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Form JJU
(Rev. January 2020)
Department of the Treasury
(Rev. January 2020)

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter social security numbers on this form as it may be made public.



		f the Treasury			-	ers on this form	-			Open to Public	j.
A For the 2019 calendar year, or tax year beginning and ending							Inspection	_			
		_		ginning		and	ending				
B C a	Check if pplicable	C Name of organi	ization					D Employer	identifica	tion number	
	Addres	FRIENDS	OF THE H	IIGH L	INE, INC	•				_	
	Name	×						31-1	73408	5	_
	Initial return		reet (or P.O. box if		elivered to street a	address)	Room/suite	E Telephone	number		
	Final return/ termin-		HINGTON S						206-9		_
-	ated Amend return	City or town, st	ate or province, o	country, and)		postal code		G Gross receipts		32,791,000).
-	_Ireturn]Applica tion					MOND		H(a) Is this a g			
	Jtiôn pendin	F Name and add		officer:ROI	JERI HAM	MOND			dinates?	55555	
				1-51	A Constant	4047/->/4>		H(b) Are all subo			10
		empt status: X 501) < (insert no.)	4947(a)(1)	or 527	Desire all and		t. (see instructions)	
					appointion	Other	Le Marin	H(c) Group ex			TV
		organization: X Cor		rust 🛄 A	ssociation	🛾 Other 🕨	L Year	or formation. 20		itate of legal domicile: N	4 I
Pa		Summary						י הנה נדי	ד ד		_
e		Briefly describe the o	rganization's mis	SION OF MOS	st significant ac	ONCIPIES:	RDS OF	TNUATNI	JC ANI	NE IS A	_
Activities & Governance											_
/er		Check this box 🕨				-			1 1		37
õ		Number of voting me	-	-							36
ە ر		Number of independe								21	_
ties		Total number of indiv								21	
tivi	6	Total number of volur	nteers (estimate i	if necessary)				. 6		
Ac		Total unrelated busin								33,095	
_	bl	Net unrelated busine	ss taxable incom	e from Forn	n 990-T, line 39		<u></u>		. 7b	-4,889	۶.
							<u></u>	Prior Year		Current Year	-
ne		Contributions and gra						13,212,0		12,433,000	
Revenue		Program service reve						1,654,0		1,124,000	
Be		nvestment income (F						4,298,0		1,688,000	
		Other revenue (Part V					A CONTRACTOR OF			2,779,000	
		Total revenue - add lii						20,859,0		18,024,000	_
		Grants and similar an						4,315,0	0.		$\frac{1}{2}$
		Benefits paid to or fo					A CONTRACTOR OF A CONTRACT OF A CONTRACT. OF A CONTRACT OF A CONTRACT. OF A CONTRACT OF A CONTRACT. OF A CONTRACT OF A CONTRACT OF A CONTRACT. OF A CONTRACT OF A CONTRACT OF A CONTRACT. OF A CONTRACT OF A CONTRACT OF A CONTRACT. OF A CONTRACT OF A CONTRACT OF A CONTRACT. OF A CONTRACT OF A CONTRACT OF A CONTRACT. OF A CONTRACT OF A CONTRACT OF A CONTRACT. OF A CONTRACTACT OF A CONTRACTACTACTACTACTACTACTACTACTACTACTACTACTA	11,197,0			
ses		Salaries, other compe			•					10,565,000	
eus	16a I	Professional fundrais Fotal fundraising exp	ing fees (Part IX,	column (A),	line 11e)	0 604 0		159,0		77,000	
Expenses							00.	7 504 4		6 E64 000	-
-		Other expenses (Part						7,584,0		6,564,000	
		Total expenses. Add						23,255,0		17,206,000	
	19 F	Revenue less expens	es. Subtract line	18 from line	e 12			-2,396,0		818,000	
Net Assets or Fund Balances							Be	ginning of Curren		End of Year	-
Ssel	20 1	Fotal assets (Part X, I						91,906,0		98,297,000	
etA	21 1	Total liabilities (Part X						3,633,0		2,922,000	
22	22 1	Vet assets or fund ba		t line 21 fror	n line 20	*********		88,273,0	100.	95,375,000	
_	rt II	Signature Bloc	and a series of the series of								_
	-	ties of perjury, I declare			-				-	nowledge and belief, it i	S
true,	correct	, and complete. Declara	tion of preparer (of	ther than offic	cer) is based on a	II information of wi	hich preparer	has any knowled	ge.		
		Signature of office		~				Data			
Sign		Signature of offic				20202		Date			
Here	e		HAMMOND,	EXECU	LIVE DIR	ECTOR					_
		Type or print nam			1)ato I		DTIN	
	1	Print/Type preparer's n	amo		Prenarer's sign	ature	11	Date	Check	PTIN	

	r runv rype preparer s name	richaici s signature		
Paid	MICHAEL WALLACE			881958
Preparer	Firm's name ▶ LUTZ AND CARR, (CPAS LLP	Firm's EIN ▶ 13-165	55065
Use Only	Firm's address 551 FIFTH AVENUE	E, SUITE 400		
	NEW YORK, NY 103	L76	Phone no. 212 - 697 -	-2299
May the II	RS discuss this return with the preparer shown ab	ove? (see instructions)	LX Y	Yes No
932001 01-2	20-20 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.	Fc	orm 990 (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm	990 (2019) FRIENDS OF THE HIGH LINE, INC.	# Program Service Accomplishments Image a service accomplishments ide Contains a response or note to any line in this Part III Image a service accomplishments analation's mession: THE HIGH LINE WORKS TO BUILD AND MAINTAIN AN EXTRAORDINARY THE HIGH LINE WORKS TO BUILD AND MAINTAIN AN EXTRAORDINARY THE ON THE HIGH LINE. WE SEEK TO PROTECT THE ENTITE HISTORIC TRANSPORTING AN ESSENTIAL PIECE OF NEW YORK'S INDUSTRIAL SPIRING NEW WAYS OF THINKING ABOUT THE CITY, PARKS, PUBLIC indentate any significant program services during the year which were not listed on the Image and the second of the origin the second the second of the three largest program services; and envisorizes as measured by expenses. ton's program service accomplishments for each of its three largest program services, as measured by expenses. S01(c)(0) organizes are equived to export the anount of grants and allocations to organize measured by expenses. SUC(4) Organizes are required to report the anount of grants and allocations to organize and the program service reported. (Means 4) SECTIONS 1, 2, AND 3 OF THE PARK, FROM GANSEVOORT STREET TO SECTIONS 1, 2, AND 3 OF THE PARK, FROM GANSEVOORT STREET TO TREET. FHL CONTINUED TO FOCUS ON MAINTENANCE, CLASS VISTOR FOR APPROXIMATELY 8.3 MILLION PEOPLE, A 15% INCREASE FROM FOR APPROXIMATELY 8.3 MILLION PEOPLE, A 15% INCREASE FROM TOT SINCELAS VISTOR OF THE I.4.5 MLLE PARK TO ENNANCE THE WORLD-CLASS VISTOR OT SHOOTS) AND THE FACILITIES TE	
Pai	t 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:		
			IC
2			37
	If "Yes," describe these new services on Schedule O.		37
3		ervices?Yes	
	If "Yes," describe these changes on Schedule O.		
4			
		s to others, the total expenses, a	and
	revenue, if any, for each program service reported.	022	000
1a) (Revenue \$ 032,	000.
	HIGH LINE OPERATIONS:		
		-	
		=	
b	(Code:) (Expenses \$ 3,469,000. including grants of \$) (Revenue \$ 550,	000.
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С			0.
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	ITTUE AND DEAD TIME DEADQUARTERS DUTIDING.		
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			Gu
		THE INSTALLATIO	IN OF.
d	Other program services (Describe on Schedule O.)	005 005 ·	
		805,905.)	
e	Total program service expenses ► 11,925,000.	-	00.00
			90 (2019
2002		LON(S)	
~ ~			
21	006 759420 3985 2019.04030 FRIENDS OF THE H	LIGH LINE, I 3985	11

Form 990			FRIE			
Part IV	Checklis	st of	Required	Sch	edule	es

FRIENDS OF THE HIGH LINE, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		x
4	public office? <i>If "Yes," complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	- 23	
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
932003	3 01-20-20	Form	990	(2019)

