

539 535

EXTENDED TO MAY 15, 2019

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.

2017 Open to Public Inspection

		ue Service	► Go to www.irs.	gov/Form990 for in	structions a	nd the lates	st informati	on. TOUY	Inspection
ΑF	or the	2017 calend	dar year, or tax year beginning	JUL 1, 20			JUN 30		
B C	heck if oplicable	C Name o	of organization				D Emple	oyer identific	ation number
	Address change	s HILL	HOUSE ECONOMIC	DEVELOPMEN	T CORP				
	Name change		ousiness as				7	25-17	52971
]initial return		r and street (or P.O. box if mail is no	t delivered to street ad	dress)	Room/suite	E Telepi	hone number	
	Final return/	1835	CENTRE AVENUE					412-3	392-4400
	termin- ated		town, state or province, country,	and ZIP or foreign po	ostal code		G Gross re	eceipts \$	384,772.
\sqsubseteq	Amende	FTTT	SBURGH, PA 1521				H(a) is th	nis a group ret	
L	Applica tion pending		and address of principal officer E	MMA LUCAS-	DARBY	- 44-	for s	subordinates?	Yes X No
		1835		ITTSBURGH,		223		Il subordinates inc	
			X 501(c)(3) 501(c)()◀ (insert no.) L	4947(a)(1) 0 52	⊣ " "	•	ist (see instructions)
			HILLHOUSE ORG X Corporation Trust	Association	Other >	I Van		up exemption	number ► State of legal domicile: PA
		Summary			Other	L Year	i oi iormatioi	1. 1970 M	State of legal dofflicile; FA
			be the organization's mission or n	nost significant activ	utues PIIRI	POSE O	F DEVE	LOPING	PROGRAMS
Activities & Governance	1	AND DRI	IVING CATALYTIC P	ROJECTS PR	OMPTING	ECON	OMIC D	EVELOPM	IENT AND
r a	2 (Check this bo	ox leading members of the governing by	scontinued its opera	ations or disn	osed of ma	e tran 25%	of its per ass	lets
o e	3 N	Number of vo	oting members of the governing be	ody (Part VI, line 1a)		T H	EUEIV	/ED ₃	8
ق			dependent voting members of the	• • • • •	art VI, line 1b)	<u></u>		1 3	8
es	5 T	otal number	of individuals employed in calend	dar year 2017 (Part \	/, line 2a)	V 8523	MAR 30	2021	0
Ž	6 T	otal number	of volunteers (estimate if necess	ary)		[8]		E	0
ţ	7 a T	otal unrelate	ed business revenue from Part VII	I, column (C), line 12	<u> </u>		CDEN	7a	0.
	b N	Vet unrelated	business taxable income from Fe	orm 990-T, line 34			GDEN.	UI 7b	0.
						_	Prior '		Current Year
e l	8 (Contributions	and grants (Part VIII, line 1h)			<u> </u>	3	0,063.	0.
Revenue	9 F	Program servi	rice revenue (Part VIII, line 2g)			<u> </u>		0.	0.
Be			come (Part VIII, column (A), lines			<u> </u>	0	0.	0.
			e (Part VIII, column (A), lines 5, 6d		-	<u> </u>		7,857.	50,254.
		-	e add lines 8 through 11 (must ed		n (A), line 12)		12	0.	50,254.
			milar amounts paid (Part IX, colur	•		-		0.	0.
		-	to or for members (Part IX, colum er compensation, employee benef		Δ\ lines 5.10	, <u> </u>		0.	0.
Expenses			fundraising fees (Part IX, column (•	,~), iii les 3·10	′ ⊢		0.	0.
per			sing expenses (Part IX, column (D)	· · ·		0.			
ŭ			ses (Part IX, column (A), lines 11a-	· · —			74	3,478.	576,764.
		,	es Add lines 13-17 (must equal P	•	ne 25)		74	3,478.	576,764.
		•	expenses Subtract line 18 from		• •			5,558.	-526,510.
Assets or Balances						В	eginning of (End of Year
agg	20 T	Total assets (I	Part X, line 16)					4,024.	6,406,441.
und			s (Part X, line 26)			_		3,063.	1,951,990.
			fund balances Subtract line 21 f	rom line 20			4,98	0,961.	4,454,451.
		Signatur		hura vaaluduas aasaana	navena sahadu	loo ond atotae	manta and ta	the best of mu	Irraviladas and haliaf it in
			I declare that I have examined this refe. Declaration of preparer (other than o						knowledge and belief, it is
u uc,	COLLECT	, and complete	s. Deciaration of preparer (other than t	A lac	, indimation of v	vilicii prepare	i nas any kin	(3/14/	40-11
Sign	.	Signatur	e of officer	vary.				ate	<i></i>
Here		► EMMA	LUCAS-DARBY, DI	RECTOR					
	_		print name and title						
	-+	Print/Type pre	parer's name	-			Date	Check	PTIN
Paid	þ	MICHAEL		MIM	ath	CAA	03/06/2	21 self-employed	
Prep	arer [Firm's name	▶ SISTERSON & CO				F	ırm's EIN 🕨	25-1467156
Use (Only	Firm's address			100				
			PITTSRIIRGH PA	15219			10	hone no 417	2-281-2025

