EXTENDED TO NOVEMBER 15, 2022

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A I</u>	For the	2021 calendar year, or tax year beginning and	ending		
B	Check if applicabl	C Name of organization		D Employer identific	cation number
Г	Addre	HIGH LINE CANAL CONSERVANCY			
	Name chang			81-43379	38
L	Initial return	,	Room/suite	E Telephone numbe	
	Final return	4010 E. ORCHARD ROAD	720-767-		
	termin ated Amen			G Gross receipts \$	4,838,322.
Ļ	return	CENTENNIAL, CO 80121		H(a) Is this a group re	
	Application pendi		LAMAI	for subordinates	·····= =
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ()	or 527	1	list. See instructions
		e: WWW.HIGHLINECANAL.ORG	1	H(c) Group exemptio	
	orm of	organization: X Corporation	L Year	of formation: ZUID N	M State of legal domicile; CO
F		-	7777777		AND ENITANCE
Governance	1	Briefly describe the organization's mission or most significant activities: ${ m \underline{TO}\ \ PI}$	XESEK V	E, PROIECI Z	AND ENHANCE
rna	2	Check this box 🕨 🔛 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	
ove.	3			3	17
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			17
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			18
ĬĖ	6	Total number of volunteers (estimate if necessary)			540
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	· · · · · · · · · · · · · · · · · · ·		0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		2,082,934.	4,825,043.
en.	9	Program service revenue (Part VIII, line 2g)		0.	0. 768.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,613. -28,952.	-44,482.
	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,056,595.	4,781,329.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		781,859.	873,253.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
en	h	Total fundraising expenses (Part IX, column (D), line 25)	28.	<u> </u>	
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		295,970.	688,635.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,077,829.	1,561,888.
		Revenue less expenses. Subtract line 18 from line 12		978,766.	3,219,441.
Or Se	3		Ве	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		2,381,149.	5,649,262.
ASS	21	Total liabilities (Part X, line 26)		50,998.	99,670.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		2,330,151.	5,549,592.
Pa	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules		•	/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Signature of officer		Dete	
Sig			TD T C T C	Date	
Her	е	HARRIET CRITTENDEN LAMAIR, EXECUTIVE D Type or print name and title	TRECTO)K	
			Τr	Date Check	PTIN
Da!		Print/Type preparer's name Preparer's signature	'	if L	
Paid		KEVIN RICKMAN Firm's name ► BROCK AND COMPANY, CPAS, P.C.		self-employ	84-0930288
	parer Only	Firm's name BROCK AND COMPANY, CPAS, P.C. Firm's address 900 S. MAIN STREET, SUITE 200		FIRM'S EIN	04-0330200
use	Unity	LONGMONT, CO 80501		Dhone no 30	3-776-2160
May	the II	RS discuss this return with the preparer shown above? See instructions		Filolie IIo. 3 0	X Yes No

	Check if Schedule O contains a response or note to any line in this Part III	٦
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?)
	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 No. 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 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. (Code:) (Expenses \$ 1,036,650 • including grants of \$) (Revenue \$ 3,994 •	_
4a	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.	
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41.		_
4b	(Code:) (Expenses \$.)
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		_
		_
4c	(Code:) (Expenses \$.)
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		-
		-
		-
		-
4d	Other program services (Describe on Schedule O.)	_
-r u	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,036,650.	-

Form 990 (2021) 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)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,
	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
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		x
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		x
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		x
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				
	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	L	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. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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 (2021)

Part IV Checklist of Required Schedules	(continued)
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			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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			Х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	27		Х
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		22
20	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>			
а		28a		х
h	"Yes," complete Schedule L, Part IV 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 line 28a or 28b? <i>If</i>	200		
Ū	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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		Х
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		Х
	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 on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
. ui	Check if Schodulo O contains a response or note to any line in this Bart V			
	Check if Schedule O contains a response or note to any line in this Part V			NI.
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ıa b				
C	Elici di chambel chi oma viza molacca chi mo ta. Elici ci mot approable			
C	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2021) HIGH LINE CANAL CONSERVANCY