3 13221006 759420 3985 2019.04030 FRIENDS OF THE HIGH LINE, I 3985___1

Form 990 (2019)	FRIENDS	-		-	LINE,	INC
Part IV Checklist of	Required Sch	edule	es (cont	inued)		

			Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			t
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			T
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		╋
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	240 24c		t
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		+
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.70		$^{+}$
.04	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>	Lou		Ì
	Schedule L, Part I	25b		∔
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		4
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		4
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_
	Part V, line 1	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			-
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
86	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
38	Note: All Form 990 filers are required to complete Schedule O			-
	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	t 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			_
	t 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		Yes]
1a	t 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 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			Ţ
Par 1a b	tv Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Inter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
Par 1a b	t 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 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			

Form	aan	(2019)
FOUL	990	(2019)

2a Exter the number of employees reported on Form W3, Transmittal of Wage and Tax Stataments. 2 210 b If at least one is reported on line 2a, did the organization file al required to define employment tax returns? 2b X 3a Did the organization have unrelated basiness gross income of \$1,000 or more during the year? 3a X 3b Did the organization have an interest in, or a signature or other authority over, a financial account? 4a X b If Yee, 'inski till ed a Form 980-7 for this year? 7a X X See instructions for filing requirements for FinCEN Form 114, Report of Forsign Bank and Financial Account? 4a X b If Yee, 'inski till es of 5b, did the organization that it an any time during the tax year? 5a X b Did any taxable party notify the organization the 70 mm 886-7? 5c 5c 5c c Des the organization in exits and ductable activation? 5b X 5c 7a X c If Yees, 'indit the organization file form 886-7? 5c 5c 5c 5c c Des the organization notify the door of the value of the goods or service provided? 7a				Yes	No
b If a least one is reported on line 2a, did the organization file all required to r-file (see instructions) 2b X Note: If the sum of lines 1 and 2a ling greater than 250, umay be required to r-file (see instructions) 3a X b If the organization have unneated business greas income of \$1,000 or more dump to year? 3a X b If Yes, 'nast if thed a form 900-T for this year? If Yeo' to line 3b, provide an explanation on Schedule O 3a X d At any the dump the calendary year, dit the organization have an interest 1, or a signature or other submitty over, a financial account? 4a X b If Yes, 'nast if thed a form 900-T for this year? If Xeo' to for Sign Bank and Financial Accounts (FBAR). 5a X See instructions for fling requirements for FinCEN Form 114, Report of Foresign Bank and Financial Accounts (FBAR). 5a X d If Yes, 'nast thed a fore organization have share their transaction at any time during the tax year? 5a X d If Yes, 'indition thave error tax deductible as charitable contributions? 5a X d If Yes, 'indition thave error tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible? 5a X d If Yes, 'indicate the number of Forms 828.2 Find during the year	2a				
Note:: If the sum of lines 1 and 2 a ling seater than 250, you may be required to e-fiel (see instructions) Image: The sum of lines 1 and 2 a ling seater than 250, you may be required to e-fiel (see instructions) Image: The sum of lines 1 and 2 a ling seater than 250, you may be required to e-fiel (see instructions) Image: The sum of lines 1 and 2 a ling seater than 250, you may be required to e-fiel (see instructions) Image: The sum of lines 1 and 2 a ling seater than 250, you will be an explanation on Schedule 0 Image: The sum of lines 1 and 2 a ling seater than 250, you will be an explanation on Schedule 0 Image: The sum of lines 1 and 2 a ling seater than 250, you will be an explanation on Schedule 0 Image: The sum of lines 1 and 2 a ling seater than 250, you will be an explanation or other functional accounts (FBAR). Image: The sum of lines 1 and 2 a ling seater than 250, you will be an explanation or other functional accounts (FBAR). Image: The sum of line (see instructions) Image: The sum of lines 1 and 2 a ling seater than 250, you will be an explanation seater seater that such or other function accounts (FBAR). Image: The sum of lines 250, you will be an explanation you be an explanation seater seater that such or other function accounts (FBAR). Image: The sum of line (see instructions) Image: The sum of line (see instructions) Image: The sum of lines 250, you will be an explanation seater seatere seatere seater seater seater seater seater seater seater seat		filed for the calendar year ending with or within the year covered by this return 210			
3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b H "xes," has it field a Form 900-T for this year? If "No" to <i>line 3b, provide an explanation on Schedule O</i> 3b X c At any time during the calendary year, (di the organization have an interest in, or a signature or other fancelal account? 4a X b H "xes," inter the name of the foreign country. 5a X See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a X b M any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization network or mode so reside that organization the reading the value of the pools or services provided to the payor? 7a X c Organizations that may receive deductible contributions under section 170(c). 10 the organization network any funds, directly or indirectly, to pay organization file the value of the pools or services provided? 7a X c Draft tax groups Traft tax section 170(c). 10 the organization network any funds, directly or indirectly, to pay organization section 177 (c). To To X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If Yas, 'has it liked a Form 390-T for the year? // 'No' to line 30, provide an explenation on Schedule 0 3a X 4a At any time during the calendary year, did the organization thate an interest in, or a signature or other stathently over, a financial account or line organization take a bank account, securities account, or other financial account? 4a X b If Yes, 'enter the name of the foreign country burn as bank account, securities account, or other financial accounts (FBAR). 5a X 5b Did any toxenions for filing requirements for FinCNEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5b Did any toxenization to a prohy to a prohibited tax shelter transaction? 5a X 5b Did any toxenization relation againstation the organization that was or is a party to a prohibited tax shelter transaction? 5a X 6a Did any constrainton include with every solicitation an express statement that such contributions or gifts 5a X 7 Organization seliva againstation neity particitation neity particitation neity againstation ferematestation neity againstation neity againstatio		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a X bit if "vis," inter the name of the foreign country (such as a bank account, securities account, or other financial account)? 5a X bit if "vis," inter the name of the foreign, country (such as a bank account, securities account, or other financial account)? 5a X bit any taxable party notity the organization that the vaso is a party to a prohibited tax shelter transaction? 5b X cit "vis" to be a Sor 5b, did the organization financial becombinuous? 5a X bit any taxable party notity the organization factor form 888-77. 5a X constraints the argen constraint account sector 170(c). 5c 5a X bit the organization incide with every solication an express statement that such contributions or gifts were not tax deductible? 7a X fit "vis", indicate the number of forms 8282 filed dung the year 17a X 7a X cit the organization notify the door of the value of the organization file form 8282? 7a X X di the organization notify the door of the value of the organization indive the secons of \$75 made party as a contribution and party for goods and services provided to the party? 7a X dif the organization contify	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
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a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13a c Enter the amount of reserves on hand 13c 14a 14a X 14b 14b 15 It he organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) du			8		
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 15 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			IZa		
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X					
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c Enter the amount of reserves on hand	5				
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 b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 X 			14a		Х
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X					
excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X					
If "Yes," see instructions and file Form 4720, Schedule N. 16 X			15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					
	16		16		Х

Form **990** (2019)

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Form	990	(2019))
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FRIENDS OF THE HIGH LINE, INC.

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

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X

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.

