Form 990

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)

▶ 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.



A For the 2020 calendar year, or tax year beginning and ending							
B c a	heck if	le: C Name of organization		D Employer identific	ation number		
X	Addr chan	ess HIGH LINE CANAL CONSERVANCY					
	Nam chan	e		81-433793	38		
	Initia returi		Room/suite	E Telephone number			
	Final	4010 E. OKCHARD KOAD		720-767-2			
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,107,280.		
	Amer	\sim CENTENNIAL, CO 80121		H(a) Is this a group re	turn		
	Appli dion pend		LAMAI	for subordinates	? Yes X No		
		SAME AS C ABOVE		H(b) Are all subordinates in			
		(empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) (or 527	1 , , , , , , , , , , , , , , , , , , ,	list. See instructions		
		ite: WWW.HIGHLINECANAL.ORG		H(c) Group exemption			
	orm c art l	of organization: X Corporation Trust Association Other Summary	L Year	of formation: 2016 N	State of legal domicile: CO		
Fa	· · · ·	•			ND ENHANCE		
e	1	Briefly describe the organization's mission or most significant activities: <u>TO PI</u> THE 71-MILE LEGACY CANAL.	<u>VESEKV</u>	E, PROIECI P			
Activities & Governance	2	Check this box	ed of more	than 25% of its net ass	ets.		
ver	3			3	17		
ဗီ	4	Number of independent voting members of the governing body (Part VI, line 1b)		17			
s S	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		13			
/itie	6	Total number of volunteers (estimate if necessary)			223		
ctiv	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)		1,346,965.	2,082,934.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
lev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,366.	2,613.		
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		98.	-28,952.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,351,429.	2,056,595.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		648,863.	781,859.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		9,153.	0.		
ğ	b	o Total fundraising expenses (Part IX, column (D), line 25) ►340, 2		E20 464	205 070		
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		530,464. 1,188,480.	295,970.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		162,949.	<u>1,077,829.</u> 978,766.		
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12					
ets or ances	20	Total access (Part V, line 16)		ginning of Current Year 1,367,844.	<u>End of Year</u> 2,381,149.		
Net Assets (Fund Balanc	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		16,459.	50,998.		
Net /	21	Net assets or fund balances. Subtract line 21 from line 20		1,351,385.	2,330,151.		
		Signature Block		_,,	_,,		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	, v	nature of offic							Date		
Here			CRITTEND	EN LAMA	AIR,	EXECUTIVE	DIREC'	LOR			
	Гур	pe or print nam	ie and title								
	Print/Typ	be preparer's n	ame		Prepare	r's signature		Date	Check	PTIN	
Paid	KEVIN	RICKM	IAN			-			if self-employed	P012408	96
Preparer						PAS, P.C.			Firm's EIN 🕨 84	-0930288	3
Use Only	Firm's ad	ldress ⊾ 90)0 S. MAI	N STRE	ET, S	SUITE 200					
		LC	NGMONT ,	CO 805	01				Phone no. 303-	776-2160)
May the I	May the IRS discuss this return with the preparer shown above? See instructions										
032001 12-2	3-20 LH	HA For Pap	erwork Reduct	on Act Notic	e, see t	he separate instruc	tions.			Form 990	(2020)

Form	1990 (2020) HIGH LINE CANAL CONSERVANCY	81-4337938	Page 2
Pa	rt III Statement of Program Service Accomplishments		9
	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 SUPPO	RT
	FROM EACH JURISDICTION AND IN PARTNERSHIP WITH DENVER WAT	ER.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	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	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured 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, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 580, 699. including grants of \$) (Revenue	s 9,	671.)
	PRESERVE, PROTECT AND ENHANCE THE HIGH LINE CANAL THROUGH	LEADERSHIP	,
	STEWARDSHIP, ADVOCACY AND EDUCATION. THE ORGANIZATION'S V	ISION FOR T	HE
	FUTURE IS TO PERMANENTLY PRESERVE THE 71-MILE LINEAR GREE	NWAY THAT	
	CREATES CONNECTIONS; ENHANCES RECREATION; LEVERAGES ECONO	MIC GROWTH;	
	AND IMPROVES ENVIRONMENTAL HEALTH.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		•	/
-			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	:\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 580 , 699.		