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

			Yes	No
2 a	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 18		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country	-1 a		
	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
8	proposition arganization have evere business heldings 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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
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.	120		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
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?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2021) HIGH LINE CANAL CONSERVANCY 81-4337938 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6

	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			
	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		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		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
74	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
D		7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	- 21	
9		9		х
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21
	tion DTT choice (This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	162	X
		iva		- 21
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia	21	
		12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
С		40-	Х	
40	on Schedule O how this was done	12c 13	X	
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14		Х
14	Did the process for determining compensation of the following persons include a review and approval by independent	14		21
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		15a		Х
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15b		X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		21
160				
IVa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		Х
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		21
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h		
Sac	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 10	List the states with which a copy of this Form 990 is required to be filed NONE 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	ovoile!	olo.
18	for public inspection. Indicate how you made these available. Check all that apply.	Orliy)	avalidi	JI C
10	Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	fines	sia!	
19		ııı ıdi i(vial	
20	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			
	TOIO D. ORCHAND ROAD, CENTENNIAD, CO OULZI			

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than d	nne.	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week	_	cer an	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	tional	١.	nploy	st con	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DIRK MCDERMOTT	2.00	_	_		_	1 0				
CHAIR		Х		Х				0.	0.	0.
(2) MARTY ZELLER	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) PAULA HERZMARK	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) TRACY YOUNG	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) GRAHAM HOLLIS	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) KENDRA BLACK	1.00									
EX OFFICIO		Х						0.	0.	0.
(7) JAMES BOLT	1.00									
DIRECTOR		Х						0.	0.	0.
(8) KARL FRIEDMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(9) MIKE ROSSER	1.00									
DIRECTOR		Х						0.	0.	0.
(10) NANCY SHARP	1.00									
EX OFFICIO		Х						0.	0.	0.
(11) JOSH TENNESON	1.00									
DIRECTOR		Х						0.	0.	0.
(12) KATHY TYREE	1.00									
DIRECTOR		Х						0.	0.	0.
(13) TOM WAYMIRE	1.00									
DIRECTOR		Х						0.	0.	0.
(14) SUZANNE WHITE	1.00									
DIRECTOR		Х						0.	0.	0.
(15) TOM GART	1.00									
DIRECTOR		Х						0.	0.	0.
(16) CRAIG JONES	1.00									
DIRECTOR		Х						0.	0.	0.
(17) JASON SWANN	1.00									
DIRECTOR		Х						0.	0.	0.
										Form 990 (2021)

Form **990** (2021)

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hi	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(do		Posi heck i			one	Reportable	Reportable		Est	imate	∍d
	hours per	box	, unle	ss per	rson i	is botl	n an	compensation	compensation	า	am	ount	of
	week		Cei ai	lu a u	liecic	Titus	(66)	from	from related		l	other	
	(list any hours for	lirecto						the	organizations (W-2/1099-MIS		comp	ensa m th	
	related	eord	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	C/	l	ınizat	
	organizations	Individual trustee or director	Institutional trustee		ee/	mpen		1099-NEC)	1033 (420)			relat	
	below	idual	ution	7.	oldm	sst co	-E				orgai		
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former						
(18) HARRIET CRITTENDEN LAMAIR	40.00												
EXECUTIVE DIRECTOR				Х				126,593.		0.	15	, 8	12.
		1											
		1											
		1											
-													
		1											
						\vdash							
		1											
-													
		1											
						-							
		1											
						\vdash							
		1											
	l .						\vdash	126,593.		0.	1 5	. 0	12.
1b Subtotal								0.		0.	13	, 0	0.
c Total from continuation sheets to Part VI										0.	1 0		
d Total (add lines 1b and 1c)								126,593.			13	, 8	12.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				1
compensation from the organization												V	1
												Yes	No
3 Did the organization list any former officer,	•		•		•		_		•				37
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	•							•	•				
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a	•				•			ū					l
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch r	oers	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										ensa	tion fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)				_				(B)			(C		
Name and business	address	N	INC	5			\dashv	Description of s	ervices		compen	satio	n
							\dashv						
2 Total number of independent contractors (in	ncluding but n	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation 🕨				()							
											C	an /	0001)