					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3'	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			_		
b	Enter the number of voting members included on line 1a, above, who are independent		30	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					
	officer, director, trustee, or key employee?			2	X	L
3	Did the organization delegate control over management duties customarily performed by or under t					
	of officers, directors, trustees, or key employees to a management company or other person? \dots			3		L
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		L
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		L
6	Did the organization have members or stockholders?			6		L
7a	Did the organization have members, stockholders, or other persons who had the power to elect or more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b		l
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y					T
а	The governing body?			8a	Х	I
	Each committee with authority to act on behalf of the governing body?			8b	Х	I
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					ſ
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenu	ie Code.)			_
					Yes	l
0a	Did the organization have local chapters, branches, or affiliates?			10a		ĺ
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapte	rs, affiliates,			l
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		ļ
1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bef	ore filing the form?	11a	X	ĺ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					I
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	ļ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	L
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If " in Schedule O how this was done</i>			12c	x	
13	Did the organization have a written whistleblower policy?			13	Х	t
4	Did the organization have a written document retention and destruction policy?			14	X	t
5	Did the process for determining compensation of the following persons include a review and appro					t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					I
а	The organization's CEO, Executive Director, or top management official	-		15a	x	l
	Other officers or key employees of the organization			15b	x	t
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					t
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a			
	taxable entity during the year?			16a		I
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org					I
	exempt status with respect to such arrangements?			16b		ĺ
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY , CT , NJ					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 99	0-T (Section 501(c)(3)s only	/) avai	la
	for public inspection. Indicate how you made these available. Check all that apply.					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,		,	nd fina	ncial	
-	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 b	ooks a	nd records			
~	THE ORGANIZATION - (212)206-9922	55115 a				
	820 WASHINGTON STREET, NEW YORK, NY 10014-1406					
2004	3 01-20-20			Form	1 990	(
-000	6					(
21	006 759420 3985 2019.04030 FRIENDS OF THE	: HI	GH LINE, I	398	35_	-

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	box	not c , unle	Pos heck ss pe	more rson) than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROBERT HAMMOND	40.00									00 050
CO-FOUNDER & EXECUTIVE DIRECTOR	1 2 00	X		X				540,761.	0.	98,352.
(2) MARIO J. PALUMBO, JR.	3.00									0
CHAIR	1 2 00	X		X				0.	0.	0.
(3) SUSAN VINIAR	3.00			37						0
VICE CHAIR	- 2 00	X		X				0.	0.	0.
(4) JASON STEWART	3.00	v		v				0.	0.	0
TREASURER	3.00	X		X				0.	0.	0.
(5) PETER S. WILSON	3.00	x		x				0.	0.	0.
SECRETARY	1.00	^		<u>^</u>				0.	0.	0.
<pre>(6) PHILIP E. AARONS FOUNDING CHAIR</pre>	1.00	x						0.	0.	0.
(7) KAREN ANN HERSKOVITZ	1.00	^						0.	0.	0.
MEMBER	1.00	x						0.	0.	0.
(8) JENNIFER ALLAN SOROS	1.00									
MEMBER	1.00	x						0.	0.	0.
(9) JOHN H. ALSCHULER, JR.	1.00									
MEMBER		x						0.	0.	0.
(10) JOHN BLONDEL	1.00									
MEMBER		x						0.	0.	0.
(11) AMANDA M. BURDEN	1.00									
MEMBER		x						0.	0.	0.
(12) URSULA M. BURNS	1.00									
MEMBER		x						0.	0.	0.
(13) SHARON DAVIS	1.00									
MEMBER		X						0.	0.	0.
(14) KRISTEN M. DICKEY	1.00									
MEMBER		X						0.	0.	0.
(15) CHERYL COHEN EFFRON	1.00									
MEMBER		Х						0.	0.	0.
(16) ELLEN FITZSIMMONS	1.00									
MEMBER		х						0.	0.	0.
(17) ALEXANDRE VON FURSTENBERG	1.00							_	_	_
MEMBER		Х						0.	0.	0.
932007 01-20-20						_				Form 990 (2019)

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Form 990 (2019)
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FRIENDS OF THE HIGH LINE, INC. 31-1734086 Page 8

Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C	1				
(A)	(B) (C) (D)		(E)									
Name and title	Average		not c	heck	more	e than		Reportable	Reportable			
	hours per week					is bot or/trus		compensation	compensation			
	(list any				Γ	T	,	_ from	from related			
	hours for	lirecto				_		the organization	organizations (W-2/1099-MISC)		compensa from th	
	related	e or c	stee			satec		(W-2/1099-MISC)	(00-2/1099-00130)		organizat	
	organizations	truste	al trus		vee	mper		()			and relat	
	below	ndividual trustee or director	Institutional trustee	5	mploy	est co oyee	er			6	organizat	
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former					
(18) GARY HANDEL	1.00											
MEMBER		x						0.	0			0.
(19) JEFFREY HARRIS	1.00											
MEMBER		x						0.	0			0.
(20) HERMINE RIEGERL HELLER	1.00											
MEMBER		x						0.	0			Ο.
(21) J. TOMILSON HILL	1.00								-	+		
MEMBER		x						0.	0			0.
(22) SANDRA JACKSON-DUMONT	1.00									+		
MEMBER		x						0.	0			0.
(23) WENDY KEYS	1.00				\vdash				•	+		
MEMBER	1.00	x						0.	0			0.
(24) JANE LAUDER	1.00				-	-		0.	0			0.
	1.00	x						0.	0			0.
MEMBER	1.00	^						0.	0	•		0.
(25) HEATHER MCDOWELL LEVIN	1.00	x						0.	0			0
MEMBER	1 00	^			<u> </u>			0.	0	•		0.
(26) CATHERINE C. MARRON	1.00							0	0			0
MEMBER		X						0.	0		00 7	0.
1b Subtotal								540,761.		•	98,3	
c Total from continuation sheets to Part VI								1,426,066.			110,2	
d Total (add lines 1b and 1c)								1,966,827.	0	• 4	208,5	66.
2 Total number of individuals (including but n	ot limited to th	lose	liste	ed a	bov	e) wł	no r	eceived more than \$100	,000 of reportable			10
compensation from the organization												16
										_	Yes	No
3 Did the organization list any former officer,				•	-		-		•			
line 1a? If "Yes," complete Schedule J for s	uch individual									. 上	3	X
4 For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization			
and related organizations greater than \$150),000? If "Yes,	" CO	mple	ete S	Sche	edule	e J f	for such individual		. 上	4 X	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	n any	y unr	elat	ted organization or indivi	dual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	uch	pers	son .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	conti	racto	ors t	that received more than	\$100,000 of compe	nsatio	on from	
the organization. Report compensation for	the calendar y	ear e	endi	ng v	with	or w	ithir	n the organization's tax y	/ear.			
(A)								(B)			(C)	
Name and business								Description of s	ervices	Corr	npensatic	n
FJ SCIAME CONSTRUCTION CO												
14 WALL STREET, NEW YORK	, NY 100	005	5					CONSTRUCTION		8	813,9	13.
JAMES CORNER FIELD OPERAT	TIONS											
475 TENTH AVE 9TH FLOOR,	NEW YOR	RK ,	, ľ	IΥ	10	001	L 8	DESIGN		7	704,8	27.
HOU DE SOUSA, LLC, 41 UNI	ION SQUA	ARI	Ξ,	នា	UI	ΤE						
1035, NEW YORK, NY 10003								CONCESSION C.	ARTS	4	416,5	81.
BITEFOOD, LTD.												
126 UNDERCLIFF AVENUE, EDGEWATER, NJ 07020 EVENT CATERING 310,130.						30.						
NYC DEPARTMENT OF PARKS AND RECREATION												
	1234 FIFTH AVENUE, #223, NEW YORK, NY 10029PARK SECURITY 287,726.						26.					
2 Total number of independent contractors (i							_					
\$100,000 of compensation from the organiz	-				14			, 5 .000.001				
SEE PART VII, SECTION		r I I	JUZ	\ Τ	IOI	NS	SH	EETS		Fo	orm 990 ((2019)
932008 01-20-20	-										(
						8						