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	t IV Checklist of Required Schedules			aye •
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	
•		1		
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2		
		<u> </u>		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			1
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			1
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			1
•	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		
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		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		
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?			1
	If "Yes," complete Schedule D, Part IV	9		
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		
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		
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		
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		
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		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
	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		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		1
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		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,		17		1
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 ''-		
10		18		1
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		1
00-	complete Schedule G, Part III	19		
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	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			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	L

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 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 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			
	Schedule K. If "No," go to line 25a	24a		X X
b	5 71 1 7 1 71 1	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		<u>x</u>
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			v
	Schedule L, Part I	25b		<u>x</u>
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%			v
07	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		X 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	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
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>	000		x
b	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> 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
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	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? <i>If</i> "Yes," <i>complete</i>	-		
02	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		Х
	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?	_		_
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Par	t 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 13						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
с	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		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	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						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-					
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.						
u	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						
•							
		14a		X			
14a h	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a 14b		- 23			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
10	excess parachute payment(s) during the year?	15		x			
	If "Yes," see instructions and file Form 4720, Schedule N.	10					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x			
	If "Yes," complete Form 4720, Schedule O.						
			000				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
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 1b 17								
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		х					
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									
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X					
	more members of the governing body?	7a		х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
~	persons other than the governing body?	7b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
		8a	x						
a h									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	X						
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	(mis Section & requests information about policies not required by the internal Revenue Code.)		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
		12b	X						
c	 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c. Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yee," describe 								
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done								
13	Did the organization have a written whistleblower policy?	12c 13	X X						
14	Did the organization have a written document retention and destruction policy?	14		Х					
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?								
а	The organization's CEO, Executive Director, or top management official	15a		Х					
	Other officers or key employees of the organization	15b		Х					
-	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		Х					
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)	s only)	availal	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									
	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								
	4010 E. ORCHARD ROAD, CENTENNIAL, CO 80121								

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	I	11124		C)	ip or	louit	(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
Name and the	hours per					than o s both		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensa		(W-2/1099-MISC)		organization
	organizations	al tru:	onal t		oloyee	e comp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DIRK MCDERMOTT	line)	<u> </u>	Ĕ	5	Ke	e <u>F</u>	Ъ			
	2.00	v		v				0.	0	
CHAIR (2) MARTY ZELLER	2.00	Х	<u> </u>	X	<u> </u>			0.	0.	0.
	2.00	v		v				0.	0	
VICE CHAIR	2 00	Х		X				0.	0.	0.
(3) PAULA HERZMARK	2.00			v				0.	0	
VICE CHAIR (4) TRACY YOUNG	2.00	Х		X				0.	0.	0.
SECRETARY	2.00	x		x				0.	0.	
(5) GRAHAM HOLLIS	2.00	<u> </u>	-	<u> </u>				U •	0.	0.
TREASURER	2.00	x		x				0.	0.	0.
(6) NINA BEARDSLEY ITIN	1.00	<u> </u>	-	<u> </u>				0.	0.	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
(7) JOCK BICKERT	1.00	^	<u> </u>		<u> </u>			0.	0.	<u></u>
DIRECTOR	1.00	x						0.	0.	0.
(8) KENDRA BLACK	1.00	<u>^</u>						0.	0.	0.
EX OFFICIO	1.00	x						0.	0.	0.
(9) JAMES BOLT	1.00								0.	
DIRECTOR	1.00	x						0.	0.	0.
(10) DANIEL BROGAN	1.00									
DIRECTOR	1.00	x						0.	0.	0.
(11) KARL FRIEDMAN	1.00							Ŭ.		<u>.</u>
DIRECTOR	1.00	x						0.	0.	0.
(12) MIKE ROSSER	1.00									
DIRECTOR	1.00	x						0.	0.	0.
(13) NANCY SHARP	1.00									
EX OFFICIO		x						0.	0.	0.
(14) JOSH TENNESON	1.00									
DIRECTOR		x						0.	0.	0.
(15) KATHY TYREE	1.00									
DIRECTOR		x						0.	0.	0.
(16) TOM WAYMIRE	1.00	1								
DIRECTOR		x						0.	0.	0.
(17) SUZANNE WHITE	1.00	1								
DIRECTOR		x						0.	0.	0.
	•									Earm 990 (2020)