81-4337938

		Check if Schedule O contains a response of	or note to any lin	ne in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
S S	1:	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		o Membership dues 1b					
2 5			216,802.	-			
fts,		d Related organizations 1d	210,0021	-			
<u> </u>			315,298.	-			
Sir		• • • • • • • • • • • • • • • • • • • •	313,230.	-			
utio	1	All other contributions, gifts, grants, and	202 013				
들됨			<u> 292,943.</u>	-			
d d		Noncash contributions included in lines 1a-1f		4 005 042			
<u>0</u> <u>8</u>		1 Total. Add lines 1a-1f		4,825,043.			
		•	Business Code				
Se	2	a					
ē Zi	١	·					
S	(
ar eve	(d					
Program Service Revenue	(e					
₫	1	All other program service revenue					
		Total. Add lines 2a-2f)				
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		768.			768.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	,	assets other than inventory 7a	() 5	-			
		Less: cost or other basis		-			
ø.	'						
ther Revenue		and sales expenses		-			
eve		Gain or (loss)					
Ä.		d Net gain or (loss)	·····				
‡	8	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See	0				
		Part IV, line 18 8a	0.	-			
		Less: direct expenses8b	48,476.	40 456			40 456
		Net income or (loss) from fundraising events		-48,476.			-48,476.
	9 :	a Gross income from gaming activities. See					
		Part IV, line 19 9a		-			
		Less: direct expenses 9b					
	(Net income or (loss) from gaming activities)				
	10	a Gross sales of inventory, less returns					
		and allowances 10a	12,511.				
	- 1	Less: cost of goods sold10b	8,517.				
	(Net income or (loss) from sales of inventory		3,994.	3,994.		
,			Business Code				
Miscellaneous Revenue	11 :	a					
ane and	ı						
elle eve							
<u>I</u> SC		All other revenue					
≥		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		4,781,329.	3,994.	0.	-47,708.

HIGH LINE CANAL CONSERVANCY

Par	t IX Statement of Functional Expense	es	1101	01 13	37330 Fage 10
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,	126,593.	63,296.	25,319.	37 079
•	trustees, and key employees	120,393.	03,290.	23,319.	37,978.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	627,120.	388,159.	48,074.	190,887.
8	Pension plan accruals and contributions (include	02772201	300,2031	20,0,20	23070070
Ü	section 401(k) and 403(b) employer contributions)	15,216.	9,114.	1,482.	4,620.
9	Other employee benefits	47,396.	28,389.	4,615.	14,392.
10	Payroll taxes	56,928.	34,098.	5,544.	17,286.
11	Fees for services (nonemployees):	•	,	•	•
а	Management				
	Legal	8,572.	691.	7,695.	186.
	Accounting	18,093.	4,517.	13,256.	320.
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	206,592.	191,726.	364.	14,502.
12	Advertising and promotion	73,765.		05.650	25,794.
13	Office expenses	31,473.		25,679.	3,400.
14	Information technology	30,486.	4,917.	7,793.	17,776.
15	Royalties	10 720	7,512.	1,610.	1 (10
16	Occupancy	10,732.		189.	1,610.
17	Travel	3,100.	2,669.	169.	242.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	12,322.	9,152.	2,635.	535.
19 20		387.	5,152.	387.	333.
21	Payments to affiliates	307.		307.	
22	Depreciation, depletion, and amortization	43,907.	30,735.	6,586.	6,586.
23	Insurance	2,887.	007.000	2,887.	
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 O.)	,		=,,,,,,	
а	CANAL IMPROVEMENT PROJE	177,655.	177,655.		
b	PRINTING AND POSTAGE	42,686.	19,571.	849.	22,266.
С	PROGRAM EXPENSES	10,668.	10,668.		
d	DUES AND FEES	5,644.	2,708.	2,324.	612.
е	All other expenses	9,666.	708.	5,122.	3,836.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,561,888.	1,036,650.	162,410.	362,828.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X Balance Sheet

