

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

2019

Open to Public Inspection

▶ 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 2019 calendar year, or tax year beginning and ending


B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FRIENDS OF THE HIGH LINE, INC.		D Employer identification number 31-1734086
	Doing business as		E Telephone number 212-206-9922
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	820 WASHINGTON STREET		G Gross receipts \$ 32,791,000.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10014-1406		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: ROBERT HAMMOND SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.THEHIGHLINE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2000	M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FRIENDS OF THE HIGH LINE IS A NON-PROFIT PARK CONSERVANCY RESPONSIBLE FOR MAINTAINING AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	37
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	36
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	210
	6 Total number of volunteers (estimate if necessary)	6	220
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	33,095.
b Net unrelated business taxable income from Form 990-T, line 39	7b	-4,889.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 13,212,000.	Current Year 12,433,000.
	9 Program service revenue (Part VIII, line 2g)	1,654,000.	1,124,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,298,000.	1,688,000.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,695,000.	2,779,000.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,859,000.	18,024,000.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,315,000.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,197,000.	10,565,000.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	159,000.	77,000.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,694,000.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,584,000.	6,564,000.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,255,000.	17,206,000.	
19 Revenue less expenses. Subtract line 18 from line 12	-2,396,000.	818,000.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 91,906,000.	End of Year 98,297,000.
	21 Total liabilities (Part X, line 26)	3,633,000.	2,922,000.
	22 Net assets or fund balances. Subtract line 21 from line 20	88,273,000.	95,375,000.

Part II 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 Here	Signature of officer 		Date
	ROBERT HAMMOND, EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name MICHAEL WALLACE	Preparer's signature	Date
	Firm's name ▶ LUTZ AND CARR, CPAS LLP	Firm's EIN ▶ 13-1655065	Check if self-employed <input type="checkbox"/> PTIN P00881958
	Firm's address ▶ 551 FIFTH AVENUE, SUITE 400 NEW YORK, NY 10176	Phone no. 212-697-2299	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: FRIENDS OF THE HIGH LINE WORKS TO BUILD AND MAINTAIN AN EXTRAORDINARY PUBLIC SPACE ON THE HIGH LINE. WE SEEK TO PROTECT THE ENTIRE HISTORIC STRUCTURE, TRANSFORMING AN ESSENTIAL PIECE OF NEW YORK'S INDUSTRIAL PAST AND INSPIRING NEW WAYS OF THINKING ABOUT THE CITY, PARKS, PUBLIC

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 [X] No 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.

4a (Code:) (Expenses \$ 4,273,000. including grants of \$) (Revenue \$ 832,000.) HIGH LINE OPERATIONS:

IN 2019, FRIENDS OF THE HIGH LINE ("FHL") SUCCESSFULLY OPERATED AND MAINTAINED SECTIONS 1, 2, AND 3 OF THE PARK, FROM GANSEVOORT STREET TO WEST 34TH STREET. FHL CONTINUED TO FOCUS ON MAINTENANCE, CLEANLINESS AND SAFETY OF THE 1.45 MILE PARK TO ENHANCE THE WORLD-CLASS VISITOR EXPERIENCE FOR APPROXIMATELY 8.3 MILLION PEOPLE, A 15% INCREASE FROM 2018 IN VISITATION. THE PRODUCTION TEAM WORKED ON 186 EVENTS (INCLUDING FILM AND PHOTO SHOTS) AND THE FACILITIES TEAM OPERATED AND MAINTAINED ALL THE MECHANICAL, ELECTRICAL, AND PLUMBING FEATURES OF THE PARK AND OFFICE HEADQUARTERS. THE HORTICULTURE TEAM MANAGED THE GARDENS ON THE HIGH LINE AND PLANTED OVER 6,182 PLANTS IN 2019. ALL PLANT MATERIAL FROM OUR ANNUAL CUTBACK WAS COMPOSTED IN COLLABORATION WITH A PUBLIC

4b (Code:) (Expenses \$ 3,469,000. including grants of \$) (Revenue \$ 358,000.) PROGRAMMING, ART AND EDUCATION:

FHL WELCOMED OVER 25,500 VISITORS TO OVER 316 SCHEDULED PROGRAMS AND ACTIVITIES. FHL HAD OVER 13,000 PARTICIPANTS AT OUR CULTURAL PERFORMANCES AND PUBLIC PROGRAMS. PROGRAMS FOR CHILDREN SERVED APPROXIMATELY 4,000 KIDS AND CAREGIVERS FROM APRIL THROUGH OCTOBER, THROUGH MONTHLY FAMILY PROGRAMMING, INCLUDED PERFORMANCES, ART-MAKING ACTIVITIES, AND PUBLIC WORKSHOPS. HIGH LINE SCHOOL PROGRAMS HOSTED OVER 8,000 STUDENTS AND THEIR TEACHERS FOR 246 SELF-GUIDED TOUR EXPERIENCES. THE HIGH LINE TEEN PROGRAM PROVIDED EMPLOYMENT FOR 20 LOCAL TEENAGERS ENGAGING NEW YORKERS IN INITIATIVES SUCH AS PARTICIPATORY BUDGETING AND THE CENSUS COUNT. THE HIGH LINE EDUCATION DEPARTMENT EXPANDED ITS EDUCATIONAL OFFERINGS TO INCLUDE PARTNERSHIPS WITH A LOCAL ELEMENTARY,