	990 (2020) HIGH LINE	E CANAL	CO	NS:	ER	VA	NC	Y		81-43	<u>337</u>	938	Page 8
Par	t VII	Section A. Officers, Directors, Trus	tees, Key Emp	loye	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
		(A)	(B)			(0	C)			(D)	(E)		((F)
		Name and title	Average	(-1-			itior			Reportable	Reportable			mated
			hours per		not ch unles					compensation	compensatio		amo	unt of
			week		cer and					from	from related			ther
			(list any	ctor						the	organization	s	compe	ensation
			hours for	· dire				- R		organization	(W-2/1099-MIS	5C)	fror	n the
			related	tee oi	Istee			ensat		(W-2/1099-MISC)			orgar	nization
			organizations	trus	al tri		oyee	dmo					and	related
			below	ndividual trustee or director	nstitutional trustee	er	Key employee	est c loyee	ler				organ	izations
			line)	Indiv	Insti	Officer	Key (Highest compensated employee	Former					
(18)	HARI	RIET CRITTENDEN LAMAIR	40.00											
EXEC	UTIVI	E DIRECTOR				х				102,785.		0.	23	,922.
														<u> </u>
												$ \longrightarrow $		
					\vdash			-				-+		
										100 805		_		
1b	Subt	otal								102,785.		0.	23	,922.
С	Tota	I from continuation sheets to Part VI	I, Section A							0.		0.		0.
d	Tota	I (add lines 1b and 1c)								102,785.		0.	23	,922.
2	Total	number of individuals (including but n	ot limited to the	ose	listed	d ab	ove	e) wh	io re	eceived more than \$100,0	000 of reportable	;		
	comp	pensation from the organization												1
													۲	'es No
3	Did t	he organization list any former officer,	director, truste	e. k	ev e	mpl	ove	e. or	hia	hest compensated emplo	ovee on	ſ		
-		.	-		-	•			Ŭ	• • •			3	X
4		a? If "Yes," complete Schedule J for s ny individual listed on line 1a, is the su										····		
4														x
_		related organizations greater than \$150											4	
5		iny person listed on line 1a receive or a												37
		ered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch p	oers	on .					5	X
Sec	tion B	3. Independent Contractors												
1	Com	plete this table for your five highest co	mpensated ind	epe	nden	t cc	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion from	ו
	the o	rganization. Report compensation for	the calendar ye	ear e	ndin	g wi	ith c	or wi	thin	the organization's tax ye	ar.			
		(A)								(B)			(C)	
		Name and business	address	NC	ONE					Description of se	ervices	С	ompens	ation
2	Total	number of independent contractors (in	ncluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	re than			
	\$100	.000 of compensation from the organi	zation 🕨				()						

						AN	AL CONSE	RVANCY		81-4337	938 Page 9
Pa	rt V	111	Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a respo	nse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
										business revenue	sections 512 - 514
(0 (0	4	_	Federated campaigns		1a						
ants	•							1			
Sr.			Membership dues				277 227	-			
ts, An			Fundraising events				277,227.	4			
Gif		d	Related organizations					-			
ini,		е	Government grants (contr	ributi	ons) 1e		371,668.	4			
tior S		f	All other contributions, gifts,	grant							
but			similar amounts not included	l abov	/e 1f	<u>1,</u>	434,039.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in	lines 1	la-1f 1g \$						
Col		h	Total. Add lines 1a-1f					2,082,934.			
							Business Code				
•	2	а									
vice		b									
er, ue											
n S /en		с									
Program Service Revenue		d									
roc		е									
Ъ			All other program service								
		g	Total. Add lines 2a-2f								
	3		Investment income (includ	ding	dividends, ir	ntere	est, and				
			other similar amounts)				►	2,613.			2,613.
	4		Income from investment of	of tax	exempt bo	nd p	roceeds				
	5 Royalties				►						
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a				1			
	•	h	Less: rental expenses	6b				1			
		2	Rental income or (loss)	6c							
		ں ا	· · · ·								
			Net rental income or (loss) <u>.</u>	(i) Soouriti		(ii) Othor				
	7	а	Gross amount from sales of		(i) Securiti	es	(ii) Other	4			
			assets other than inventory	7a				-			
		b	Less: cost or other basis								
ani			and sales expenses	7b							
evenue		с	Gain or (loss)	7c							
Ř		d	Net gain or (loss)			. <u></u>	►				
Other	8	а	Gross income from fundraisi	ng ev	ents (not						
Oth			including \$ 277	2,2	27. of						
-			contributions reported on								
			Part IV, line 18			8a	1.350.				
		h	Less: direct expenses			8b	-				
							55,515.	-38,623.			-38,623.
			Net income or (loss) from				····· 🕨	-30,023.			-30,023.
	9	а	Gross income from gamin								
			Part IV, line 19			<u>9a</u>					
			Less: direct expenses			9b					
		С	Net income or (loss) from	gam	ing activities	°	>				
	10	а	Gross sales of inventory,	less i							
			and allowances			10a	20,383.				
		b	Less: cost of goods sold			10b	10,712.				
			Net income or (loss) from					9,671.	9,671.		
			(/ ••				Business Code				
snu	11	а									
oer ue	••	-				_					
illar ven		b				_					
Miscellaneous Revenue		C									
Mi			All other revenue								
		e	Total. Add lines 11a 11d						0 671	0	26 010
	12		Total revenue. See instruction	ons			🕨	2,056,595.	9,671.	0.	-36,010.