Pa	IL A	Dalance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			702,920.	1	284,632.
	2	Savings and temporary cash investments			1,380,960.	2	2,158,479.
	3	Pledges and grants receivable, net			185,968.	3	3,012,161.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	hese perso	nsL		5	
	6	Loans and other receivables from other disqu	ons (as defined				
		under section 4958(f)(1)), and persons describ	ion 4958(c)(3)(B)		6		
Ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			750.	8	11,052.
¥	9	Prepaid expenses and deferred charges			82,473.	9	20,238.
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	206,607.			
	b	Less: accumulated depreciation		43,907.	19,808.	10c	162,700.
	11	Investments - publicly traded securities			5,155.	11	
	12	Investments - other securities. See Part IV, lin	ne 11			12	
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			3,115.	15	0.
	16	Total assets. Add lines 1 through 15 (must e	qual line 33	3)	2,381,149.	16	5,649,262.
	17	Accounts payable and accrued expenses	50,998.	17	92,776.		
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV o	f Schedule D		21	
S	22	Loans and other payables to any current or for	ormer office	er, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial co	ontributor, or 35%			
iabi		controlled entity or family member of any of t	hese perso	ns		22	
_	23	Secured mortgages and notes payable to uni	related third	d parties		23	
	24	Unsecured notes and loans payable to unrela		Г		24	
	25	Other liabilities (including federal income tax,	payables to	o related third			
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X	•		
		of Schedule D			0.		6,894.
	26	Total liabilities. Add lines 17 through 25			50,998.	26	99,670.
"		Organizations that follow FASB ASC 958, or	heck here	► <u>X</u>			
ĕ		and complete lines 27, 28, 32, and 33.			0.50 4.01		4 405 550
alan	27				968,491.	27	1,105,753.
B	28	Net assets with donor restrictions			1,361,660.	28	4,443,839.
S E		Organizations that do not follow FASB ASC	C 958, chec	ck here 🕨 📖			
Ē		and complete lines 29 through 33.					
S S	29	Capital stock or trust principal, or current fun				29	
sei	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			0 222 454	31	F F / 2 F 2 2
Š	32	Total net assets or fund balances			2,330,151.	32	5,549,592.
	33	Total liabilities and net assets/fund balances			2,381,149.	33	5,649,262.

Form **990** (2021)

					3-
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	4,78 1,56	1,8	88.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,21		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,33	υ, Ι	51.
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	5,54	9.5	92.
Pa	rt XII Financial Statements and Reporting			- , -	
	Check if Schedule O contains a response or note to any line in this Part XII				
	ones in constant of sometime and soperior of note to any into in any and in any			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a			2a	Х	
	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	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	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 Scho	edule O.			
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

132012 12-09-21

SCHEDULE A

(Form 990)

Total

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

Open to Public Inspection

Employer identification number Name of the organization HIGH LINE CANAL CONSERVANCY 81-4337938 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1753124.	1320049.	1346965.	2082934.	4825043.	11328115.		
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		10000	10100					
4	Total. Add lines 1 through 3	1753124.	1320049.	1346965.	2082934.	4825043.	11328115.		
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)						3094312.		
	Public support. Subtract line 5 from line 4.						8233803.		
	ction B. Total Support		T		Т				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 4	1753124.	1320049.	1346965.	2082934.	4825043.	11328115.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	406	0 176	4 266	0 (1)	7.60	10 400		
	and income from similar sources	486.	2,176.	4,366.	2,613.	768.	10,409.		
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.)						11220504		
11	Total support. Add lines 7 through 10						11338524.		
12						12	71,538.		
13	First 5 years. If the Form 990 is for the	•		•		. , . ,			
800	organization, check this box and stor						P		
	ction C. Computation of Publi			l (f))		44	72.62 %		
	Public support percentage for 2021 (I					15			
	Public support percentage from 2020						% « and		
104	33 1/3% support test - 2021. If the c						, 37		
L	stop here. The organization qualifies 33 1/3% support test - 2020. If the o		-		line 15 is 33 1/3%				
L									
17~	and stop here. The organization qual 10% -facts-and-circumstances test								
1/8	and if the organization meets the fact:	-							
	meets the facts-and-circumstances te					_	. —		
h	10% -facts-and-circumstances test	-	-		-	7a and line 15 is			
i.	more, and if the organization meets the	-					10/0 UI		
			•		•		ightharpoonup		
18	•				•				
18	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020	·				16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition	>
k	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes	No
1	
orm 990)	2021