4c (Code:) (Expenses \$ 1,995,000. including grants of \$) (Revenue \$ 0.) HIGH LINE PLANNING, CONSTRUCTION AND CAPITAL REPAIRS:

IN 2019, FHL COMPLETED WORK ON A MAJOR CAPITAL CONSTRUCTION PROJECT, ADVANCED THE DESIGN PHASES FOR ADDITIONAL SMALL AND LARGE-SCALE PROJECTS, AND COMPLETED A RANGE OF CAPITAL IMPROVEMENTS ON THE EXISTING HIGH LINE AND HEAD LINE HEADQUARTERS BUILDING.

CONSTRUCTION ON PHASE II OF SECTION 3 CONTINUED THROUGHOUT THE WINTER/SPRING OF 2019, AND WAS COMPLETED AND OPENED TO THE PUBLIC ON JUNE 4, 2019. MAJOR DESIGN FEATURES OF THIS FINAL SECTION OF THE HIGH LINE INCLUDE LARGE-SCALE PLANTING BEDS, SEATING AREAS AND VIEWING PLATFORMS, PUBLIC RESTROOMS, AND BACK-OF-HOUSE STORAGE SPACES TO SUPPORT THE HIGH LINE'S OPERATIONS TEAM, AS WELL AS THE INSTALLATION OF

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,188,000. including grants of \$) (Revenue \$ 805,905.)

4e Total program service expenses 11,925,000.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section 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.		
	1a 37		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 36		
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?	X	
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NY, CT, NJ**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **THE ORGANIZATION - (212) 206-9922**
820 WASHINGTON STREET, NEW YORK, NY 10014-1406