HIGH LINE CANAL CONSERVANCY Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	102,785.	51,393.	20 556	20 026
~	trustees, and key employees	102,705.	51,393.	20,556.	30,836
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	557,750.	308,871.	44,301.	204,578
7	Other salaries and wages		500,071.	±4,301•	204,J/0
8	Pension plan accruals and contributions (include	14,541.	10,906.	872.	2 763
0	section 401(k) and 403(b) employer contributions)	57,282.	24,259.	18,301.	2,763 14,722
9 10	Other employee benefits	49,501.	26,597.	4,769.	18,135
10	Payroll taxes Fees for services (nonemployees):	Ŧ, JUI•	20,357•	=,,0,.	10,100
	Management				
a b					
c	•	10,486.		9,136.	1,350
d		10,1000		5,2500	1,550
e					
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	119,820.	99,332.	1,800.	18,688.
12	Advertising and promotion	34,629.	13,140.	,	21,489
13	Office expenses	5,556.	625.	4,892.	39.
14	Information technology	21,130.	4,616.	11,151.	5,363
15	Royalties				
16	Occupancy	29,400.		29,400.	
17	Travel	2,280.	1,571.	116.	593.
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,918.	939.	849.	130.
20	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	3,076.		3,076.	
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.) PRINTING AND POSTAGE	50,212.	33,658.	1,594.	14,960
a b	BANK AND CREDIT CARD FE	4,500.	876.	254.	3,370
и с	DUES AND FEES	4,110.	860.	2,337.	913
c d	MISCELLANEOUS	3,749.	1,146.	336.	2,267
e e		5,104.	1,910.	3,119.	75
е 5	Total functional expenses. Add lines 1 through 24e	1,077,829.	580,699.	156,859.	340,271
. <u>5</u> 26	Joint costs . Complete this line only if the organization	_, . , , , 0 _ , .			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Time if following SOP 98-2 (ASC 958-720)				