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

	990 (2017) HILL HOUSE ECONOMIC DEVELOPMENT CORP. 25-1752971 Page 2
įŖς.	tillis Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1 '	Briefly describe the organization's mission PURPOSE OF DEVELOPING PROGRAMS AND DRIVING CATALYTIC PROJECTS PROMPTING ECONOMIC DEVELOPMENT AND ENCOURAGING ENTREPRENEURIAL ACTIVITY FOR RESIDENTS IN THE HILL DISTRICT, WHICH IS ONE OF THE POOREST SECTIONS OF THE CITY OF PITTSBURGH, PENNSYLVANIA.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 427,973. including grants of \$) (Revenue \$
	PURPOSE OF DEVELOPING PROGRAMS AND DRIVING CATALYTIC PROJECTS PROMPTING ECONOMIC DEVELOPMENT AND ENCOURAGING ENTREPRENEURIAL ACTIVITY FOR RESIDENTS IN THE HILL DISTRICT, WHICH IS ONE OF THE POOREST SECTIONS OF THE CITY OF PITTSBURGH, PENNSYLVANIA. THE ORGANIZATION INTENDS TO ACHIEVE ITS MISSION WITH THE ASSISTANCE OF AND IN CONJUNCTION WITH LOCAL, STATE, AND FEDERAL GOVERNMENT AGENCIES, COLLABORATIONS WITH OTHER NEIGHBORHOOD PARTNERS, AS WELL AS WORKING WITH PUBLIC AND PRIVATE DEVELOPERS.
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe in Schedule O)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 427,973.
<u>4e</u>	Form \$0 (2017)
732004	11.28.17

25-1752971

			Tes	NO
1 `	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		x	
2	Is the organization required to complete Schedule B, Schedule of Contributors	1 2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-	 -	
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ť		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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?		ļ	
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	ļ		
	as applicable			.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		l	
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	l	.	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
a	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			х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	<u> </u>	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	' '''		
.24	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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			l `
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		<u>X</u>
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		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19 -	000	<u>X</u>
		Form	aa∩ (2017)

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Form 990 (2017) HILL HOUSE ECONOMI
Part IV Checklist of Required Schedules (continued)

			Yes	NO
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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			٠,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			₩
~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			x
22		31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		 ^
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	22		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
5 -7	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		х
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	5,		 -
	Note. All Form 990 filers are required to complete Schedule O	38	x	
				2017)

	t V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>	P	age J
	Check if Schedule O contains a response or note to any line in this Part V			
 ;			Yes	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		res	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
Ĭ	(gambling) winnings to prize winners?	1c		- -
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			ł
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			İ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
t -	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
٥	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8	-+	
	Did the sponsoring organization make any taxable distributions under section 4966?			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter	90	-	
	Initiation fees and capital contributions included on Part VIII, line 12		}	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			į
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them)			i
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			j
b	Enter the amount of reserves the organization is required to maintain by the states in which the		- 1	
	organization is licensed to issue qualified health plans	ĺ		
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990 (2017)

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 in Schedule O. See instructions

•	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{X}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	ł		
b	Enter the number of voting members included in line 1a, above, who are independent 1b	ļ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		:
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	$\overline{\mathbf{x}}$	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		_	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	l]
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	PETE MENDES - 412-392-4400			
	1835 CENTRE AVENUE, PITTSBURGH, PA 15219			