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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT HAMMOND CO-FOUNDER & EXECUTIVE DIRECTOR	40.00	X		X				540,761.	0.	98,352.
(2) MARIO J. PALUMBO, JR. CHAIR	3.00	X		X				0.	0.	0.
(3) SUSAN VINIAR VICE CHAIR	3.00	X		X				0.	0.	0.
(4) JASON STEWART TREASURER	3.00	X		X				0.	0.	0.
(5) PETER S. WILSON SECRETARY	3.00	X		X				0.	0.	0.
(6) PHILIP E. AARONS FOUNDING CHAIR	1.00	X						0.	0.	0.
(7) KAREN ANN HERSKOVITZ MEMBER	1.00	X						0.	0.	0.
(8) JENNIFER ALLAN SOROS MEMBER	1.00	X						0.	0.	0.
(9) JOHN H. ALSCHULER, JR. MEMBER	1.00	X						0.	0.	0.
(10) JOHN BLONDEL MEMBER	1.00	X						0.	0.	0.
(11) AMANDA M. BURDEN MEMBER	1.00	X						0.	0.	0.
(12) URSULA M. BURNS MEMBER	1.00	X						0.	0.	0.
(13) SHARON DAVIS MEMBER	1.00	X						0.	0.	0.
(14) KRISTEN M. DICKEY MEMBER	1.00	X						0.	0.	0.
(15) CHERYL COHEN EFFRON MEMBER	1.00	X						0.	0.	0.
(16) ELLEN FITZSIMMONS MEMBER	1.00	X						0.	0.	0.
(17) ALEXANDRE VON FURSTENBERG MEMBER	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GARY HANDEL MEMBER	1.00	X						0.	0.	0.
(19) JEFFREY HARRIS MEMBER	1.00	X						0.	0.	0.
(20) HERMINE RIEGERL HELLER MEMBER	1.00	X						0.	0.	0.
(21) J. TOMILSON HILL MEMBER	1.00	X						0.	0.	0.
(22) SANDRA JACKSON-DUMONT MEMBER	1.00	X						0.	0.	0.
(23) WENDY KEYS MEMBER	1.00	X						0.	0.	0.
(24) JANE LAUDER MEMBER	1.00	X						0.	0.	0.
(25) HEATHER MCDOWELL LEVIN MEMBER	1.00	X						0.	0.	0.
(26) CATHERINE C. MARRON MEMBER	1.00	X						0.	0.	0.
1b Subtotal								540,761.	0.	98,352.
c Total from continuation sheets to Part VII, Section A								1,426,066.	0.	110,214.
d Total (add lines 1b and 1c)								1,966,827.	0.	208,566.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **16**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FJ SCIAME CONSTRUCTION CO. INC. 14 WALL STREET, NEW YORK, NY 10005	CONSTRUCTION	813,913.
JAMES CORNER FIELD OPERATIONS 475 TENTH AVE 9TH FLOOR, NEW YORK, NY 10018	DESIGN	704,827.
HOU DE SOUSA, LLC, 41 UNION SQUARE, SUITE 1035, NEW YORK, NY 10003	CONCESSION CARTS	416,581.
BITEFOOD, LTD. 126 UNDERCLIFF AVENUE, EDGEWATER, NJ 07020	EVENT CATERING	310,130.
NYC DEPARTMENT OF PARKS AND RECREATION 1234 FIFTH AVENUE, #223, NEW YORK, NY 10029	PARK SECURITY	287,726.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **14**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) GIFFORD MILLER MEMBER	1.00	X						0.	0.	0.
(28) SARAH MIN MEMBER	1.00	X						0.	0.	0.
(29) ACKNEIL M. MULDROW, III MEMBER	1.00	X						0.	0.	0.
(30) DONALD R. MULLEN, JR. MEMBER	1.00	X						0.	0.	0.
(31) MICHAEL PHILLIPS MEMBER	1.00	X						0.	0.	0.
(32) STEVEN RUBENSTEIN MEMBER	1.00	X						0.	0.	0.
(33) DELORES RUBIN MEMBER	1.00	X						0.	0.	0.
(34) MITCHELL SILVER, FAICP MEMBER	1.00	X						0.	0.	0.
(35) DARREN WALKER MEMBER	1.00	X						0.	0.	0.
(36) JOANNE WILSON MEMBER	1.00	X						0.	0.	0.
(37) BRONSON VAN WYCK MEMBER	1.00	X						0.	0.	0.
(38) GAIL BELTRONE CHIEF OPERATING OFFICER	40.00			X				284,246.	0.	3,489.
(39) CLAUDE JOHNSON CHIEF ADVANCEMENT OFFICER	40.00			X				179,114.	0.	3,366.
(40) TARA MORRIS CHIEF ADVANCEMENT OFFICER-AS OF JULY	40.00			X				133,872.	0.	5,060.
(41) MAURICIO GARCIA CHIEF PROGRAM & ENGAGEMENT OFFICER	40.00			X				11,552.	0.	0.
(42) MELISSA PARSOFF VICE PRESIDENT OF COMMUNICATIONS	40.00					X		191,759.	0.	14,768.
(43) SANAYA KAUFMAN PRINCIPAL GIFTS OFFICER	40.00					X		167,158.	0.	23,095.
(44) ADAM GANSER VICE PRESIDENT FOR PLANNING & DESIGN	40.00					X		160,985.	0.	22,700.
(45) CECILIA ALEMANI CURATOR AND DIRECTOR OF HL ART	40.00					X		159,175.	0.	14,811.
(46) RAY BAMIDELE OLADAPO-JOHNSON VICE PRESIDENT OF PARK OPERATIONS	40.00					X		138,205.	0.	22,925.
Total to Part VII, Section A, line 1c								1,426,066.		110,214.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	3,672,000.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	381,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,380,000.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 255,000.				
	h Total. Add lines 1a-1f		12,433,000.				
	Program Service Revenue	2 a REPAIRS, MAINTENANCE AND IMPROVEM	Business Code	713990	729,000.	729,000.	
b SUBLICENSING CONCESSION INCOME			713990	370,000.	370,000.		
c FIELD TRIPS AND WALKING TOURS			713990	25,000.	25,000.		
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				1,124,000.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,502,000.		1,502,000.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	1,874,000.			
			(ii) Personal				
	b Less: rental expenses	6b		0.			
	c Rental income or (loss)	6c		1,874,000.			
	d Net rental income or (loss)			1,874,000.		1,874,000.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	13,513,000.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		13,327,000.			
c Gain or (loss)	7c		186,000.				
d Net gain or (loss)			186,000.		186,000.		
8 a Gross income from fundraising events (not including \$ 3,672,000. of contributions reported on line 1c). See Part IV, line 18	8a		1,094,000.				
b Less: direct expenses	8b		1,094,000.				
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		816,000.				
b Less: cost of goods sold	10b		346,000.				
c Net income or (loss) from sales of inventory			470,000.	436,905.	33,095.		
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code	900099	435,000.	435,000.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			435,000.			
12 Total revenue. See instructions			18,024,000.	1,995,905.	33,095.	3,562,000.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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, trustees, and key employees	1,201,000.	127,000.	814,000.	260,000.
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	7,590,000.	5,675,000.	652,000.	1,263,000.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	144,000.	109,000.	10,000.	25,000.
9 Other employee benefits	1,009,000.	690,000.	166,000.	153,000.
10 Payroll taxes	621,000.	426,000.	80,000.	115,000.
11 Fees for services (nonemployees):				
a Management				
b Legal	69,000.		69,000.	
c Accounting	46,000.		46,000.	
d Lobbying	32,000.			32,000.
e Professional fundraising services. See Part IV, line 17	77,000.			77,000.
f Investment management fees	161,000.		161,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,231,000.	662,000.	341,000.	228,000.
12 Advertising and promotion				
13 Office expenses	90,000.	57,000.	8,000.	25,000.
14 Information technology				
15 Royalties				
16 Occupancy	128,000.	109,000.	2,000.	17,000.
17 Travel	128,000.	106,000.	10,000.	12,000.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	369,000.	205,000.	46,000.	118,000.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	251,000.	213,000.	12,000.	26,000.
23 Insurance	67,000.	29,000.	32,000.	6,000.
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.)				
a HIGH LINE CONSTRUCTION	1,174,000.	1,174,000.		
b ART PRODUCTION	990,000.	990,000.		
c SUPPLIES	479,000.	356,000.	29,000.	94,000.
d UBI TAX EXPENSE	28,000.	0.	28,000.	0.
e All other expenses	1,321,000.	997,000.	81,000.	243,000.
25 Total functional expenses. Add lines 1 through 24e	17,206,000.	11,925,000.	2,587,000.	2,694,000.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	1,905,000.	1	2,644,000.
	2 Savings and temporary cash investments	480,000.	2	58,000.
	3 Pledges and grants receivable, net	23,624,000.	3	24,852,000.
	4 Accounts receivable, net	506,000.	4	392,000.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	161,000.	8	163,000.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,878,000.		
	b Less: accumulated depreciation	10b 1,168,000.		
	11 Investments - publicly traded securities	57,881,000.	11	61,311,000.
	12 Investments - other securities. See Part IV, line 11	6,900,000.	12	8,167,000.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	91,906,000.	16	98,297,000.	
Liabilities	17 Accounts payable and accrued expenses	2,335,000.	17	1,304,000.
	18 Grants payable		18	
	19 Deferred revenue	1,142,000.	19	1,325,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	156,000.	25	293,000.
	26 Total liabilities. Add lines 17 through 25	3,633,000.	26	2,922,000.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	55,910,000.	27	61,527,000.
	28 Net assets with donor restrictions	32,363,000.	28	33,848,000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	88,273,000.	32	95,375,000.
33 Total liabilities and net assets/fund balances	91,906,000.	33	98,297,000.	