HIGH	LINE	CANAL	CONSERVANCY

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art	^	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			128,984.	1	702,920
	2	Savings and temporary cash investments	965,786.	2	1,380,960		
	3	Pledges and grants receivable, net	242,230.	3	185,968		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantia	contributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	alified p	ersons (as defined			
		under section 4958(f)(1)), and persons describ	oed in se	ction 4958(c)(3)(B)		6	
0	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			20,637.	8	750
¥	9				7,092.	9	82,473
1	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		19,808.			
	b	Less: accumulated depreciation		1	0.	10c	19,808
1	11	Investments - publicly traded securities				11	5,155
1	12	Investments - other securities. See Part IV, lin				12	
1	13	Investments - program-related. See Part IV, lir				13	
1	14	Intangible assets			14		
1	15	Other assets. See Part IV, line 11	3,115.	15	3,115		
1	16	Total assets. Add lines 1 through 15 (must e	1,367,844.	16	2,381,149		
1	17	Accounts payable and accrued expenses	16,459.	17	50,998		
1	18	Grants payable				18	
1	19	Deferred revenue				19	
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Comple				21	
。 2	22	Loans and other payables to any current or fo					
		trustee, key employee, creator or founder, su	bstantia	contributor, or 35%			
		controlled entity or family member of any of th			22		
2 ^ت	23	Secured mortgages and notes payable to unr	-	F		23	
2	24	Unsecured notes and loans payable to unrela		· · · · · · · · · · · · · · · · · · ·		24	
2	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir					
		of Schedule D		, .		25	
2	26	Total liabilities. Add lines 17 through 25			16,459.	26	50,998
		Organizations that follow FASB ASC 958, c					
sel		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			652,341.	27	968,491
	28	Net assets with donor restrictions			699,044.	28	1,361,660
2		Organizations that do not follow FASB ASC					
2		and complete lines 29 through 33.					
2	29	Capital stock or trust principal, or current fun-	ds			29	
3 3	30	Paid-in or capital surplus, or land, building, or				30	
ξ a	31	Retained earnings, endowment, accumulated				31	
-	32	Total net assets or fund balances			1,351,385.	32	2,330,151
_	33	Total liabilities and net assets/fund balances			1,367,844.	33	2,381,149

Form **990** (2020)

Form 990 (2020) HIGH L Part X Balance Sheet

	990 (2020) HIGH LINE CANAL CONSERVANCY	81-43	37938	Pag	_{je} 12
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	2,056		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,077		
3	Revenue less expenses. Subtract line 2 from line 1	3	978		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,351	.,38	35.
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	2,330),1	51.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

SCI	HED	UL	Ε.	Α
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2020
Open to Public Inspection

T

Name	of t	the organization							identification number
David		HIGH	LINE CANA	L CONSERVANC	Y			8	1-4337938
Part		Reason for Public (ee instruction	S.	
	gan	ization is not a private found	-		-	-			
1	4	A church, convention of ch					I)(A)(i).		
2	4	A school described in section		-					
3 [4	A hospital or a cooperative					-		
4 [A medical research organize	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	_	city, and state:							. al ::a
5 _		An organization operated for		liege or university owned	or operat	ed by a go	overnmental u	nit describe	a in
o [_	section 170(b)(1)(A)(iv). (C		e and a local the data and the set for		70/L-\/_4\/_A\	()		
6 ∟ 	X	A federal, state, or local gov	-						u de lie, ele e suite e el ine
7 [.	Δ	An organization that norma	•	nual part of its support i	rom a gove	ernmentai		ie general p	Sublic described in
8		section 170(b)(1)(A)(vi). (C		(1)(A)(vi) (Complete Der	+ 11 \				
8 _ 9 [=	A community trust describe An agricultural research org			-	nd in coniu	unction with a	land grant	collogo
9 [or university or a non-land-g				-		-	-
		university:	fram concept of agrico			name, eny	, and state of	the conege	
10		An organization that norma	Ilv receives (1) more t	than 33 1/3% of its supr	ort from c	ontributior	ns. membersh	ip fees, and	d gross receipts from
		activities related to its exem							
		income and unrelated busir		-					-
		See section 509(a)(2). (Cor		· · · · · · · · · · · · · · · · · · ·			, .		,
11 [An organization organized a	-	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	or section	509(a)(2).	See section	509(a)(3).	Check the box in
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	i majority c	of the direc	tors or truste	es of the su	ipporting
		_ organization. You must c	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ing
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	-						
С		Type III functionally inte						ly integrate	d with,
		its supported organization		-					
d		J Type III non-functionally						-	
		that is not functionally int			•		-	an attentiv	reness
		requirement (see instructi	-	-					
е		Check this box if the orga					туре і, туре	п, туре п	
f	Ento	functionally integrated, or er the number of supported o		, , , , , , , , , , , , , , , , , , , ,	0 0	ation.			
		vide the following information	•	d organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total									

Schedule A (Form 990 or 990-EZ) 2020 HIGH LINE CANAL CONSERVANCY 81-4337 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