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	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 office	ers,		
	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 suppor 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.	1		
	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		
Sect	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).	1		
Sect	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		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	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 instru	ctions).		
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 governmental entity	(see instruction	s).	
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	3a		
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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

instructions).

Scne	dule A (Form 990) 2021 HIGH LINE CAN	NAL CONSERVANCI	0	1-433/330 Page /
Pa	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	nizations (continued)	
Sec	ion D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - p	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 to	the organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6	9		
10	Line 8 amount divided by line 9 amount		10	
C	ing F. Distribution Allegations (see instructions)	(ii) Underdistributions	(iii) Distributable	

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

HIGH LINE CANAL CONSERVANCY

Employer identification number 81-4337938

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		r Similar Funds	or Accour	nts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor ad	vised funds	(b) Fur	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		held in donor advis	sed funds	
	are the organization's property, subject to the organization's	exclusive legal contro	ol?		Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	r any other purpose	conferring	
	impermissible private benefit?				
Pai	t II Conservation Easements. Complete if the org	ganization answered	'Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation o	f a historically	important land area
	Protection of natural habitat		Preservation o	f a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation con	tribution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			I .	
b					
С	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired a				
	listed in the National Register			<u>2d</u>	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or terminated by the	e organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				Yes No
6	violations, and enforcement of the conservation easements it		and onforcing con		
6	Staff and volunteer hours devoted to monitoring, inspecting,	manuling of violations	, and emorcing con	servation ease	erilerits during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	Lenforcing conserva	ation essemen	ts during the year
′	S	alling of violations, and	remoreing conserve	tion casemen	is during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents of section 170	(h)(4)(B)(i)	
Ū	and section 170(h)(4)(B)(ii)?	*			Yes No
9	In Part XIII, describe how the organization reports conservation				
_	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	g			
Pai	t III Organizations Maintaining Collections of	f Art, Historical 1	reasures, or O	ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement a	and balance sl	heet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educat	ion, or research in f	urtherance of	public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that	describes these iten	ns.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its reve	nue statement and	balance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in furt	herance of pu	blic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treat	asures, or other simila	ar assets for financia		
	the following amounts required to be reported under FASB A	SC 958 relating to the	ese items:		
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				

196,900.

9,707.

162,700. Schedule D (Form 990) 2021

42,289.

1,618.

154,611

8,089

e Other

b Buildings

d Equipment

Leasehold improvements

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

,	NAL CONSERVA	NCY 8:	1-4337938 Page
Investments - Other Securities. Complete if the organization answered "Yes" o	on Form 990 Part IV line	11h See Form 990 Part Y line 12	
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
1) Financial derivatives	(b) Doon value	(c) member of variations of or	Ta or your marrier raids
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(F)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	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 er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	,	(b) Book value
(1)	1		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	<u> </u>	•
Part X Other Liabilities.	10.)		l
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
(a) Description of liability	· · · · · ·	,	(b) Book value
(1) Federal income taxes			
(2) CAPITAL LEASE OBLIGATION			6,894
(3)			
(4)			
			1

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

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

■

(6) (7) (8) (9)