Part 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	18,024,000.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,206,000.
3	Revenue less expenses. Subtract line 2 from line 1	3	818,000.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	88,273,000.
5	Net unrealized gains (losses) on investments	5	6,284,000.
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	95,375,000.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

FRIENDS OF THE HIGH LINE, INC.

Employer identification number

31-1734086

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 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.
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.
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e 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.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18102479.	14168068.	15600000.	13212000.	12433000.	73515547.
2 Tax revenues levied for the organization'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	18102479.	14168068.	15600000.	13212000.	12433000.	73515547.
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)						10218669.
6 Public support. Subtract line 5 from line 4.						63296878.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	18102479.	14168068.	15600000.	13212000.	12433000.	73515547.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2290195.	3709622.	3404000.	2692000.	3376000.	15471817.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	2,449.	12,976.				15,425.
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						89002789.
12 Gross receipts from related activities, etc. (see instructions)					12	11,583,658.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	71.12 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	77.02 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported 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.		

Section 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).		

Section 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?		
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).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) 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? 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.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see 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	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

[This area contains multiple horizontal lines for providing supplemental information.]

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization FRIENDS OF THE HIGH LINE, INC.	Employer identification number 31-1734086
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		7,233.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			7,233.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

IN 2019, FHL STAFF ENGAGED IN LOBBYING ACTIVITIES WITH REPRESENTATIVES FROM VARIOUS NYC AND NYS AGENCIES REGARDING HIGH LINE MAINTENANCE AND OPERATIONS, HIGH LINE PROGRAMMING, COMMUNITY RELATIONS AND ENGAGEMENT, AND SOLICITATION OF FUNDS.

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

2019

Open to Public Inspection

Name of the organization: FRIENDS OF THE HIGH LINE, INC. Employer identification number: 31-1734086

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and expenses, and two yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts required to be reported.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	44,981,000.	49,168,000.	40,501,183.	34,829,904.	29,668,788.
b Contributions		62,000.	3,802,000.	3,505,000.	6,283,139.
c Net investment earnings, gains, and losses	7,241,000.	-2,938,000.	5,544,817.	2,166,279.	-546,287.
d Grants or scholarships					
e Other expenditures for facilities and programs	527,000.	1,311,000.	680,000.		575,736.
f Administrative expenses					
g End of year balance	51,695,000.	44,981,000.	49,168,000.	40,501,183.	34,829,904.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 85.90 %
 - b Permanent endowment 11.30 %
 - c Term endowment 2.80 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,568,000.	918,000.	650,000.
e Other		310,000.	250,000.	60,000.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				710,000.