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related (A) (B)				(C)				(D)		(F)
Name and Title	Average			Pos	ition	1		Reportable	(E) Reportable	(F) Estimated
Name and Thie	hours per					than is bot		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	ğ						the	organizations	compensation
	hours for	rdire				<u>8</u>		organization	(W-2/1099-MISC)	from the
	related	o eat	ustee			ensat	l	(W-2/1099-MISC)		organization
	organizations	individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	}			and related
	below	Mdu	를	Officer	em a	lest of section	Former			organizations
	line)	Ē	is i	ŧ	- Ke	훈	Ē			
(1) R. SCOTT POLLOCK	1.00	ļ "	l	۱,,						
CHAIRMAN	1 00	X	<u> </u>	Х	<u> </u>	┡	<u> </u>	0.	0.	0.
(2) MICHAEL B. THOMAS	1.00	ļ "		۱.,	l				_	_
1ST VICE-CHAIR	1 00	X		Х		<u> </u>	ļ	0.	0.	0.
(3) ROBERT L. BURNS, JR., ESQ.	1.00			۱.,						
SECRETARY	1 00	X	_	Х		$oxed{igspace}$		0.	0.	0.
(4) JAMES WILLIAMS III (7/17-12/17)	1.00	١.,		1						
DIRECTOR	1 00	X	_			ļ		0.	0.	0.
(5) KIM SLATER-WOODS (7/17-5/18)	1.00	١.,								
DIRECTOR	1 00	X	<u> </u>	_	_			0.	0.	0.
(6) CLYDE WILSON PICKETT	1.00									_
DIRECTOR	1 00	X	<u> </u>		_			0.	0.	0.
(7) MICHAEL S. JASPER	1.00	\ <u>,</u>			İ					•
DIRECTOR	1 00	Х	<u> </u>		 	⊢		0.	0.	0.
(8) CHAZ R KELLEM (7/17-12/17) DIRECTOR	1.00	X						0.		•
(9) SCOTT M. LAMMIE	1.00	1			_	\vdash		0.	0.	0.
DIRECTOR	1.00	x						0.	0.	_
(10) EMMA LUCAS-DARBY	1.00	1			<u> </u>	-		0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(11) PHILLIP B. PARR	1.00	1		-	_	\vdash		0.	<u> </u>	0.
DIRECTOR	1.00	x						0.	0.	0.
(12) LATASHA WILSON-BATCH (7/17-12/17)	1.00	^	\vdash		_	H		· · · · · · · · · · · · · · · · · · ·	0.	0.
DIRECTOR	1.00	х			١.,			0.	0.	0.
(13) JEFFREY J. ANDERSON	12.00	_	ļ			\vdash		0.	· ·	0.
EXECUTIVE VP & COO	12.00	ł		х				0.	91,802.	2,317.
(14) PETE MENDES	5.00	-	_	Δ		\vdash		<u> </u>	91,002.	2,317.
INTERIM EXEC DIRECTOR	7.00			х				0.	0.	0.
THIBRIN DANC DIRECTOR		\vdash	-	Α				· ·	· · ·	<u> </u>
	 	\vdash	\vdash			\vdash				
	 	-	-		-					
	L	L	L					<u></u>	L	

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Section B. Independent Contractors

rendered to the organization? If "Yes," complete Schedule J for such person

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

	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
		,,		
		-		
-				
	· · · · · · · · · · · · · · · · · · ·			
	er of independent contractors (including but compensation from the organization	t not limited to those list	ted above) who received more than	

Form 990 (2017)

5

Crack if Schedule O contains a response or note to any line in the Part VIII Contained					CONOMIC D.	FAETOSWENI	CORP.	25-1/52	19 / 1 Page 9
Total revenue Related or prevenue Rela	Га	ír Al							
1 a Federated campaging b Membership dues c Fundrasing events to to the desire or fundrasing events to to the tental income or (loss) T a Gross amount from sales of a stee expenses c Gan or (loss) T a Gross amount from sales of a stee expenses c Gan or (loss) T a Gross anount from sales of a stee expenses c Gan or (loss) T a Gross anount from sales of a stee expenses c Gan or (loss) T a Gross anount from sales of a stee expenses c Gan or (loss) T a Gross anount from sales of a stee expenses c Gan or (loss) T a Gross anount from sales of a stee expenses c Gan or (loss) T a Gross anount from sales of a stee expenses c Gan or (loss) T a Gross anount from sales of a stee expenses c Gan or (loss) T a Gross anount from sales of a stee to firm fundrasing events (not on the company of the company o		`	Check if Schedule O con	tains a responsi	e or note to any lin	(A)	Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512 - 514
Business Code 2 a	nts	1 a	Federated campaigns	1a					
Business Code 2 a	fts, Grant r Amount	b	Membership dues	1b					
Business Code 2 a		С	Fundraising events	1c					
Business Code 2 a	ar fa	d	Related organizations	1d					
Business Code 2 a	imi	е	Government grants (contribu	tions) 1e					
Business Code 2 a	tior Sr. S	f	All other contributions, gifts, gran	nts, and			1		
Business Code 2 a	the		similar amounts not included abo	ove 1f					ŀ
Business Code 2 a	d O	g	Noncash contributions included in lines	s 1a-1f \$					1
2 a b b d d d d d d d d d d d d d d d d d	a C	h	Total. Add lines 1a-1f						
Total, Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents					Business Code	······································			
Total, Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents	e	2 a							
Total, Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents	e Z	b							
Total, Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents	n S	С							
Total, Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents	Rev	d							
Total, Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents	or'	е							
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalities	<u>-</u>			enue			<u></u>		
other smilar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 384 , 772 . (ii) Real 384 , 772 . (iii) Real 384 , 772 . (iii) Real 384 , 772 . (iv) Personal 384 , 772 . (iv) Personal 384 , 772 . (iv) Personal 384 , 772 . (iv) Securities (iv) Other 384 . (iv)									
4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 384 , 772 . 334 , 518 . 50 , 254 . 7 a Gross amount from sales of assets other than inventory b. Less cost or other basis and sales expenses c Gan or (loss) d Net gan or (loss) d Net gan or (loss) c Net income or (loss) from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b. Less direct expenses c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b. Less cost of goods sold c. Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b. C. C. d. All other revenue e. Total. Add lines 11a-11d 12 Tetal revenue See instructions. 50 , 254 . 6 a Gross and so fire inventory and a contractive and a contractiv		3	•	i dividends, inte	rest, and				
Second S			·		. 🔁				
(i) Real (ii) Personal 38 4 , 772 38 4				ix-exempt bond	proceeds				
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b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$, u		(i) Securities	(ii) Other				
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and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue See instructions.				-	P	· ·			
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Miscellaneous Revenue			•		` <u> </u>				
11 a	ŀ	<u> </u>			Business Code				<u> </u>
b	ŀ	11 2			Business Code				
c d All other revenue e Total. Add lines 11a·11d ► 12 Total revenue See instructions. ► 50,254. 50,254.					 				
d All other revenue e Total. Add lines 11a·11d 12 Total revenue See instructions. ► 50,254. 0. 0. 50,254.	1		· <u></u>		 				
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12 Total revenue See instructions. ► 50,254. 0. 0. 50,254.									i
					5	50,254.	0.	0.	50,254.
	732009		·				<u> </u>		Form 990 (2017)