13221006 759420 3985 2019.04030 FRIENDS OF THE HIGH LINE, I 3985___1

Form 990 FRIENDS	OF THE H	HIC	GH	L	ENI	Ξ,	11	NC.	31-173	4086
Part VII Section A. Officers, Directors, Tru	stees, Key Eı	nplo	oyee	es, a	nd I	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average		Position		Reportable	Reportable	Estimated			
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the	organizations	compensation
	(list any hours for	direct				d emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or	stee			nsate		(** 2/1000 10100)		and related
	organizations	trust	ıal tru		oyee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			-
	line)	lndi	Inst	Officer	Key	High	Former			
(27) GIFFORD MILLER	1.00									
MEMBER		X						0.	0.	0.
(28) SARAH MIN	1.00								-	
MEMBER		х						0.	0.	0.
(29) ACKNEIL M. MULDROW, III	1.00								-	
MEMBER		х						0.	0.	0.
(30) DONALD R. MULLEN, JR.	1.00							_	_	_
MEMBER		Х						0.	0.	0.
(31) MICHAEL PHILLIPS	1.00							_	_	_
MEMBER		Х						0.	0.	0.
(32) STEVEN RUBENSTEIN	1.00							_	_	_
MEMBER		Х						0.	0.	0.
(33) DELORES RUBIN	1.00							_	_	_
MEMBER		Х						0.	0.	0.
(34) MITCHELL SILVER, FAICP	1.00							_	_	_
MEMBER		х						0.	0.	0.
(35) DARREN WALKER	1.00								•	
MEMBER	1 0 0	Х						0.	0.	0.
(36) JOANNE WILSON	1.00									•
MEMBER	1 0 0	X						0.	0.	0.
(37) BRONSON VAN WYCK	1.00									•
MEMBER	10 00	X						0.	0.	0.
(38) GAIL BELTRONE	40.00							204 246	0	2 400
CHIEF OPERATING OFFICER	10 00			X				284,246.	0.	3,489.
(39) CLAUDE JOHNSON	40.00							100 114	0	2 2 6 6
CHIEF ADVANCEMENT OFFICER	40.00			X				179,114.	0.	3,366.
(40) TARA MORRIS	40.00			37				122 072	0	
CHIEF ADVANCEMENT OFFICER-AS OF JULY	40.00			X				133,872.	0.	5,060.
(41) MAURICIO GARCIA	40.00			v				11 550	0	0
CHIEF PROGRAM & ENGAGEMENT OFFICER	40.00			X				11,552.	0.	0.
(42) MELISSA PARSOFF	40.00					v		101 750	0.	11 760
VICE PRESIDENT OF COMMUNICATIONS	40.00	<u> </u>				X		191,759.	0.	14,768.
(43) SANAYA KAUFMAN	40.00					x		167 158	0.	23 005
PRINCIPAL GIFTS OFFICER (44) ADAM GANSER	40.00					^		167,158.	0.	23,095.
(44) ADAM GANSER VICE PRESIDENT FOR PLANNING & DESIGN	40.00	•				x		160,985.	0.	22,700.
(45) CECILIA ALEMANI	40.00		-			<u> </u> ^		±00,90J•	0.	22,700.
CURATOR AND DIRECTOR OF HL ART						x		159,175.	0.	14,811.
(46) RAY BAMIDELE OLADAPO-JOHNSON	40.00		-		-	<u> </u>			0.	,0
VICE PRESIDENT OF PARK OPERATIONS		1				x		138,205.	0.	22,925.
							I			,,,
Total to Part VII, Section A, line 1c								1,426,066.		110,214.

932201 04-01-19

9 13221006 759420 3985 2019.04030 FRIENDS OF THE HIGH LINE, I 3985___1

Form 990	(2019
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 Form 990 (2019)
 FRIENDS OF THE HIGH LINE, INC.
 31-1734086
 Page 9

 Part VIII
 Statement of Revenue
 31-1734086
 Page 9

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
s s	-		Forderstand a surgering de					
Contributions, Gifts, Grants and Other Similar Amounts	'		Federated campaigns 1a					
ΩÖ			Membership dues 1b					
Ar,		С	Fundraising events 1c	3,672,000.				
lar		d	Related organizations 1d					
ini,		е	Government grants (contributions) 1e	381,000.				
r S		f	All other contributions, gifts, grants, and					
the			similar amounts not included above 1f	8,380,000.				
ē		a	Noncash contributions included in lines 1a-1f 1g \$	255,000.				
no'		•			12 433 000			
0.0		n	Total. Add lines 1a-1f		12,433,000.			
				Business Code				
ce	2		REPAIRS, MAINTENANCE AND IMPROVEM	713990	729,000.	729,000.		
e Xi		b	SUBLICENSING CONCESSION INCOME	713990	370,000.	370,000.		
Program Service Revenue		с	FIELD TRIPS AND WALKING TOURS	713990	25,000.	25,000.		
eve		d						
2 B G G G		е						
Pro			All other program service revenue					
					1 1 24 0 00			
		g	Total. Add lines 2a-2f		1,124,000.			
	3		Investment income (including dividends, intere					
			other similar amounts)	🕨	1,502,000.			1,502,000.
	4		Income from investment of tax-exempt bond p	oroceeds 🕨 🕨				
	5		Royalties	►				
			(i) Real	(ii) Personal				
	6	а	Gross rents					
	-		Less: rental expenses 6b ⁰ .					
					1 974 000			1 974 000
			Net rental income or (loss)		1,874,000.			1,874,000.
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 13,513,000.					
		b	Less: cost or other basis					
anu			and sales expenses					
ver		с	Gain or (loss)					
Be			Net gain or (loss)		186,000.			186,000.
Other Revenue			Gross income from fundraising events (not	,, p				
£	Ŭ		including \$ 3,672,000. of					
Ŭ								
			contributions reported on line 1c). See	1 004 000				
			Part IV, line 18	1,094,000.				
			Less: direct expenses 8b	1,094,000.				
		С	Net income or (loss) from fundraising events	>	0.			
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		с		►				
			Gross sales of inventory, less returns	,				
	10	u	-	816,000.				
			and allowances 10a					
			Less: cost of goods sold10b		470.000	496.005	22.005	
		С	Net income or (loss) from sales of inventory		470,000.	436,905.	33,095.	
S				Business Code				
e er	11	а	OTHER REVENUE	900099	435,000.	435,000.		
an¢		b						
eve		с						
Miscellaneous Revenue			All other revenue					
2			Total. Add lines 11a-11d		435,000.			
	12	0			18,024,000.	1,995,905.	33,095.	3,562,000.
		_	Total revenue. See instructions	▶	10,024,000.	1,333,303.	55,095.	Form 990 (2019)
93200	9 01	-20-	-20					1 01111 330 (2019)

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Part IX Statement of Functional Expenses

FRIENDS OF THE HIGH LINE, INC.

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 respon- Do not include amounts reported on lines 6b,		(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				·
and domestic governments. See Part IV, line 21 \dots				
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,	1 001 000	107 000	014 000	
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)				1 0 0 0 0 0 0
7 Other salaries and wages	7,590,000.	5,675,000.	652,000.	1,263,000
8 Pension plan accruals and contributions (include	144 000	100 000	10 000	
section 401(k) and 403(b) employer contributions)	144,000.	109,000.	10,000.	25,000
9 Other employee benefits	1,009,000.		166,000.	153,000
0 Payroll taxes	621,000.	426,000.	80,000.	115,000
1 Fees for services (nonemployees):				
a Management	60 000		60 000	
b Legal	69,000. 46,000.		69,000.	
c Accounting	32,000.		46,000.	22 000
d Lobbying	77,000.			32,000 77,000
e Professional fundraising services. See Part IV, line 17	161,000.		161,000.	77,000
f Investment management fees	101,000.		101,000.	
g Other. (If line 11g amount exceeds 10% of line 25,	1,231,000.	662,000.	341,000.	228,000
column (A) amount, list line 11g expenses on Sch 0.)	1,231,000.	002,000.	541,000.	220,000
2 Advertising and promotion	90,000.	57,000.	8,000.	25,000
3 Office expenses	90,000.	57,000.	0,000.	25,000
4 Information technology				
5 Royalties	128,000.	109,000.	2,000.	17,000
6 Occupancy	128,000.	106,000.	10,000.	12,000
7 Travel	120,000.	100,000	10,0001	12,000
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials 9 Conferences, conventions, and meetings	369,000.	205,000.	46,000.	118,000
	505,000.	203,000.	40,0000	110,000
Payments to affiliates	251,000.	213,000.	12,000.	26,000
	67,000.	29,000.	32,000.	6,000
4 Other expenses. Itemize expenses not covered			52,0001	
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
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.	
e All other expenses	1,321,000.	997,000.	81,000.	243,000
5 Total functional expenses. Add lines 1 through 24e	17,206,000.	11,925,000.	2,587,000.	2,694,000
6 Joint costs. Complete this line only if the organization	,,	, , • • • •	,,	, , - 0 0
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here Check here fill if following SOP 98-2 (ASC 958-720)				
32010 01-20-20				Form 990 (20 ⁻

932010 01-20-20

13221006 759420 3985

Form **990** (2019)

