANCY	81-4337938 Page 8
Part VI	Part IV, Section A, lines 1, 2, 3b, 3c	c, 4b, 4c, 5a, 6, 9a, 9b ld 3; Part IV, Section E	o, 9c, 11a, 11b, and 11c; Part IV E, lines 1c, 2a, 2b, 3a, and 3b; F	Part II, line 17a or 17b; Part III, line 12; , Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V, part for any additional information.
	(GGC Instructions.)			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

HIGH LINE CANAL CONSERVANCY

Employer identification number 81-4337938

HIGH LINE CANAL CONSERVANCY	81-433/938
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PROVIDED TO MANAGEMENT AND THE BOARD OF DI	RECTORS FOR
APPROVAL PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
DIRECTORS AND OFFICERS ARE REQUIRED TO SIGN AN ACKNOWLEDGE	MENT FORM
ANNUALLY.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON	WRITTEN REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	336,766.
MANAGEMENT AND GENERAL EXPENSES	320.
FUNDRAISING EXPENSES	4,000.
TOTAL EXPENSES	341,086.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	341,086.