Sec.	Check if Schedule O contains a respon	·		ompiete column (A)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·····
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			<u></u>	
7	Other salaries and wages	··			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				· -
11	Fees for services (non-employees)				
a	Management	2 466		2 466	
b	Legal	3,466.		3,466.	
С.	Accounting	12,300.		12,300.	
d	, , <u>,</u>				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	69,921.		69,921.	
40	`````` ` ``	05,521.		05,521.	
12 13	Advertising and promotion Office expenses	325.		325.	
14	Information technology	323.		323.	
15	Royalties				
16	Occupancy				
17	Travel		<u> </u>		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	20,087.		20,087.	
21	Payments to affiliates	•			
22	Depreciation, depletion, and amortization	"	· · · · · · · · · · · · · · · · · · ·		·
23	Insurance	37,739.		37,739.	
24	Other expenses. Itemize expenses not covered		-		
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	CENTRE HELDMAN FLOWTHRU	427,973.	427,973.		
b	REPAIRS AND MAINTENANCE	4,528.		4,528.	
С	MEMBERSHIPS/SUBSCRIPTIO	425.		425.	
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	576,764.	427,973.	148,791.	0.
26	Joint costs Complete this line only if the organization		İ		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Pa	rt X ·	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	38,220.	1	32,300.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	148,030.	4	109,114.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	290.	9	290.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D Less accumulated depreciation 10a 2,162,731. 10b 805,130.			
	b	Less accumulated depreciation 10b 805,130.	1,422,375.	10c	1,357,601.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	17,411.	12	17,411. 4,889,725.
	13	Investments - program related See Part IV, line 11	5,317,698.	13	4,889,725.
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,944,024.	16	6,406,441.
	17	Accounts payable and accrued expenses	765,122.	17	791,682.
	18	Grants payable	80,000.	18	80,000.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			ĺ
Ħ		key employees, highest compensated employees, and disqualified persons	·		
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	1,093,937.	23	1,054,304.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of	24 004		26 224
		Schedule D	24,004.	25	26,004.
	26	Total liabilities. Add lines 17 through 25	1,963,063.	26	1,951,990.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ces		complete lines 27 through 29, and lines 33 and 34.	4 000 061		
<u>a</u>	27	Unrestricted net assets	4,980,961.	27	4,454,451.
Ba	28	Temporarily restricted net assets		28	
힡	29	Permanently restricted net assets		29	
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here			•
Net Assets or Fund Balances		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	4,980,961.	32	A AEA AE1
	33	Total net assets or fund balances	6,944,024.	33	4,454,451.
	34	Total liabilities and net assets/fund balances	0,944,024.	34	6,406,441.

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	1990 (2017) HILL HOUSE ECONOMIC DEVELOPMENT CORP.	25-	<u>-17529</u>	71	Pag	e 12
Pa	rt XI Reconciliation of Net Assets		<u>-</u>			
	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				54.
2	Total expenses (must equal Part IX, column (A), line 25)		576			
3	Revenue less expenses Subtract line 2 from line 1	3		526		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,	980	<u>, 9 (</u>	<u>51.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	4,	454	, 45	<u>51.</u>
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					<u>Щ</u>
				Y	es	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					- 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		:		لبيد
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u></u>	2a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				- 1
	separate basis, consolidated basis, or both					1
	Separate basis Consolidated basis Both consolidated and separate basis			_ _	.	لــــا
b	Were the organization's financial statements audited by an independent accountant?		<u></u> :	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	; ,		٠	
	consolidated basis, or both				- "	1
	Separate basis Consolidated basis Both consolidated and separate basis				٠	1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	· _	_		
	review, or compilation of its financial statements and selection of an independent accountant?		<u> </u>	2c	_	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					.]
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	idit	_	_ .	ليـ
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm 9 9	90 (2	2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 **2017**

Open to Public Inspection

Employer identification number

Name of the organization

HILL HOUSE ECONOMIC DEVELOPMENT CORP. 25-1752971 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (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, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. $oldsymbol{\perp}$ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document (i) Name of supported (u) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) HILL HOUSE ASSOCIATION 25-1146126 7 427,973. Х

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-08-17 Schedule A (Form 990 or 990-EZ) 2017

Total

427,973.