13221006 759420 3985

FRIENDS OF THE HIGH LINE, INC. Part X Balance Sheet

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

Beginning of year End of year 2,644,000. 1,905,000. Cash - non-interest-bearing 1 1 480,000. 58,000. 2 2 Savings and temporary cash investments 23,624,000. 24,852,000. Pledges and grants receivable, net 3 3 506,000. 392,000. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Assets 7 161,000. 163,000. 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 1,878,000. basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 1,168,000. 449,000. 710,000. 10c 57,881,000. 61,311,000. Investments - publicly traded securities 11 11 6,900,000. 8,167,000. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 91,906,000. 98,297,000. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 2,335,000. 1,304,000. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 1,142,000. 19 1,325,000. 19 Deferred revenue Tax-exempt bond liabilities 20 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, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 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 156,000. 293,000. 25 of Schedule D 3,633,000. 2,922,000. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 61,527,000. 55,910,000. Net assets without donor restrictions 27 27 32,363,000. 33,848,000. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 88,273,000. 95,375,000. Total net assets or fund balances 32 32 91,906,000. 98,297,000. 33 33 Total liabilities and net assets/fund balances

(B)

Form 990 (2019)

(A)

Form	1990 (2019) FRIENDS OF THE HIGH LINE, INC.	31-17	734086	Pag	je 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,024		
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,200		
3	Revenue less expenses. Subtract line 2 from line 1	3		3,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	88,273		
5	Net unrealized gains (losses) on investments	5	6,284	1,0	00.
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,		05 271	- 0	• •
De	column (B))	10	95,375	5,0	00.
Pa	rt XII Financial Statements and Reporting				X
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other			165	NO
1	• · · · · · · · · · · · · · · · · · · ·	0	-		
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
Zđ	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		Za		
	separate basis, consolidated basis, or both:	JUITA			
	Separate basis, consolidated basis, or both.				
h	Were the organization's financial statements audited by an independent accountant?		2b	x	
D.	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:	.0 00313,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit.			
-	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	9 90 (2	2019)

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ
	220		

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

Employer identification number

				HIGH LINE,					1-1734086		
Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) S	ee instruction	s.			
The	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)										
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(1)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental ı	unit descrik	bed in		
		section 170(b)(1)(A)(iv). (C		с ,		, ,					
6		A federal, state, or local go	vernment or governr	mental unit described in s	section 17	70(b)(1)(A)	(v).				
7	Χ	An organization that norma						he general	public described in		
		section 170(b)(1)(A)(vi). (C			U			0			
8		A community trust describe		(1)(A)(vi). (Complete Parl	t II.)						
9		An agricultural research org				ed in coniu	unction with a	land-grant	college		
		or university or a non-land-	-			-		-	-		
		university:		, , , , , , , , , , , , , , , , , , ,							
10		An organization that norma	Illv receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons. members	ship fees, a	and aross receipts from		
		activities related to its exen									
		income and unrelated busin									
		See section 509(a)(2). (Cor		(,,	5	,		
11		An organization organized a	• •	ively to test for public sa	fetv. See	section 5	09(a)(4).				
12		An organization organized a	-	•	•			arrv out the	e purposes of one or		
		more publicly supported or		-				-			
		lines 12a through 12d that									
а		Type I. A supporting orga						-	aivina		
		the supported organization									
		organization. You must o									
b		Type II. A supporting org	-		tion with it	ts support	ed organizatio	on(s), by ha	ivina		
		control or management o	-				-		-		
		organization(s). You mus			·						
с		Type III functionally inte			in connec	tion with,	and functiona	lly integrate	ed with,		
		its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection	with its suppo	rted organi	zation(s)		
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness		
		requirement (see instruct	ions). You must cor	mplete Part IV, Sections	A and D,	, and Part	v.				
е		Check this box if the orga						II, Type III			
		functionally integrated, or									
f	Ente	er the number of supported of									
g		vide the following information									
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount of		(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
Tota	<u> </u>				000 57						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 14

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2019.04030 FRIENDS OF THE HIGH LINE, I 3985___1

Schedule A (Form 990 or 990-EZ) 2019 FRIENDS OF THE HIGH LINE, INC. Part II

31-1734086 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	18102479.	14168068.	15600000.	13212000.	12433000.	73515547.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge \dots							
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.	
	Public support. Subtract line 5 from line 4.						63296878.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨		(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	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 \dots	2290195.	3709622.	3404000.	2692000.	3376000.	15471817.	
9	Net income from unrelated business							
	activities, whether or not the		10.076				4 5 4 6 5	
	business is regularly carried on \dots	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.)						0000000000	
	Total support. Add lines 7 through 10						89002789.	
	Gross receipts from related activities		,				,583,658.	
13	First five years. If the Form 990 is fo	-	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectic	on 501(c)(3)	. —	
Sec	organization, check this box and sto ction C. Computation of Pub		rcentage		·····			
	Public support percentage for 2019 (oolump (f))		14	71.12 %	
	Public support percentage from 2018					15	77.02 %	
	33 1/3% support test - 2019. If the							
100	stop here. The organization qualifies	•		•				
h	33 1/3% support test - 2018. If the							
~	and stop here. The organization qua							
17a	10% -facts-and-circumstances tes							
	and if the organization meets the "fac							
	meets the "facts-and-circumstances'			-	-	-		
b	10% -facts-and-circumstances tes	-	-					
	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							
18	Private foundation. If the organization							
) or 990-EZ) 2019	

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Schedule A (Form 990 or 990-EZ) 2019 FRIENDS OF THE HIGH LINE, INC. 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.)

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	019	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in							
_	any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
Ŭ	furnished by a governmental unit to							
_	the organization without charge							
	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							
	Public support. (Subtract line 7c from line 6.)							
Sec	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	019	(f) Total
	Amounts from line 6	(-) =	(-) =- · · -	(-) == · · ·	(-,			(1)
	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							
	Add lines 10a and 10b							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regulated en							
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, thi	rd. fourth. or fifth t	ax vear as a section	- on 501(c)(3) organiz	ation.
	check this box and stop here	-			•		,	▶□
Sec	ction C. Computation of Publi	c Support Pe	ercentage					······
	Public support percentage for 2019 (li			column (f))		15		9
	Public support percentage from 2018					16		9
	tion D. Computation of Inves							/
	•					17		9
	Investment income percentage for 20					17		
18 10 -	Investment income percentage from 2							<u>%</u>
198	33 1/3% support tests - 2019. If the	-						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the						3 1/3%, a	
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted orga	nization	►
20	Private foundation. If the organization							
	23 09-25-19							or 990-EZ) 2019
				16		•		-
21	006 759420 3985	20	19.04030	FRIENDS O	F THE HIG	H LIN	E, I	3985 1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 FRIENDS OF THE HIGH LINE, INC. Part IV Supporting Organizations (continued)

	Continued)		V	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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.	11c		
Sec	tion 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	L		
5	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
'a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	.)	
2	Activities Test. Answer (a) and (b) below.	actions	y. Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	
a	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			
		0-		
	that these activities constituted substantially all of its activities.	2a		
a	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	C 1		
-	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		-		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
93202	5 09-25-19 Schedule A (Form 9	90 or 99	90-EZ)	2019
	18			

2019.04030 FRIENDS OF THE HIGH LINE, I 3985___1

Schedule A (Form 990 or 990 EZ) 2019 FRIENDS OF THE HIGH LINE, INC. 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 Inco	me		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gai	1	1		
2 Recoveries of prior-year d	istributions	2		
3 Other gross income (see i	nstructions)	3		
4 Add lines 1 through 3.		4		
5 Depreciation and depletic	n	5		
6 Portion of operating expe	nses paid or incurred for production or			
collection of gross income	e or for management, conservation, or			
maintenance of property	neld for production of income (see instructions)	6		
7 Other expenses (see instr	uctions)	7		
8 Adjusted Net Income (su	btract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset A	nount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value	ue of all non-exempt-use assets (see			
instructions for short tax	ear or assets held for part of year):			
a Average monthly value of	securities	1a		
b Average monthly cash ba	lances	1b		
c Fair market value of other	non-exempt-use assets	1c		
d Total (add lines 1a, 1b, ar	nd 1c)	1d		
e Discount claimed for bloc	ckage or other			
factors (explain in detail ir	Part VI):			
2 Acquisition indebtedness	applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1	d.	3		
4 Cash deemed held for ex	empt 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 d	istributions	7		
8 Minimum Asset Amount	(add line 7 to line 6)	8		
Section C - Distributable Amo	unt			Current Year
1 Adjusted net income for p	rior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.		2		
3 Minimum asset amount for	r prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or li	ne 3.	4		
5 Income tax imposed in pr	or year	5		
6 Distributable Amount. S	ubtract line 5 from line 4, unless subject to			
emergency temporary rec		6		
7 Check here if the cu	irrent year is the organization's first as a non-functiona	lly integrat	ted Type III supporting or	panization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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13221006 759420 3985