81-4337938 Page 2

(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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		1753124.	1320049.	1346965.	2082934.	6503072.
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.	2082934.	6503072.
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)						756,743.
6	Public support. Subtract line 5 from line 4.						5746329.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4		1753124.	1320049.	1346965.	2082934.	6503072.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		486.	2,176.	4,366.	2,613.	9,641.
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						6512713.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	59,027.
	First 5 years. If the Form 990 is for th					01(c)(3)	
	organization, check this box and stop	-		· · ·			X
Sec	tion C. Computation of Publi						
14	Public support percentage for 2020 (li	ne 6, column (f), d	ivided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the c	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2019. If the c	organization did no	ot check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c				
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	-		• • • •			
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio						

Schedule A (Form 990 or 990-EZ) 2020

	(Form 990 or 990-EZ)						
Part III	Support Schedu	ile for (Organi	zations	Describe	ed 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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	-			-		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019		•			16	%
	ction D. Computation of Invest						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2020. If the					· · · ·	
	more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the	nd stop here. The	organization quali	fies as a publicly s	supported organizat	tion	
Ľ	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
				,,			······································

Schedule A (Form 990 or 990-EZ) 2020 HIGH LINE CANAL CONSERVANCY

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Schedule A (Form 990 or 990 EZ) 2020 HIGH LINE CANAL CONSERVANCY

Pa	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described in line 11a above? 11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization. 2		
Sec	tion C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? 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).		
Sec	tion D. All Type III Supporting Organizations		

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the	organization used to satisf	y the Integral Part Test durin	ig the year (see instructions).
---	---	-----------------------------	--------------------------------	---------------------------------

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of e	each of its supported	d organizations.	Complete line 3 below.
---	--	------------------	--------------------	-----------------------	------------------	------------------------

с] The organization supported a g	overnmental entity.	Describe in Part VI how	vou supported a governmental entity	(see instructions).
---	--	----------------------------------	---------------------	-------------------------	-------------------------------------	---------------------

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

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

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

2a

2b

3a

3b

Yes No

1

Schedule A	(Form 990 or 990-EZ) 2020	HIGH	LINE	CANAL	CONSERVANCY	
Part V	Type III Non-Function	onally In	tegrate	d 509(a)(3	Supporting Organizations	5

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

Secti	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		
Secti	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 HIGH LINE CANAL CONSERVANCY

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp		T		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

<u>Schedule</u> A	(Form 990 or 990-EZ) 2020 HIGH	LINE CANAL C	ONSERVANCY	81-4337938	Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c.	Provide the explanations , 4b, 4c, 5a, 6, 9a, 9b, 9c d 3; Part IV, Section E, lin	required by Part II, line 10; 11a, 11b, and 11c; Part IV, es 1c, 2a, 2b, 3a, and 3b; P	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Sectio art V, line 1; Part V, Section B, line 1e; F art for any additional information.	on C, Part V,

SCHEDULE D)
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(Form 9	9 90)
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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.