0.

	edule A (Form 990 or 990 EZ) 2017 H	ILL HOUSE	ECONOMIC Described in	DEVELOPM	ENT CORP	25-17!	52971 Page 2
	(Complete only if you checke						
	fails to qualify under the tests				on railed to quality	under Fait in in ii	le Organization
Sec	ction A. Public Support	, р.с.		,			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(a) 2015	/-N 2016	(2) 0017	T (O Tabel
	Gifts, grants, contributions, and	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
•	membership fees received (Do not					/	Á
	include any "unusual grants ")						
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					 / 	+
٥	furnished by a governmental unit to						
	the organization without charge			ļ	/	4	
4	Total. Add lines 1 through 3			 	/		
	The portion of total contributions				/		
3	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,			/	1		
	column (f)			/			
6	Public support. Subtract line 5 from line 4			 			
	ction B. Total Support			/	1		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	, , , , , , , , , , , , , , , , , , ,			(=,====	(3/231)	(1)
8	Gross income from interest,			/			
	dividends, payments received on			1			
	securities loans, rents, royalties,						
	and income from similar sources	1					
9	Net income from unrelated business						<u> </u>
	activities, whether or not the			•			
	business is regularly carried on						
10	Other income Do not include gain		/			<u> </u>	
	or loss from the sale of capital	,					
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc (see instruction	ons)			12	·
	First five years. If the Form 990 is for	,		d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publ	/		******		·	
	Public support percentage for 2017		•	column (f))		14	<u>%</u>
	Public support percentage from 2016	•	•			15	%
16a	33 1/3% support test - 2017. If the o				14 is 33 1/3% or r	more, check this b	ox and
	stop here. The organization gualifies		•				▶ ∟
b	33 1/3% support test - 20/16. If the o				l line 15 is 33 1/3%	6 or more, check t	his box
4-	and stop here. The organization quali						. ▶∟
1/a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					π vi now the orga	nization
L	meets the "facts and circumstances"					17a and the 45 :-	100/
O	10% -facts-and-circumstances test						
	more, and if the organization meets the						ĕ
18	organization meets the "facts-and-circ Private foundation. If the organization		-	•			
		Gla flot check a t	30x 011 iii le 10, 10	a, 100, 17a, 01 17L			0 or 990-EZ) 2017
					Sch		7 51 555 EZJ ZO17
	•						
1							

Sch	edule A'(Form 990 or 990 EZ) 2017 H	ILL HOUSE	ECONOMIC	DEVELOPM	ENT CORP.	25-175	2971 Page 3
Pa	rt III. Support Schedule for (Organizations	Described in	Section 509(a)	(2)		
	(Complete only if you checked	the box on line 10	0 of Part I or if the	organization failed	to qualify under f	Part II If the organi	zation fails to
Se	qualify under the tests listed better A. Public Support	elow, please com	plete Part II)				/
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	(2) = 3 : 3	7-7	(0/2010	147 - 414	(0) 20	// / / / / / / / / / / / / / / / / / / /
	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-				/	1	
	ization's benefit and either paid to	1					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				/		
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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					<u>.</u>	
ď	Add lines 7a and 7b			/			
8	Public support. (Subtractline 7c from line 6)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital				-10-		
13	assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	r the organization's	s first second thir	d fourth or fifth ta	y vear as a sectio	n 501(c)(3) organiz	ation
• •	check this box and stop here	the organization s	3 m3t, 3000ma, am	d, locatili, or little ta	n year as a section	in 50 r(c)(5) organiz	.ation,
Sec	ction C. Computation of Publ	ic Support Pe	rcentage		· - · · · ·		
	Public support percentage for 2017 (column (fl)		15	%
	Public support percentage from 2016			olamii (i))		16	
	tion D. Computation of Inves					1.0	70
	Investment income percentage for 20		 	e 13. column (f))		17	%
	Investment income percentage from 2		•	10, 00,011,11 (1))		18	
	33 1/3% support tests - 2017. If the			on line 14 and line	15 is more than 3		
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	upported organiz	ation	ightharpoons
b	33 1/3% support tests - 2016. If the						and
^^	line/18 is not more than 33 1/3%, che						> -
	Private foundation. If the organization	n did not check a	box on line 14, 19:	a, or 19b, check th			
/3202	3 10-06-17			15	Sch	edule A (Form 990	or 990-EZ) 2017