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) HEDGE FUNDS	4,989,000.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY FUNDS	3,178,000.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	8,167,000.	

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. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE DEPOSITS PAYABLE	117,000.
(3) SECTION 457 RETIREMENT PLAN	
(4) PAYABLE	176,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	293,000.

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...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	24,395,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	6,284,000.
b	Donated services and use of facilities	2b	248,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	6,532,000.
3	Subtract line 2e from line 1	3	17,863,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	161,000.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	161,000.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	18,024,000.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	17,293,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	248,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	248,000.
3	Subtract line 2e from line 1	3	17,045,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	161,000.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	161,000.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,206,000.

Part 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.

PART V, LINE 4:

THE ENDOWMENT FOR SUSTAINABILITY IS USED TO SUPPORT THE OPERATIONS OF THE HIGH LINE INCLUDING, BUT NOT LIMITED TO, HORTICULTURE, MAINTENANCE, VISITOR SERVICES, PUBLIC PROGRAMS, PUBLIC ART COMMISSIONS, AND SCHOOL AND YOUTH PROGRAMS.

THE HORTICULTURE AND STEWARDSHIP FUND IS USED TO SUPPORT THE HORTICULTURE CARE AND GENERAL MAINTENANCE OF THE PUBLIC PARK ON THE HIGH LINE.

THE PUBLIC PROGRAMS FUND IS USED TO SUPPORT PUBLIC PROGRAMS ON THE PARK, INCLUDING THE HIGH LINE TEEN JOB PROGRAM, SCHOOL FIELD TRIPS, AND PUBLIC ART PROJECTS.

Part XIII Supplemental Information *(continued)*

THE BOARD DESIGNATED HIGH LINE FUND IS USED TO SUSTAIN THE PARK'S
LONG-TERM MAINTENANCE AND OPERATIONS.

Multiple horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization: **FRIENDS OF THE HIGH LINE, INC.** Employer identification number: **31-1734086**

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 raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
MKDM - 612 EAST JEFFERSON STREET, CHARLOTTESVILLE, VA	DIRECT RESPONSE STRATEGY COUNSEL		X	1,301,410.	76,525.	1,224,885.
Total				1,301,410.	76,525.	1,224,885.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
NY, CT, NJ

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 (add col. (a) through col. (c))	
		BENEFIT DINNER (event type)	ART DINNER (event type)	1 (total number)		
Revenue	1	Gross receipts	3,365,000.	1,225,000.	176,000.	4,766,000.
	2	Less: Contributions	2,634,000.	1,003,000.	35,000.	3,672,000.
	3	Gross income (line 1 minus line 2)	731,000.	222,000.	141,000.	1,094,000.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	391,000.	116,000.	53,000.	560,000.
	7	Food and beverages	310,000.	90,000.	75,000.	475,000.
	8	Entertainment	2,000.		12,000.	14,000.
	9	Other direct expenses	29,000.	16,000.		45,000.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,094,000.
11	Net income summary. Subtract line 10 from line 3, column (d)				0.	

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

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? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____
 Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- 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

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? Yes No
- 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 ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: **MKDM**
 (I) ADDRESS OF FUNDRAISER:
612 EAST JEFFERSON STREET, CHARLOTTESVILLE, VA 22902

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FRIENDS OF THE HIGH LINE, INC.

Employer identification number

31-1734086

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT HAMMOND CO-FOUNDER & EXECUTIVE DIRECTOR	(i)	452,464.	70,000.	18,297.	78,000.	20,352.	639,113.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GAIL BELTRONE CHIEF OPERATING OFFICER	(i)	282,970.	1,000.	276.	3,000.	489.	287,735.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CLAUDE JOHNSON CHIEF ADVANCEMENT OFFICER	(i)	179,114.	0.	0.	0.	3,366.	182,480.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MELISSA PARSOFF VICE PRESIDENT OF COMMUNICATIONS	(i)	190,672.	1,000.	87.	3,000.	11,768.	206,527.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SANAYA KAUFMAN PRINCIPAL GIFTS OFFICER	(i)	166,067.	1,000.	91.	3,000.	20,095.	190,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ADAM GANSER VICE PRESIDENT FOR PLANNING & DESIGN	(i)	159,812.	1,000.	173.	3,000.	19,700.	183,685.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CECILIA ALEMANI CURATOR AND DIRECTOR OF HL ART	(i)	158,067.	1,000.	108.	3,000.	11,811.	173,986.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) RAY BAMIDELE OLADAPO-JOHNSON VICE PRESIDENT OF PARK OPERATIONS	(i)	137,075.	1,000.	130.	3,000.	19,925.	161,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:

THE ORGANIZATION MAINTAINS A 457(B) DEFERRED COMPENSATION PLAN FOR CERTAIN ELIGIBLE EMPLOYEES. \$18,000 OF DEFERRED COMPENSATION EXPENSE WAS INCURRED IN 2019 AND THAT AMOUNT WAS CONTRIBUTED TO ROBERT HAMMOND'S PLAN.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,
28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

FRIENDS OF THE HIGH LINE, INC.

Employer identification number

31-1734086

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Rows are empty.

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Rows are empty.

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance. Rows are empty.

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

Schedule L (Form 990 or 990-EZ) 2019

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
VAN WYCK & VAN WYCK	COMPANY OWNED BY BO	166,000.	RENTALS, DE		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: VAN WYCK & VAN WYCK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

COMPANY OWNED BY BOARD MEMBER, BRONSON VAN WYCK

(D) DESCRIPTION OF TRANSACTION: RENTALS, DECOR, AND OTHER EXPENSES

RELATED TO SPECIAL EVENTS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **FRIENDS OF THE HIGH LINE, INC.** Employer identification number: **31-1734086**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	255,000.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

FRIENDS OF THE HIGH LINE, INC.

Employer identification number

31-1734086

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OPERATING AN EXTRAORDINARY PUBLIC SPACE ON THE HIGH LINE. THE HIGH LINE IS A 1.45-MILE ELEVATED FREIGHT RAIL LINE TRANSFORMED INTO A PUBLIC PARK ON MANHATTAN'S WEST SIDE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SPACE, PRESERVATION, AND COMMUNITY. WE PROVIDE VIRTUALLY ALL OF THE HIGH LINE'S ANNUAL OPERATING BUDGET AND ARE RESPONSIBLE FOR THE MAINTENANCE OF THE PARK, PURSUANT TO A LICENSE AGREEMENT WITH THE NEW YORK CITY DEPARTMENT OF PARKS & RECREATION. THROUGH EXCELLENCE IN OPERATIONS, STEWARDSHIP, INNOVATIVE PROGRAMMING, AND WORLD-CLASS DESIGN, WE SEEK TO ENGAGE THE VIBRANT AND DIVERSE COMMUNITY ON AND AROUND THE HIGH LINE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PARTNER AND DISTRIBUTED TO COMMUNITY GARDENS ACROSS THE CITY OF NEW YORK, AS WELL AS USED IN THE PARK. THE CUSTODIAL TEAM COMPLETED 5 MILES OF POWER WASHING FROM JUNE TO OCTOBER AND MAINTAINED CLEAN RESTROOMS YEAR-ROUND. THEY HANDLED 8,500+ BAGS OF RECYCLING AND 55,000+ BAGS OF TRASH WERE COLLECTED. OPERATIONS ALSO WORKED ON ENHANCING SAFETY PROTOCOLS AND INITIATIVES THAT INVOLVED A CLOSER COLLABORATION WITH LOCAL POLICE PRECINCTS AS WELL AS ADJACENT ORGANIZATIONS, INCLUDING COLLABORATIVE TABLE TOP DRILLS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

MIDDLE, AND HIGH SCHOOL, SERVING OVER 100 STUDENTS IN DIRECT SERVICE

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization FRIENDS OF THE HIGH LINE, INC.	Employer identification number 31-1734086
--	--

CLASSROOM HOURS. FHL ALSO WORKED WITH 200+ VOLUNTEERS WHO SUPPORTED THE ORGANIZATION THROUGH 4,000 HOURS AS DOCENTS, GREETERS, HORTICULTURAL ASSISTANTS, AMBASSADORS AND PHOTOGRAPHERS.

FHL EXHIBITED THE WORK OF 50 ARTISTS, INCLUDING 6 VIDEO PROGRAMS, 2 NEWLY COMMISSIONED PERFORMANCES, ITS FIRST VIDEO ART COMMISSION, AND 16 SCULPTURE COMMISSIONS THAT IT HELPED FABRICATE AND INSTALL ON THE HIGH LINE. THE ART DEPARTMENT INSTALLED THE FIRST MONUMENTAL-SCALE SCULPTURE IN THE NEW SECTION OF THE HIGH LINE CALLED THE SPUR. FURTHERMORE, FHL LAUNCHED THE JOINT NETWORK ART & PROGRAMMING INITIATIVE, PRESENTING TWO EXHIBITIONS TRAVELING TO OTHER HIGH LINE NETWORK SITES ACROSS THE US AND CANADA THAT FEATURED 26 NEWLY COMMISSIONED ARTWORKS; THE FIRST EXHIBITION TRAVELED TO HOUSTON, TX; AUSTIN, TX; CHICAGO, IL; AND TORONTO, CANADA; AND THE SECOND TRAVELS IN 2021 TO PHILADELPHIA, PA; AND ATLANTA, GA.