	ment of the Treasury I Revenue Service	● A ●Go to www.irs.gov/Form99	Attach to Form 990 0 for instructions		nation.		Inspect	tion		
	e of the organizati						r identificatio			
	HIGH LINE CANAL CONSERVANCY 81-4337938									
Pa		ations Maintaining Donor Advised		er Similar Funds	s or Acc	ounts.	Complete if t	he		
	organizatio	n answered "Yes" on Form 990, Part IV, line		dvised funds				<u> </u>		
		_	(b	(b) Funds and other accounts						
1	Total number at er									
2		f contributions to (during year)								
3		f grants from (during year)								
4		t end of year								
5	-	on inform all donors and donor advisors in w	-				—	<u> </u>		
		on's property, subject to the organization's e					. 🔄 Yes	└── No		
6	•	on inform all grantees, donors, and donor ad	•	•						
		ooses and not for the benefit of the donor or				•				
Pa	t II Conserv	ate benefit? ation Easements. Complete if the orga	anization answorod	l "Voc" on Form 000	Dort IV li	no 7	Yes	└── No		
1		servation easements held by the organization			Fait IV, II					
		of land for public use (for example, recreati	· ·	Preservation o	of a bistori	cally impo	rtant land are	2		
		of natural habitat	ion of education)	Preservation of		•		a		
		n of open space					Siluciule			
2		through 2d if the organization held a qualifie	ed conservation co	ntribution in the form	of a cons	ervation e	asement on t	he last		
-	day of the tax year						at the End of t			
а					F	2a				
b					Г	2b				
c	-	vation easements on a certified historic strue				2c				
d		vation easements included in (c) acquired af								
		nal Register			I	2d				
3		vation easements modified, transferred, rele				ation durin	g the tax			
	year 🕨		· -	-	-		-			
4	Number of states	where property subject to conservation ease	ement is located 🕨		_					
5	Does the organiza	tion have a written policy regarding the perio	odic monitoring, ins	spection, handling of						
	violations, and enf	orcement of the conservation easements it I	holds?				Yes	No		
6	Staff and voluntee	r hours devoted to monitoring, inspecting, h						ear		
	▶									
7	Amount of expens	es incurred in monitoring, inspecting, handli	ing of violations, ar	nd enforcing conserva	ation ease	ments dur	ing the year			
	▶\$									
8		vation easement reported on line 2(d) above	satisfy the require	ments of section 170	0(h)(4)(B)(i)					
	and section 170(h)						Yes	No No		
9	-	be how the organization reports conservation		•						
	balance sheet, and	d include, if applicable, the text of the footno	ote to the organizat	ion's financial statem	nents that	describes	the			
Do	organization's acc	ounting for conservation easements. ations Maintaining Collections of a	Art Historical	Transuran or O	thar Sir	nilor Ao	aata			
Fai		-		Treasures, or O		illiai AS	5015.			
		f the organization answered "Yes" on Form 9			l l l					
1a	-	elected, as permitted under FASB ASC 958	-							
		easures, or other similar assets held for publ				e of public	;			
L	· •	Part XIII the text of the footnote to its finance				boot work	o of			
b	-	elected, as permitted under FASB ASC 958								
	•	sures, or other similar assets held for public or amounts relating to these items:		on, or research in tur	ineratice C	n public se	si vice,			
						▶ \$				
		ded on Form 990, Part VIII, line 1 ed in Form 990, Part X				► ³				
2	.,			ilar assets for financi						
2				If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:						

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

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2020

▶ \$ \$

Sche		NE CANAL CO					81-43			age 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, or Oth	er Si	imila	r Assets	(continu	ied)	
3	Using the organization's acquisition, accession	on, and other record	ls, check any of the	following that make	signif	ficant u	use of its	·		
	collection items (check all that apply):									
а	Public exhibition	c	Loan or ex	change program						
b	Scholarly research	e		0 1 0						
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how they further	the organization's ex	empt	purpo	se in Part	XIII		
5	During the year, did the organization solicit or		•	-	-					
Ū	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang) Part IV I			<u>, 110</u>
	reported an amount on Form 990, Par		oto il tilo organizati		5111 01		, i altiv, i			
1a	Is the organization an agent, trustee, custodia		liary for contributio	ns or other assets no	t inclu	Ided				
14	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII a						······ ∟] 163	L] 110
b			nowing table.		1			Amount		
•	Paginning balance					1c		Amount		
	Beginning balance					1d				
	Additions during the year					1e				
e f	Distributions during the year					1f				
0-	Ending balance Did the organization include an amount on Fo							Yes		No
	-				•		∟]
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if									<u></u>
		(a) Current year	(b) Prior year	(c) Two years back		Three	/ears back	(a) Four y	leare	
10	Beginning of year balance	(a) Ourrent year			(u)		Cars Dack		10413	Jack
h	Contributions									
0	Net investment earnings, gains, and losses									
	Grants or scholarships									
d										
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	•	e (line 1g, column (a)) neid as:						
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С		%								
•	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	•								
за	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	and administered for	the or	rganiza	ation	Г.	.	
	by:								<u>res</u>	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
	If "Yes" on line 3a(ii), are the related organizat			?				3b		
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipment		wment funds.							
1 41	Complete if the organization answered		Dert IV line 11e	Soo Form 000 Dort '	V line	10				
	· · · · · · · · · · · · · · · · · · ·									
	Description of property	(a) Cost or c basis (investr	• •			mulate	a	(d) Book	value)
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other			19,808.						08.
	. Add lines 1a through 1e. (Column (d) must ed		X. column (B). line	10c.)				19	,80)8.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020	HIGH	LINE	CANAL	CONSERVANCY	
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Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	(b) Book value
	(a) Description of liability	
(1)	(a) Description of liability	
(1) (2)	(a) Description of liability	
(1) (2) (3)	(a) Description of liability	
(1) (2) (3) (4)	(a) Description of liability	
(1) (2) (3) (4) (5)	(a) Description of liability	
(1) (2) (3) (4) (5) (6)	(a) Description of liability	
(1) (2) (3) (4) (5) (6) (7)	(a) Description of liability	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

_	edule D (Form 990) 2020 HIGH LINE CANAL CONSERV.		81-4337938 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.,)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	-	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)	
Pa	rt XIII Supplemental Information.		