Par	t XI	Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net ur	nrealized gains (losses) on investments	2a		
b	Donat	red services and use of facilities	2b		
С		veries of prior year grants			
d		(Describe in Part XIII.)			
е		nes 2a through 2d		2e	
3	Subtra	act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	
Pai	rt XII	Reconciliation of Expenses per Audited Financial St		ses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1	Total	expenses and losses per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donat	ed services and use of facilities	2a		
b	Prior y	year adjustments	2b		
С	Other	losses	2c		
d	Other	(Describe in Part XIII.)	2d		
е	Add li	nes 2a through 2d		2e	
3	Subtra	act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
		(Describe in Part XIII.) nes 4a and 4b		4c	
c 5	Add li Total	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1			
с 5 Ра і	Add li Total ort XIII	nes 4a and 4b	8.)	5	
c 5 Pa l Provi	Add li Total rt XIII de the	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 Supplemental Information.	8.) 4; Part IV, lines 1b and 2b; P	5	
c 5 Pa l Provi	Add li Total rt XIII de the	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 4; Part IV, lines 1b and 2b; P	5	
c 5 Pa l Provi	Add li Total rt XIII de the	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 4; Part IV, lines 1b and 2b; P	5	
c 5 Pa l Provi	Add li Total rt XIII de the	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 4; Part IV, lines 1b and 2b; P	5	
c 5 Pa l Provi	Add li Total rt XIII de the	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 4; Part IV, lines 1b and 2b; P	5	
c 5 Pa l Provi	Add li Total rt XIII de the	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 4; Part IV, lines 1b and 2b; P	5	
c 5 Pa l Provi	Add li Total rt XIII de the	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 4; Part IV, lines 1b and 2b; P	5	
c 5 Pa l Provi	Add li Total rt XIII de the	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 4; Part IV, lines 1b and 2b; P	5	

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Name of the organization

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

Inspection Employer identification number

HIGH LI	NE CANAL CONSERVAN	CY			81-4337	938		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not								
required to complete this part.								
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includantes)	non-govern govern sising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
- Total			•					
List all states in which the organizatio or licensing.			utions	or has been notified	it is exempt from re	gistration		

81-4337938 Page 2 HIGH LINE CANAL CONSERVANCY Schedule G (Form 990) 2021 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through THE WALK col. (c)) (event type) (event type) (total number) 216,802. 216,802. Gross receipts 216,802. 216,802. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 48,476. 48,476 9 Other direct expenses 48,476 **10** Direct expense summary. Add lines 4 through 9 in column (d) -48,47611 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sch	nedule G (Form 990) 2021 HIGH LINE CANAL CONSERVANCY 81	L-433793	8 Page 3
11	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		
	to administer charitable gaming?	Yes	S No
	Indicate the percentage of gaming activity conducted in:	1 1	
	a The organization's facility		<u>%</u>
	o An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	s No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\sum_{\text{quantity}}\$		
c	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		
	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	S No
C	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	9	
Pa	organization's own exempt activities during the tax year \$\sim \$\subset\$ \$ supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III lines (9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	21 die iii, iii 100 d	, 00, 100,
	·, ·, ·, ·, ·, ·		

132083 10-21-21 Schedule G (Form 990) 2021

Schedule G	(Form 990) Supplemental Infor	HIGH LINE	CANAL	CONSERVANCY	81-4337938	Page 4
Part IV	Supplemental Infor	mation (continued)				

SCHEDULE 0 (Form 990)

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 Form 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 CONSERVANCE	01-433/330
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PROVIDED TO MANAGEMENT AND THE BOARD OF I	DIRECTORS FOR
APPROVAL PRIOR TO FILING.	
	_
FORM 990, PART VI, SECTION B, LINE 12C:	
DIRECTORS AND OFFICERS ARE REQUIRED TO SIGN AN ACKNOWLEDG	GEMENT FORM
ANNUALLY.	
FORM 990, PART VI, SECTION C, LINE 19:	_
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON	N WRITTEN REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	191,726.
MANAGEMENT AND GENERAL EXPENSES	364.
FUNDRAISING EXPENSES	14,502.
TOTAL EXPENSES	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	206,592.