Schedule A (Form 990 or 990 EZ) 2019 FRIENDS OF THE HIGH LINE, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u>_</u>
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
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	he organization is responsive	e	
	(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			
Sect	ion 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 (reason-			
	able 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			
<u> i</u>	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: \$			
-	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	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:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
-	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Part VI	orm 990 or 990 EZ) 2019 FRIEN Supplemental Information. F	Provide the explanations	required by Part II, li	ne 10; Part II, line 17	31-1734086 F 7a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4 ine 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Part	4b, 4c, 5a, 6, 9a, 9b, 9c, 3; Part IV, Section E, line	11a, 11b, and 11c; F s 1c, 2a, 2b, 3a, and	Part IV, Section B, lir I 3b; Part V, line 1; P	nes 1 and 2; Part IV, Section 0 Part V, Section B, line 1e; Part
	See instructions.)			· · ·	
32028 09-25-19				Sch	edule A (Form 990 or 990-EZ

Schedule C Political Campaign and Lobbying Activities										
(Form 990 or 990-EZ)	rm 990 or 990-EZ)									
	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.									
Department of the Treasury Internal Revenue Service 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) or 	ganizations: Con	nplete Parts I-A and B. Do not con	nplete Part I-C.							
 Section 501(c) (other 	r than section 5	01(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Part I-B.						
•	 Section 527 organizations: Complete Part I-A only. 									
		n Form 990, Part IV, line 4, or Fo								
	5	have filed Form 5768 (election un		•	•					
	-	have NOT filed Form 5768 (election								
-		n Form 990, Part IV, line 5 (Proxy	' Tax) (see separate ir	nstructions) or Form 990-E	Z, Part V, line 35c (Proxy					
Tax) (see separate inst										
Name of organization), or (6) organiza	tions: Complete Part III.		Emplo	yer identification number					
Name of organization	FRIENDS	OF THE HIGH LINE	TNC.	Emplo	31-1734086					
Part I-A Compl	ete if the or	ganization is exempt under	er section 501(c)	or is a section 527 or						
					<u>5</u>					
1 Provide a descripti	on of the organiz	zation's direct and indirect politica	l campaign activities ir	n Part IV						
		ures								
		ign activities								
	P P									
Part I-B Compl	ete if the org	ganization is exempt unde	er section 501(c)(3).						
1 Enter the amount of	of any excise tax	incurred by the organization under	er section 4955	▶\$						
		incurred by organization manager								
		on 4955 tax, did it file Form 4720 f			Yes No					
4a Was a correction n	nade?				🗌 Yes 🗌 No					
b If "Yes," describe in	n Part IV.									
Part I-C Compl	ete if the org	ganization is exempt unde	er section 501(c),	except section 501(c	;)(3).					
1 Enter the amount of	lirectly expended	d by the filing organization for sec	tion 527 exempt functi	ion activities 🕨 \$ _						
2 Enter the amount of	of the filing organ	ization's funds contributed to oth	er organizations for se	ction 527						
exempt function ac	tivities			▶\$_						
3 Total exempt funct	ion expenditures	s. Add lines 1 and 2. Enter here an	d on Form 1120-POL,							
		1120-POL for this year?								
		nployer identification number (EIN		-						
		tion listed, enter the amount paid								
		omptly and directly delivered to a additional space is needed, provide			e segregated fund or a					
			1	1						
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and					
				funds. If none, enter -0	promptly and directly					
					delivered to a separate					
					political organization. If none, enter -0					
			1							
		1	1	1 1						

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

Schedule C (Form 990 or 990-EZ) 2019

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Schedule C (Form 990 or 990-EZ) 2019 I Part II-A Complete if the org						L734086 Page 2
section 501(h)).			•			
A Check 🕨 🛄 if the filing organizat	ion belon	gs to an affi	liated group (and list ir	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share						
B Check 🕨 🗌 if the filing organizat	ion check	ed box A ar	nd "limited control" pro	ovisions apply.		
		oying Expe leans amou	nditures ints paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ		lic opinion (arassroots lobbying)			
 b Total lobbying expenditures to influ 						
c Total lobbying expenditures (add lir						
d Other exempt purpose expenditure						
e Total exempt purpose expenditures			4/			
f Lobbying nontaxable amount. Ente						
If the amount on line 1e, column (a) or	r (D) IS:		bying nontaxable am			
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000			00 plus 15% of the exc	,		
Over \$1,000,000 but not over \$1,50			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	0 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (ent	ter 25% o	f line 1f)				
h Subtract line 1g from line 1a. If zero						
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than zer reporting section 4911 tax for this y				ation file Form 4720		Yes No
			eraging Period Under			
(Some organizations th		a section 5		have to complete all	of the five columns I	below.
	Lobi	ying Exper	nditures During 4-Yea	ar 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						

Schedule C (Form 990 or 990-EZ) 2019

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Schedule C (Form 990 or 990-EZ) 2019 FRIENDS OF THE HIGH LINE, INC.

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of th	e lobbying activity.	Yes	No	Amo	ount
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:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? \dots	Х			
С	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		1	,233.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?		X		
j	Total. Add lines 1c through 1i		37	/	,233.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section	n = 501(a)	(5) or oo	otion	
Fai		501(0)	(5), 01 56	CLION	
	501(c)(6).			Yes	No
4	Ware substantially all (000/, as mare) dues resained pendeductible by members?		1	103	
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only influese lobbying expenditures of \$2,000 or less?				
3 Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			ction	
1 41	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	• •			e 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 politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
с					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	de 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 I	I-A, lines 1 a	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
τN	2019, FHL STAFF ENGAGED IN LOBBYING ACTIVITIES WIT	H REPI	RESENT	ATIVES	5
					<u> </u>
FRO	OM VARIOUS NYC AND NYS AGENCIES REGARDING HIGH LINE	MAIN	FENANC	E AND	
OPI	ERATIONS, HIGH LINE PROGRAMMING, COMMUNITY RELATION	S AND	ENGAG	EMENT,	
ANI	O SOLICITATION OF FUNDS.				

932043 11-26-19

Schedule C (Form 990 or 990-EZ) 2019

SCHEDULE D

(Form	990)
-------	------

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.



Department of the Treasury Internal Revenue Service Name of the organization

13221006 759420 3985

FRIENDS OF THE HIGH LINE, INC.

Employer	identification	number
3	1-173408	36

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		ner Similar Funds	or Accol	unts.Complete if the
			dvised funds	(b) Fur	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in		ets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	exclusive legal cor	itrol?		🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing th	nat grant funds can be ι	ised only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or	for any other purpose c	onferring	
	impermissible private benefit?				🗌 Yes 🗌 No
Par		÷		art IV, line 7	
1	Purpose(s) of conservation easements held by the organizat		ipply).		
	Preservation of land for public use (for example, recrea	ation or education)		-	important land area
	Protection of natural habitat		Preservation of a	certified hi	istoric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation c	ontribution in the form o	f a conserv	
	day of the tax year.				Held at the End of the Tax Year
	Total number of conservation easements				
	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic str				
d	Number of conservation easements included in (c) acquired				
-	listed in the National Register				
3	Number of conservation easements modified, transferred, re	leased, extinguishe	ed, or terminated by the	organizatio	n during the tax
	year				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the pe				
•	violations, and enforcement of the conservation easements i				
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violatic	ons, and enforcing conse	ervation eas	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations of	and onforcing concernati		nto during the year
'	Amount of expenses incurred in monitoring, inspecting, hand \$	Jilling of Violations, a	ind enforcing conservati	UII Easeine	his during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requi	rements of section 170/r	n)(4)(B)(i)	
U	and section 170(h)(4)(B)(ii)?	•			Yes No
9	In Part XIII, describe how the organization reports conservat				
Ŭ	balance sheet, and include, if applicable, the text of the foot		•		
	organization's accounting for conservation easements.				
Par		of Art, Historica	I Treasures, or Ot	her Simi	lar Assets.
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in i	ts revenue statement ar	nd balance	sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, educ	cation, or research in fur	therance of	f public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements th	at describes these items	S.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its re	evenue statement and b	alance she	et works of
	art, historical treasures, or other similar assets held for public	c exhibition, educat	ion, or research in furthe	erance of p	ublic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			►	\$
				•	\$
2	If the organization received or held works of art, historical tre	asures, or other sir	nilar assets for financial	gain, provid	de
	the following amounts required to be reported under FASB A	ASC 958 relating to	these items:		
а	Revenue included on Form 990, Part VIII, line 1			►	\$
	Assets included in Form 990, Part X				\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.			Schedule D (Form 990) 201
932051	10-02-19				
		30			