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

SCHEDULE G	Suppleme	ntal Information Regardin	g Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)	organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury		Attach to Form 9						Open to Public Inspection
Name of the organization	► Go to www.irs.gov/Formago for instructions and the latest information.							
Name of the organization		NE CANAL CONCEDUA	NOV					ntification number ດວວ
Dort L Eundroia		NE CANAL CONSERVA					81-4337	
	complete this part	Complete if the organization answ	wered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
· · · ·	• •	 ed funds through any of the follow	vina activ	vitios (Check all that apply			
a Mail solicitat	-		-		overnment grants			
	email solicitations			0	nment grants			
c Phone solicit			ial fundra					
d 🗌 In-person sol	licitations	0 1		Ũ				
2 a Did the organizatio	n have a written o	r oral agreement with any individu	al (includ	ling of	ficers, directors, trus	tees,	or	
key employees liste	ed in Form 990, Pa	art VII) or entity in connection with	professi	onal fi	undraising services?		Yes	No No
b If "Yes," list the 10	highest paid indiv	iduals or entities (fundraisers) pur	suant to	agreei	ments under which th	ne fur	ndraiser is to be	•
compensated at le	ast \$5,000 by the	organization.						
	(ii) Activity (indexisor) (i) (i) (i) (ii) (ii) (ii) (ii) (ii)					(vi) Amount paid to (or retained by) organization		
			Yes	No				
Total			<u></u>					
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solici	t contrib	utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 HIGH LINE CANAL CONSERVANCY

81-4337938 Page 2

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.

		of fundraising event contributions and gro	533 Income on 1 0nn 330		ventis with gross receipt	is greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			THE WALK			(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Sevenue						
eve	1	Gross receipts	278,577.			278,577.
щ						
	2	Less: Contributions	277,227.			277,227.
			4			1 250
	3	Gross income (line 1 minus line 2)	1,350.			1,350.
	4	Cash prizes				
	5	Noncosh prizos				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
,xpe	Ũ					
сt	7	Food and beverages				
Dire		G				
_	8	Entertainment				
	9	Other direct expenses				39,973.
		Direct expense summary. Add lines 4 through				39,973.
De	11	Net income summary. Subtract line 10 from li				-38,623.
Fd	nrt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$13,000 off Form 990-EZ, life 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Ine			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
Å	1	Gross revenue				
s	2	Cash prizes				
asua						
Direct Expenses	3	Noncash prizes				
сt						
Dire	4	Rent/facility costs				
_	E	Other direct expenses				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor				
	-					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac		states?		Yes No
b) IT "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	woked, suspended, or te	rminated during the tax y	ear?	Yes No
		Yes," explain:		iatoa aaning the tax y		
		· · ·				
	_					

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 HIGH LINE CANAL CONSERVANCY 81	-4337	938	Page 3
-	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
40	to administer charitable gaming?	🗀	Yes	└── No
	Indicate the percentage of gaming activity conducted in:	1.0	1	
	a The organization's facility			%
	a An outside facility	. 13 b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
	 If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$ If "Yes," enter name and address of the third party: 			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 		Yes	No No
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lir	nes 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

	(continued)	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



99,332.

1,800.

18,688.

119,820.

Employer identification number 81 - 4337938

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

THE FORM 990 IS PROVIDED TO MANAGEMENT AND THE BOARD OF DIRECTORS FOR

HIGH LINE CANAL CONSERVANCY

APPROVAL PRIOR TO FILING.

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

DIRECTORS AND OFFICERS ARE REQUIRED TO SIGN AN ACKNOWLEDGEMENT 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

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 119,820.