Voc 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 Organization	าทร

- 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 (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)

	1	X	
	2		X
	3a		$\frac{1}{x}$
	3b		
	3c		
	4a		<u> </u>
	4b		
		•	
	70		
	5a		X
	5b		
ı			
ŀ	5c		<u> </u>
			X
ŀ	6		
	7		X
	8		X
	9a		X
	9b		J
Ī	9c		$\frac{1}{x}$
	- 30		
	10a		$\frac{1}{x}$
Ì			
	10b		
~	20 04 00	0 E7	2047

	dule A (Form 990 or 990-EZ) 2017 HILL HOUSE ECONOMIC DEVELOPMENT CORP. 25-1	15291	1 P	<u>age 5</u>
Pa	rt IV Supporting Organizations (continued)		Yes	No
11 '	Has the organization accepted a gift or contribution from any of the following persons?		165	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		l	
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		Х
	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		X
Sec	tion B. Type I Supporting Organizations		т	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	İ		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		İ	
	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	$\overline{\mathbf{x}}$	
2	Did the organization operate for the benefit of any supported organization other than the supported		<u> </u>	<u> </u>
_	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		X
Sec	tion C. Type II Supporting Organizations	1 -	<u> </u>	
) provide the same of the same		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1.00	<u> </u>
	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			ļ
	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			
	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	<u> </u>	<u> </u>
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	s).		
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	-4	_1	
с 2	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in Activities Test Answer (a) and (b) below.	structions		Na
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Γ	Yes	No
ч	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	1		ĺ
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			ļ
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			Ŧ
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
732025	Schedule A (Form	990 or 99	O-EZ)	2017
	17			

Schedule A (Form 990 or 990-EZ) 2017 HILL HOUSE ECONOMIC DEVELOPMENT CORP. 25-1752971 Page 6 Part V . Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Lheck 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 (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 035 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5

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

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

25-1752971 Page 7 Schedule A (Form 990 or 990-EZ) 2017 HILL HOUSE ECONOMIC DEVELOPMENT CORP. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 · Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (11) (iii) Section E - Distribution Allocations (see instructions) Underdistributions Distributable **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2017 a | **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D, a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines 3 and 4c Breakdown of line 7 a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-E							25-175297	'1 Page 8
Part VI	Part IV, Section A, line 1, Part IV, Sec	. lines 1, 2, 3b, 3c ition D, lines 2 and	, 4b, 4c, 5a, d 3, Part IV,	, 6, 9a, 9b, 9c, Section E, line	, 11a, 11b, aı es 1ç, 2a, 2b	nd 11c, Part I , 3a, and 3b,	V, Section B, lind Part V, line 1, Pa	a or 17b, Part III, line 12 es 1 and 2, Part IV, Sec art V, Section B, line 1e	tion C.
	Section D, lines 5, (See instructions)	6, and 8, and Pa	rt V, Section	n E, lines 2, 5,	and 6 Also	complete this	part for any add	ditional information	, ,
			· · · · · · · · · · · · · · · · · · ·						·
						··			
					· · · · · · · · · · · · · · · · · · ·				
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								<u> </u>	* t t

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization HILL HOUSE ECONOMIC DEVELOPMENT CORD Employer identification number 25-1752971

Pa	rt I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds 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	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
•	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	donier de ricer, er rei drij en de parpede e	Yes No
Pai		ganization answered "Yes" on Form 990, P	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certif	•
	Preservation of open space	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	if a conservation easement on the last
_	day of the tax year	ned deriver various destributions at the form of	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
•	Number of conservation easements on a certified historic str	ustura included in (a)	
ر		()	2c
u	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structul	
2	listed in the National Register	looped autoroughed or torrespend by the	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
4	year >		
4	Number of states where property subject to conservation ea	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the per	• • • • • • • • • • • • • • • • • • • •	
	violations, and enforcement of the conservation easements i		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	diagraphic and antonian annual	an annual di una di tan
,	•	ning of violations, and emorcing conservati	on easements during the year
8	Dans such conservation assument reported on line 2(d) above		A/4//D/4)
0	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(r	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describes tr	ne organization's accounting for
Dai	t III Organizations Maintaining Collections o	f Art Historical Tracquires or Ot	hor Cimilar Assats
Fai			ner Silmar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
ь	If the organization elected, as permitted under SFAS 116 (AS	6C 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publ	lic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		S
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2017

		USE ECONOM						25-17			age 2
Pại	t III. Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures, e	or Othe	r Simila	ar Asse	ts(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other recor	ds, check	any of the	following that	at are a sig	gnificant i	use of its	collectio	n item	ıs
•	(check all that apply)										
а	Public exhibition		d 🔲 L	oan or exc	hange progra	ams					
b	Scholarly research	1	e 🗀 d	Other			_				
С	Preservation for future generations				-						
4	Provide a description of the organization's co	ollections and expla	iin how th	ey further t	he organizati	on's exen	npt purpo	se in Par	t XIII		
5	During the year, did the organization solicit of	r receive donations	of art, his	torical trea	sures, or oth	er sımılar	assets				
	to be sold to raise funds rather than to be m	aintained as part of	the organ	ization's c	ollection?				Yes		No
Pa	t IV Escrow and Custodial Arran					"Yes" on I	Form 990	, Part IV,	line 9, o		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	an or other interme	diary for c	ontribution	ns or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing ta	able							
			_						Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, for e	scrow or c	ustodial acco	unt liabilit	tv?		Yes		No
b	If "Yes," explain the arrangement in Part XIII						,]
Pai							0				
		(a) Current year	Υ	or year	(c) Two year		d) Three ye	ears back	(e) Fou	r years	back
1a	Beginning of year balance					<u> </u>					
b	Contributions										
С	Net investment earnings, gains, and losses	· <u>-</u> -	† 		 						
d	Grants or scholarships		<u> </u>		†						
e	Other expenditures for facilities		†		 		-				
·	and programs					- 1					
•	Administrative expenses		 								—
'	End of year balance		1								
g	•										
2	Provide the estimated percentage of the current	rent year end baian	, ,	i, column (a	a)) neid as						
a	Board designated or quasi-endowment	0/	%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
_	The percentages on lines 2a, 2b, and 2c sho										
Зa	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	ınd admınıste	red for the	e organiza	ation	ſ		
	by									Yes	<u>No</u>
	(i) unrelated organizations								3a(i)	 	
	(ii) related organizations								3a(ii)		
þ	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the	organization's end	owment fu	unds							
Par											
	Complete if the organization answered	d "Yes" on Form 99	0, Part IV,	line 11a S	See Form 990	, Part X, I	ine 10				
	Description of property	(a) Cost or o	1		or other		cumulated	d	(d) Boo	k value)
		basis (invest	,	basis	(other)	depr	eciation				
	Land	318,								8,9	
b	Buildings	1,838,	581.			7	99,93	33.	1,03	<u>8,6</u> ,	48.
С	Leasehold improvements										
đ	Equipment	5,	208.				5,19	7.			11.
<u>e</u>	Other										
Total	Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X colum	n (R) line 1	1001				1 35	7 60	01.

Schedule D (Form 990) 2017

1.	(a) Description of liability		(b) Book value
(1) Federal income taxes		
(2	P) DEPOSITS		26,004.
(3	3)		
(4	4)		
(5	5)		
(6	5)		
(7	⁷)		
(8	3)		
(9	9)		
Total	I. (Column (b) must equal Form 990, Part X, col (B) line 25)	>	26,004.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2017

V

Schedule D'(Form 990) 2017 HILL HOUSE ECONOMIC DEV		25-1752971 Page
Part XI Reconciliation of Revenue per Audited Financial Sta	atements With Revenue	per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, II	ine 12a	
1 · Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	?)	5
Part XII Reconciliation of Expenses per Audited Financial S		
Complete if the organization answered "Yes" on Form 990, Part IV, Ii		ром и по таки
Total expenses and losses per audited financial statements		1
·		'
	اما	
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)	_2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	_ 4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	18)	5
Part XIII Supplemental Information.		
ines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information	
	· · · · · · · · · · · · · · · · · · ·	
· 		

732054 10-09-17

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

► Attach to Form 990 or 990-EZ.

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

Name of the organization

HILL HOUSE ECONOMIC DEVELOPMENT CORP.

Employer identification number 25-1752971

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENCOURAGING ENTREPRENEURIAL ACTIVITY FOR RESIDENTS IN THE HILL
DISTRICT, WHICH IS ONE OF THE POOREST SECTIONS OF THE CITY OF
PITTSBURGH, PENNSYLVANIA.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS PROVIDED TO SENIOR MANAGEMENT AND THE FINANCE COMMITTEE OF THE
BOARD TO REVIEW BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD OF DIRECTORS SELF MONITORS COMPLIANCE WITH THE POLICY AND RENEWS
THE CONFLICT STATEMENTS ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15:
THE COMPENSATION OF THE CEO OF THE PARENT ORGANIZATION (HILL HOUSE
ASSOCIATION) IS DETERMINED BY THE BOARD CHAIRPERSON AND EXECUTIVE
COMMITTEE. THE CEO DETERMINES THE COMPENSATION OF THE EXECUTIVE STAFF AND
PROGRAM DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19:
ITEMS ARE AVAILABLE UPON REQUEST OF THE FINANCE DEPARTMENT.
FORM 990, PART IX, LINE 11G, OTHER FEES:
CONTRACT SERVICES:
PROGRAM SERVICE EXPENSES 0.
MANAGEMENT AND GENERAL EXPENSES 69,921.

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of th	o (Form 990) ne organizati	on			ECON	OMIC	DEVE	LOPME	NT CO	RP.		Employer identification number 25 – 1752971
FUNDR	AISING	EXPE	NSES	5								0.
TOTAL	EXPEN	SES										69,921.
TOTAL	OTHER	FEES	ON	FORM	990,	PART	IX,	LINE	11G,	COL	A	69,921.
		-										
		-	- , , ' , -									
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

HILL HOUSE ECONOMIC DEVELOPMENT CORP.

2017

OMB No 1545-0047

Open to Public Inspection

Employer identification number 25-1752971

Schedule R (Form 990) 2017 (g) Section 512(b)(13) ŝ × controlled entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Direct controlling entity End-of-year assets N/A <u>e</u> status (if section Public charity 501(c)(3)) Total income Exempt Code ਉ section 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) PENNSYLVANIA Primary activity Primary activity <u>@</u> PARENT COMPANY For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) HILL HOUSE ASSOCIATION - 25-1146126 Name, address, and EIN of related organization of disregarded entity PITTSBURGH, PA 15219 1835 CENTRE AVENUE Partil

HILL HOUSE ECONOMIC DEVELOPMENT CORP

Page 2

25-1752971

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Schedule R (Form 990) 2017 Part III

90.00 Seneral or Percentage managing ownership partner? 3 Yes No 9 × Code V.UBI amount in box 20 of Schedule K-1 (Form 1065) N/A Disproportionate Yes No allocations? × Ξ 14,911,624, Share of end of year assets 6 -427,973, Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> RELATED (d)
(Direct controlling entity EVELOPMENT HILL HOUSE SCONOMIC CORF. (c)
Legal
domicile
(state or
foreign PA Primary activity RENTAL IN HILL RETAIL SPACE COMMERCIAL 9 DISTRICT 15219 Name, address, and EIN of related organization 27-3670287, 1835 CENTRE AVENUE, PITTSBURGH, PA CENTRE HELDMAN PLAZA Part IV

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

SEE PART VII FOR CONTINUATIONS

Page 3

25-1752971

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Schedule R (Form 990) 2017 HILL HOUSE ECONOMIC DEVELOPMENT CORP.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annurties, (iii) royalties, or (iv) rent from a controlled entity	Α			1a		×
b Gift, grant, or capital contribution to related organization(s)				1		×
c Gift, grant, or capital contribution from related organization(s)				Ş		×
d Loans or loan quarantees to or for related organization(s)				÷		×
e Loans or loan guarantees by related organization(s)				1	l	×
					t	
f Dividends from related organization(s)				=		∣⋈
a Sale of assets to related organization(s)				,5	T	×
				2) 4	\dagger	: ×
				=	\dagger	4
 Exchange of assets with related organization(s) 				;=	1	⊲ :
 Lease of facilities, equipment, or other assets to related organization(s) 				7	+	×
					-	
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
 Performance of services or membership or fundraising solicitations for related organization(s) 	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anızatıon(s)			£		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			Ę		×
 Sharing of paid employees with related organization(s) 				9		×
					\vdash	
p Rembursement paid to related organization(s) for expenses				4		×
q Reimbursement paid by related organization(s) for expenses				₽		×
				i		
 Other transfer of cash or property to related organization(s) 				+		×
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	volved		
	(s.p) adk)					
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
732163 09-11-17	29		Schedule R (Form 990) 2017	R (Form	990) 2	814

30

Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

0) פווונא	Primary activity	Legal domicile (state or foreign country)	Predominant income parmers sec (related, unrelated, 501(6)) excluded from fax under orgs? Sections 512-514) Yes No	Share of total income	(g) Share of end-of-year assets	Dispropor tonate allocations?	Code V-UBI General of Percentage amount in box 20 managing ownership of Schedule K-1 partner?	General or managing partner?	(k) Percentage ownership

732164 09-11-17

Schedule R	(Form 9	990) 2017		HILL	HOI	USE E	CONOM	IC DEAF	LOPME	NT CORP.	2:	5-1752971 Pag
Part VII												
	Provid	le additional	ınform	ation for r	espons	es to que	estions on	Schedule R S	See instruct	ions		
DADM T	T T	דו המאים רו	r te t c	л m т ∩ ъ	T 0 E	DELY	wed o	מ ס ד זג גיים מ	ЛТОМС	מוסגעגש	7 C T	. מדנים משונות ה
PARI I	<u> </u>	IDENI	LFIC	AIION	OF.	KEDA	TED O	KGANIZA	7110112	TAXABLE	AS E	PARTNERSHIP:
NAME O	F RE	ELATED	ORG	ANIZA	TIOI	N:						
CENTRE	HEI	DMAN E	LAZ	A								
		•										
DIRECT	COI	TROLL]	ING	ENTIT	'Y: I	HILL	HOUSE	ECONOM	IIC DE	VELOPMEN'	r COF	RP.
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