2019.04030 FRIENDS OF THE HIGH LINE, I 3985___1

		OF THE HIC	-				31-17			age 2
Pa	t III Organizations Maintaining C							ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of t	he following the	at make s	significant	use of its			
	collection items (check all that apply):		<u> </u>							
а	Public exhibition	d		exchange progra						
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	-	-	-			ose in Parl	XIII.		
5	During the year, did the organization solicit o						_	-		1
	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arran		te if the organiza	tion answered	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1 a	Is the organization an agent, trustee, custod							1		1
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amount	t	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance							1		
	Did the organization include an amount on Fe					• • • • • • • • • • • • • • • • • • • •	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Pai	t V Endowment Funds. Complete i									
		(a) Current year	(b) Prior year	(c) Two yea			/ears back		5	
	Beginning of year balance	44,981,000.	49,168,00		1,183.		29,904.		,668, ,668,	
	Contributions		62,00		2,000.	,	05,000.		,283,	
	Net investment earnings, gains, and losses	7,241,000.	-2,938,00	0. 5,54	4,817.	2,1	.66,279.		-546,	287.
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	527,000.	1,311,00	0. 68	0,000.				575,	736.
	Administrative expenses									
g	End of year balance	51,695,000.			8,000.	40,5	501,183.	34	,829,	904.
2	Provide the estimated percentage of the curr		e (line 1g, colum	n (a)) held as:						
	Board designated or quasi-endowment	85.90	_%							
	Permanent endowment ► 11.30	%								
С	Term endowment 2.80	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are hel	d and administe	ered for t	he organi	zation	г		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization			R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a	a. See Form 990	D, Part X,	, line 10.				
	Description of property	(a) Cost or ot		ost or other		ccumulate		(d) Bool	k value	Э
		basis (investm	ent) bas	sis (other)	dep	preciation				
	Land									
	Buildings									
с	Leasehold improvements									
d	Equipment			568,000.		918,0			0,0	
	Other			310,000.		250,0	00.		0,0	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X, column (B), lin	e 10c.)					0,0	
							Schedule	D (Form	n 990)	2019

Schedule D (Form 990) 2019 FRIENDS OF	THE HIGH DINE,	, INC.	51-1754000 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or Category (including name of security)	on Form 990, Part IV, line 1 (b) Book value		12. st or end-of-year market value
	(b) BOOK value		st of end-or-year market value
(1) Financial derivatives(2) Closely held equity interests			
(3) Other			
(A) HEDGE FUNDS	4,989,000.	END-OF-YEAR MA	RKET VALUE
(B) PRIVATE EQUITY FUNDS	3,178,000.	END-OF-YEAR MA	RKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	9 1 6 7 0 0 0		
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" (a) Description of investment	on Form 990, Part IV, line 1 (b) Book value		13. st 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 T Description	Id. See Form 990, Part X, line	(b) Book value
	Description		
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		🕨
Part X Other Liabilities.	an Farm 000 Dart IV line 1	1. au 116 Cara Faura 000 Daut)	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line T	Te or TH. See Form 990, Part 7	(b) Book value
(1) Federal income taxes			
(2) REFUNDABLE DEPOSITS PAYAB	LE		117,000.
(3) SECTION 457 RETIREMENT PL			
(4) PAYABLE	-		176,000.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			▶ 293,000.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial stat	ements that reports the

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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... Schedule D (Form 990) 2019

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Sche	edule D (Form 990) 2019 FRIENDS OF THE HIGH LINE,	INC.		31-	1734086 _F	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents Wi				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	24,395,0	00.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	6,284,000.			
b	Donated services and use of facilities	2b	248,000.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	6,532,0	
3	Subtract line 2e from line 1			3	17,863,0	00.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	161,000.			
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines 4a and 4b			4c	161,0	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	18,024,0	00.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents W	ith Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	17,293,0	00.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities		248,000.			
b	Prior year adjustments	2 b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е					ח טולי ו	$\alpha \alpha$
e	Add lines 2a through 2d			2e	248,0	
3	Add lines 2a through 2d Subtract line 2e from line 1			2e 3	17,045,0	
-						
3	Subtract line 2e from line 1					
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a			17,045,0	00.
3 4 a	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4a 4b	161,000.	3 4c	17,045,0	000.
3 4 a b c 5	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	161,000.	3	17,045,0	000.

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

33

ART PROJECTS.

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Part XIII Supplemental Information (continued)

THE BOARD DESIGNATED HIGH LINE FUND IS USED TO SUSTAIN THE PARK'S

LONG-TERM MAINTENANCE AND OPERATIONS.

Schedule D (Form 990) 2019

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SCHEDULE G	Suppleme	ental Information Regarding	g Fund	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" or organization entered more than \$				or 19,	, or if the	2019
Department of the Treasury		Attach to Form 99			-			Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for inst	truction	s and	the latest informat	ion.	Employerid	Inspection entification number
Name of the organization		OF THE HIGH LINE	, IN	c.			31-1734	
	complete this par	• Complete if the organization answ	vered "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
 Indicate whether th a X Mail solicitat b X Internet and c Phone solicitat d X In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, F 9 highest paid indi	sed funds through any of the follow e X Solicit: s f X Solicit: g X Specia or oral agreement with any individua Part VII) or entity in connection with viduals or entities (fundraisers) pure	ation of ation of al fundra al (incluo profess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	X Ye	
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have cr or con contribu	trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
MKDM - 612 EAST JE		DIRECT RESPONSE STRATEGY	Yes	No				
STREET, CHARLOTTES	VILLE, VA	COUNSEL		Х	1,301,410.		76,525	. 1,224,885.
			_					
			-					
Total					1,301,410.		76,525	
or licensing.	ich the organizatio	on is registered or licensed to solicit	t contrib	outions	s or has been notified	a it is	exempt from	registration
NY,CT,NJ								
		ice, see the Instructions for Form FOR CONTINUATIONS	1 990 or	990 -I	EZ. S	Sche	dule G (Form	990 or 990-EZ) 2019
932081 09-11-19								

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events	ots greater than \$5,000 I
			BENEFIT	(D) Event #2	(C) Other events	(d) Total events
				ART DINNER	1	(add col. (a) through
			(event type)	(event type)		- col. (c))
	1	Gross receipts	3,365,000.	1,225,000.	176,000.	4,766,000
		Less: Contributions	2,634,000.		35,000.	
1	2	Less. Contributions	2,031,000	1,003,000.	55,000.	3,072,000
;	3	Gross income (line 1 minus line 2)	731,000.	222,000.	141,000.	1,094,000
	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
		Entertainment	2,000. 29,000.	1.0.000	12,000.	14,000 45,000
		Other direct expenses		16,000.		
		Direct expense summary. Add lines 4 through			🕨	1,094,000
	tl	Net income summary. Subtract line 10 from I II Gaming. Complete if the organization		000 Dart IV line 10 or r		
		\$15,000 on Form 990-EZ, line 6a.		1000,1 art 10, mic 10, 011	eported more than	
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
╞	1	Gross revenue				
1	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
1	<u> </u>					
		Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	6		No		□ No	
	6 7	Volunteer labor	No	No No	<u>No</u> No ►	
	6 7 8	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	h 5 in column (d)	No No	<u>No</u> No ►	
) E	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No No	□ No	No ►	
) [a	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a	No h 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	□ No	No ►	Yes N
) [a	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No h 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	□ No	No ►	Yes N
) [a b	6 7 Ent Is ti If "f	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a No," explain:	No N	States?	No	
) [a b 	6 7 Ent Is ti If "I	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a No," explain:	No N	No states? erminated during the tax y	No	
a b 	6 7 Ent Is ti If "I	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a No," explain:	No N	No states? erminated during the tax y	No	
E 	6 7 Ent Is ti If "I	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a No," explain:	No N	No states? erminated during the tax y	No	