FHL CONTINUED ITS WORK ON THE HIGH LINE NETWORK, A GROUP OF INFRASTRUCTURE REUSE PROJECTS-AND THE PEOPLE WHO ARE HELPING THEM COME TO LIFE. FHL EXPANDED THE CAPACITY OF THE NETWORK TEAM, ADDING A COORDINATOR POSITION IN 2019. THE NETWORK ALSO HELD ITS FIRST SYMPOSIUM IN OCTOBER 2019, HOSTING OVER 250 THOUGHT LEADERS IN THE INFRASTRUCTURE REUSE FIELD IN NEW YORK CITY. FHL ALSO CONTINUED ITS WORK WITH NETWORK MEMBERS TO LAUNCH A PILOT IMPLEMENTATION OF AN EQUITABLE IMPACTS FRAMEWORK, PUBLISHED VOLUME 1 OF A BEST PRACTICES TOOLKIT, AND ADDED FOUR NEW MEMBERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
ARTWORK BRICK HOUSE BY SIMONE LEIGH. IN ADDITION, A CONNECTION WAS

Name of the organization

FRIENDS OF THE HIGH LINE, INC.

Employer identification number

31-1734086

CONSTRUCTED AND OPENED TO HUDSON YARDS, PROVIDING ACCESS BETWEEN THE HIGH LINE AND THE HUDSON YARDS PLAZA, ACCESS TO THE 7 LINE SUBWAY, AND THE SHED.

FHL CONTINUED PRE-CONSTRUCTION COORDINATION FOR THE 18TH STREET PLAZA, A STREET-LEVEL PARK SPACE THAT WILL INCLUDE LANDSCAPING, SEATING, AND A STAIR/ELEVATOR TO ACCESS THE HIGH LINE. CONSTRUCTION IS SCHEDULED TO BEGIN IN THE FALL OF 2020. IN ADDITION, FHL FINALIZED DESIGN FOR THE RENOVATIONS OF THE RAIL TRACK WALK IN PHASE I OF SECTION 3. THIS PORTION OF THE HIGH LINE WAS DAMAGED DUE TO CONSTRUCTION ADJACENT TO THE HIGH LINE AND IS SCHEDULED TO BE RENOVATED IN SUMMER 2020.

FHL STARTED AND COMPLETED MANY CRITICAL CAPITAL PROJECTS ON BOTH THE HIGH LINE AND AT THE HIGH LINE HEADQUARTERS BUILDING AT 820 WASHINGTON STREET. THESE PROJECTS INCLUDED THE REPLACEMENT OF FIBER CABLING AT THE NORTHERN END OF THE HIGH LINE TO SUPPORT THE PARK'S SECURITY INFRASTRUCTURE, REPLACEMENT OF ANTI-GRAFFITI FILM ON THE GLASS RAILINGS THROUGHOUT THE PARK, CODE-REQUIRED UPGRADES TO ALL ELEVATORS, AND STEEL REPAIRS TO THE STAIRS AT 20TH STREET ON THE HIGH LINE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RETAIL, VENUE RENTALS AND CONCESSIONS, EXPENSES

EXPENSES \$ 2,188,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 805,905.

FORM 990, PART VI, SECTION A, LINE 2:

TWO BOARD MEMBERS, PHILIP AARONS AND MARIO PALUMBO, ARE PARTNERS IN THE SAME FOR-PROFIT CORPORATION. A THIRD BOARD MEMBER, GARY HANDEL, PROVIDES SERVICES TO THEIR CORPORATION.

Name of the organization FRIENDS OF THE HIGH LINE, INC.	Employer identification number 31-1734086
--	--

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

THE 990 IS PREPARED BY THE ORGANIZATION'S SENIOR DIRECTOR OF FINANCE AND REVIEWED BY THE CHIEF OPERATING OFFICER. THE 990 IS THEN FORWARDED TO THE ORGANIZATION'S ACCOUNTING FIRM FOR FINAL REVIEW. THE SENIOR DIRECTOR OF FINANCE PRESENTS THE 990 TO THE AUDIT AND FINANCE COMMITTEE OF THE BOARD. THE 990 IS THEN MADE AVAILABLE TO BOARD MEMBERS FOR REVIEW AT A BOARD MEETING BEFORE THE RETURN IS FILED.

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

TO ENSURE THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES ITS CONFLICTS OF INTEREST POLICY, EACH DIRECTOR, OFFICER AND MEMBER OF A COMMITTEE WITH POWERS DELEGATED BY THE BOARD SHALL ANNUALLY SIGN A STATEMENT THAT AFFIRMS SUCH PERSON:

- A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY;
- B) HAS READ AND UNDERSTANDS THE POLICY;
- C) HAS AGREED TO COMPLY WITH THE POLICY;
- D) HAS COMPLETED, REVIEWED OR UPDATED THEIR CONFLICT OF INTEREST DISCLOSURE
- E) UNDERSTANDS THAT FHL IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

THE AUDIT AND FINANCE COMMITTEE OVERSEES THE IMPLEMENTATION OF, AND COMPLIANCE WITH, FHL'S CONFLICTS OF INTEREST POLICY.

UPON THE FIRST KNOWLEDGE BY AN INTERESTED PERSON THAT FHL OR THE BOARD OR A COMMITTEE THEREOF IS CONSIDERING OR HAS CONSIDERED A TRANSACTION, AGREEMENT OR OTHER ARRANGEMENT WITH AN ENTITY OR INDIVIDUAL IN WHICH THE INTERESTED PERSON HAS AN INTEREST, THE INTERESTED PERSON MUST DISCLOSE IN GOOD FAITH

Name of the organization

FRIENDS OF THE HIGH LINE, INC.

Employer identification number

31-1734086

THE EXISTENCE OF, AND MATERIAL FACTS CONCERNING, HIS OR HER INTEREST TO THE AUDIT AND FINANCE COMMITTEE OF THE BOARD (THE "AUDIT COMMITTEE").

THE AUDIT COMMITTEE SHALL THEN DETERMINE, BY A VOTE OF NOT LESS THAN A MAJORITY OF THE MEMBERS OF THE AUDIT COMMITTEE PRESENT AT THE MEETING, WHETHER THE TRANSACTION, AGREEMENT OR OTHER ARRANGEMENT IS FAIR, REASONABLE AND IN THE BEST INTERESTS OF FHL AT THE TIME OF SUCH DETERMINATION AND SHALL MAKE A DECISION WHETHER TO ENTER INTO THE TRANSACTION, AGREEMENT OR OTHER ARRANGEMENT IN ACCORDANCE WITH SUCH DETERMINATION. WITH RESPECT TO ANY RELATED PARTY TRANSACTION IN WHICH AN INTERESTED PERSON OR HIS OR HER RELATED PARTIES HAS A SUBSTANTIAL FINANCIAL INTEREST, IN DETERMINING WHETHER THE TRANSACTION, AGREEMENT OR OTHER ARRANGEMENT IS FAIR, REASONABLE AND IN THE BEST INTERESTS OF FHL, THE AUDIT COMMITTEE SHALL REVIEW AVAILABLE INFORMATION REGARDING THE COST AND BENEFIT OF COMPARABLE ALTERNATIVE TRANSACTIONS, AGREEMENTS OR OTHER ARRANGEMENTS, IF ANY.

FORM 990, PART VI, SECTION B, LINE 15:

BEFORE THE START OF EACH FISCAL YEAR, THE ORGANIZATION'S COMPENSATION COMMITTEE COMPARES THE PROPOSED COMPENSATION OF EACH MEMBER OF THE EXECUTIVE TEAM WITH PEER NON-PROFIT ORGANIZATIONS. THE COMMITTEE ALSO EVALUATES EACH EXECUTIVE TEAM MEMBER'S PERFORMANCE TO ENSURE THAT PROPOSED ANNUAL INCREASES ARE APPROPRIATE.

FORM 990, PART VI, SECTION C, LINE 19:

BY WRITTEN REQUEST.

FORM 990, PART XII, LINE 1:

AMOUNTS REFLECTED IN THE 2019 FORM 990 FOR THE YEAR ENDED DECEMBER 31,

Name of the organization

FRIENDS OF THE HIGH LINE, INC.

Employer identification number

31-1734086

2019 HAVE BEEN ROUNDED TO THE NEAREST THOUSAND TO CONFORM WITH THE PRESENTATION IN FHL'S AUDITED FINANCIAL STATEMENTS.

Multiple horizontal lines for additional text or data entry.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	COMPUTER EQUIPMENT	VARIOUS	SL	3.00		16	62,000.				62,000.	62,000.		0.	62,000.
2	EQUIPMENT AND FURNITURE	VARIOUS	SL	5.00		16	551,000.				551,000.	352,000.		78,000.	430,000.
6	HIGH LINE MACHINERY AND EQUIPMENT	VARIOUS	SL	5.00		16	955,000.				955,000.	301,000.		126,000.	427,000.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						1,568,000.				1,568,000.	715,000.		204,000.	919,000.
	OTHER														
4	WEBSITE	VARIOUS	SL	5.00		16	115,000.				115,000.	21,000.		34,000.	55,000.
5	SOFTWARE	VARIOUS	SL	3.00		16	195,000.				195,000.	181,000.		14,000.	195,000.
	* 990 PAGE 10 TOTAL OTHER						310,000.				310,000.	202,000.		48,000.	250,000.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,878,000.				1,878,000.	917,000.		252,000.	1,169,000.