Schedule G (Form 990 or 990-EZ) 2019 FRIENDS OF THE HIGH LINE, INC. 31-	-1734086	Page 3
11 Does the organization conduct gaming activities with nonmembers?		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?13 Indicate the percentage of gaming activity conducted in:	Yes	No
a The organization's facility	13a	%
b An outside facility		%
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 > \$		L 101
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, lines 9, 9	D, TUD,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	ERS.	
(I) NAME OF FUNDRAISER: MKDM		
(I) ADDRESS OF FUNDRAISER:		
612 EAST JEFFERSON STREET, CHARLOTTESVILLE, VA 22902		
	orm 990 or 990-E	EZ) 2019
37 221006 759420 3985 2019.04030 FRIENDS OF THE HIGH LINE	L I 3985	1
	, _ 0,00	

Schedule G (Form 990 or 990-EZ)	FRIENDS	OF	\mathbf{THE}	HIGH	LINE,	INC.
Part IV Supplemental Info	rmation (contin	ued)				

	Schedule G (Form 990 or 990-
2084 04-01-19	20
21006 759420 3985	2019.04030 FRIENDS OF THE HIGH LINE, I 3985

SC	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	
•		Compensated Employees		20	IJ)
Dena	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio		Employer			mber
_		FRIENDS OF THE HIGH LINE, INC.	31-1	173408	6	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		ation and gross-up payments				
		spending account Personal services (such as maid, chauffer	ur, chef)			
		n a contrato e contrato				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
~		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if a	and of the following the experimation used to establish the compensation of the experimation?	•			
3		ny, of the following the organization used to establish the compensation of the organization' actor. Check all that apply. Do not check any boxes for methods used by a related organizat				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant X Compensation survey or study				
	X Form 990 of o		ommittoo			
			Johnnillee			
4	During the year did	I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а		e payment or change-of-control payment?		4a		x
b		ceive payment from, a supplemental nonqualified retirement plan?			Х	
		ceive payment from, an equity-based compensation arrangement?				X
-		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	······································					
	Only section 501(;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	-			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	The organization?			6a		Х
		ation?				X
		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 payment	s			
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	the			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	n 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forr	n 990)) 2019

932111 10-21-19

31-1734086

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

Schedule J (Form 990) 2019

Page 3

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 J (Form 990) 2019

SCHEDULE L		Tra	nsactior	ıs V	Vith	Inte	erested	Ρ	ersons			0	ИВ No.	1545-0	047
(Form 990 or 990-EZ)	Complete if	the o								26, 27	28a,		20	10	ג
			28b, or 28c, o				rt V, line 38a Form 990-E2		40b.			· · · ·			-
Department of the Treasury Internal Revenue Service	► G	io to v							est information.				pen T spect		DIIC
Name of the organization										Em	oloyer	r ident	ificati	ion ni	umber
													86		
	the organizatior						ne 25a or 25t	b, oi	r Form 990-EZ, P	art V,	line 40	Db.	1		
(a) Name of disqualified person			Corre es	ected?											
			•	<u> </u>									+		
	the amount of tax incurred by the organization managers or disqualified persons during the year under		_												
													+		
2 Enter the amount of	tax incurred by	the o	roanization mar	aders	or dise	Jualified	d persons du	rina	the vear under						
			•	Ũ		•	•				▶ \$				
3 Enter the amount of	tax, if any, on li	ne 2, a	above, reimburs	sed by	the or	ganizat	ion				▶ \$				
Part II Loans to	and/or Fron	a lat	aracted Der	0000											
					-		line 29e er l	Form	n 990, Part IV, lin	- <u>06</u> .	or if th		nizati	~ ~	
•	amount on Forr					, Fart v	, 1110 304 01 1	FOI	11 990, Fait IV, III	e 20,	ornu	le orga	anzati	OIT	
(a) Name of	(b) Relatio	nship	(c) Purpose	(d) Lo	an to or n the	(e)	Original	(1) Balance due	(g)	In	(h) Ap by bo	proved ard or		Vritten
interested person	with organi	zation	of loan		ization?	princi	pal amount			defa	ault?	comm		agre	ement?
				То	From					Yes	No	Yes	No	Yes	No
Total							> \$								
Part III Grants or	[•] Assistance	Ber	efiting Inter	reste	d Pe	rsons	•								
· · · ·	the organizatior	n ansv	vered "Yes" on	Form 9	990, Pa	, í									
(a) Name of interes	ted person	(b) Relationship interested pers the organiza	son an		•) Amount of assistance		(d) Type assistan) Purp assist		of
											+				

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

Schedule L (Form 990 or 990-EZ) 2019

932131 10-21-19

Schedule L (Form 990 or 990-EZ) 2019 FRIENDS OF THE HIGH LINE, INC. 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	organiz	aring of zation's nues?
				Yes	No
VAN WYCK & VAN WYCK	COMPANY OWNED BY BO	166,000.	RENTALS, DE	1	Х

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 L (Form 990 or 990-EZ) 2019

932132 10-21-19

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

. Inspection

ſ ZU **|9**

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

Part I | Types of Property

Employer identification number FRIENDS OF THE HIGH LINE, INC

•	31-1734086

		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de		ing	
		applicable		amounts reported on	noncash contribu		•	S
			items contributed	Form 990, Part VIII, line 1g				
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	Х	8	255,000.	FAIR MARKET	' VA	LUE	
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 organi	zation durin	g the tax year for c	contributions				
	for which the organization completed Form 82							
	c .						Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat	•	• • • •		-			
	exempt purposes for the entire holding period	-		•		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	utions?	31		Х
	Does the organization hire or use third parties					-		
			•			32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	column (c) fo	r a type of propert	v for which column (a) is che	cked.			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	I (Forr	n 990)	2019

13221006 759420 3985

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

932142 09-27-19	Schedule M (Form 990) 2019
	45
221006 759420 3985	2019.04030 FRIENDS OF THE HIGH LINE, I 39851

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



FRIENDS OF THE HIGH LINE, INC.

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
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 2019.04030 FRIENDS OF THE HIGH LINE, I 3985_1

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization FRIENDS OF THE HIGH LINE, INC.	Employer identification number 31-1734086
CLASSROOM HOURS. FHL ALSO WORKED WITH 200+ VOLUNTEERS WH	O 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

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

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 2019.04030 FRIENDS OF THE HIGH LINE, I 3985_1

Name of the organization	Employer identification number
FRIENDS OF THE HIGH LINE, INC.	31-1734086
CONSTRUCTED AND OPENED TO HUDSON YARDS, PROVIDING ACCESS	BETWEEN THE
HIGH LINE AND THE HUDSON YARDS PLAZA, ACCESS TO THE 7 LI	IE 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.

13221006 759420 3985

932212 09-06-19

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

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 932212 09-06-19 49

13221006 759420 3985

Schedule O (Form 990 or 9	Schedule O (Form 990 or 990-EZ) (2019) Page 2													
Name of the organization	FRIENDS	OF THE HI	GH LINE,	INC.		E	mployer identificat 31-173408		umber					
THE EXISTENCE	OF, AND	MATERIAL	FACTS CO	NCERNING,	HIS OR	HER	INTEREST	то	THE					
AUDTT AND FIN	ANCE COM	ΜΤͲͲΈΕ ΟΈ	THE BOAR	D (THE "A	מסדיד כס	ммтт	'TEE").							

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, 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 50 13221006 759420 3985 2019.04030 FRIENDS OF THE HIGH LINE, I 3985_1

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization FRIENDS OF	THE	HIGH LINE	, INC.			Employe 31-	Pa r identification num -1734086
2019 HAVE BEEN ROUNDED 1	O THE	NEAREST	THOUSAND	TO CON	IFORM	WITH	THE
PRESENTATION IN FHL'S AU	JDITED	FINANCIA	L STATEM	ENTS.			
932212 09-06-19			F 1		Sched	ule O (For	m 990 or 990-EZ) (2
21006 759420 3985	20	19.04030	51 FRIENDS	OF THE	HIGH	LINE	, I 3985

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

OKM 9.	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	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.		٥.	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.

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* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone