Form **990** 

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.

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

A F	or th	e 2018 calendar year, or tax year beginning $$ JUL $1$ , $$ 2018 $$ and ending	JUN 30, 2019	<u> </u>
В	heck if	C Name of organization	D Employer identifi	cation number
а	pplicab	le l		
	Addre Chang	HILL HOUSE ECONOMIC DEVELOPMENT CORP.		
$\vdash$	Name		- 25-1	752971
F	Initial	The second secon		
<del> </del>	_lreturn ∏Final	1835 CENTRE AVENUE	112 – I elephone numbe	7 392-4400
_	retum termin ated	h	G Gross receipts \$	3,470,977.
	Amen	City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15219	H(a) Is this a group re	<del></del>
一	Appli		for subordinates	
•	pend	1835 CENTRE AVENUE, PITTSBURGH, PA 15219/	H(b) Are all subordinates in	
1 7	37.67	empt status	<b>/</b> }	list (see instructions)
		te: NWW.HILLHOUSE.ORG	, attacina	•
			H(c) Group exemption H(c) Group exemption H(c) Group exemption	
	irt I	Summary	real of formation. 1570 N	A State of legal dofflicite 1 14
	1	Briefly describe the organization's mission or most significant activities PURPOSE	OF DEVELOPING	PROCRAMS
Governance		AND DETITIO CLARK STATE STORE SECURITION SOCIETIES	MANUEL DESIGNATION	MENT AND
nar	2	Check this have	NOMIC DEVELOR	<del></del>
Ver	3	Check this box I if the organization discontinued its operations or hispostation.  Number of voting members of the governing body (Part VI, line 1a)	TENERAL SECTION OF THE PET AS	isets 6
		Number of independent voting members of the governing had a // Lull		6
ళ		Number of independent voting members of the governing body (Part VI, Innex))	30 2021 0 5	
Ę	ŀ	Total number of individuals employed in calendar year 2018 (Part V, line 24)	3 0 2021 S 5	0
Activities &	t .	Total number of volunteers (estimate if necessary)		0.
¥	l	Total unrelated business revenue from Part VIII, column (C), line 12	EN, UT 7a	0.
	<u> </u>	Net unrelated business taxable income from Form 990-T, line 38		
		Contributions and grants (Port VIII June 11)	Prior Year 0 .	Current Year 0.
	8	Contributions and grants (Part VIII, line 1h)	0.	0.
Ç, ≱		Program service revenue (Part VIII, line 2g)	0.	1,632,712.
<b>7</b> %	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,254.	
>	ĺ	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,254.	<38,588.>
<b>.</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), I	30,234.	1,594,124.
!	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
en		Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	0.	<b>U</b> •
Ä			576 76A	574 006
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	576,764. 576,764.	574,006.
	Ì	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		574,006.
Ses	19	Revenue less expenses Subtract line 18 from line 12	<526,510.	
its o	00	Total assets (Doub V. Ivos 40)	Beginning of Current Year 6,406,441.	End of Year
Net Assets Fund Balanc		Total assets (Part X, line 16)		6,322,481.
nd/		Total liabilities (Part X, line 26)	1,951,990.	847,912.
	rt II	Net assets or fund balances Subtract line 21 from line 20 Signature Block	4,454,451.	5,474,569.
		Isligitatore block Illies of perjury, I declare that I have examined this return, including accompanying schedules and sta	terments and to the best of m	- languages and balled at a
		thes of perjory, i declare that i have examined this return, including accompanying scriedules and sta- ct, and complete. Declaration of prepared (other than officer) is based on all information of which prep		knowledge and belief, it is
uue,	COLLEC	at, and complete. Declaration of prepared (other than chicker) is gased on an information of which prep	harer has any knowledge.	/4/4)
0:		Signature of officer	Date	100 1 The state of
Sign		, r	but ,	
Her	е	EMMA LUCAS-DARBY, DIRECTOR Type or print name and title		
			Date Check	PTIN
Da! 4		Print/Type preparer's name  MICHAEL M. COMSTOCK  Preparer's consture  MICHAEL M. COMSTOCK	103/06/21	
Paid				
-	arer Only	Firm's name SISTERSON & CO. LLP	Firm's EIN	25-1467156
use	Only	Firm's address 310 GRANT STREET SUITE 2100	0 44.	1 101 101E
		PITTSBURGH, PA 15219	Phone no.41.	2-281-2025
		RS discuss this return with the preparer shown above? (see instructions)		X Yes No
83200	12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form		25-1752971	Page 2
Pa	rt III 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 PRO		
	PROMPTING ECONOMIC DEVELOPMENT AND ENCOURAGING ENTREPREN	EURIAL	
	ACTIVITY FOR RESIDENTS IN THE HILL DISTRICT, WHICH IS ON		
	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?	☐ Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	neasured by expenses	6
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses,	and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$		)
	PURPOSE OF DEVELOPING PROGRAMS AND DRIVING CATALYTIC PRO		TING
	ECONOMIC DEVELOPMENT AND ENCOURAGING ENTREPRENEURIAL ACT		
	RESIDENTS IN THE HILL DISTRICT, WHICH IS ONE OF THE POOR		SOF
	THE CITY OF PITTSBURGH, PENNSYLVANIA. THE ORGANIZATION		
	ACHIEVE ITS MISSION WITH THE ASSISTANCE OF AND IN CONJUN		
	LOCAL, STATE, AND FEDERAL GOVERNMENT AGENCIES, COLLABORA		·
	OTHER NEIGHBORHOOD PARTNERS, AS WELL AS WORKING WITH PUB	LIC AND PRI	VATE
	DEVELOPERS.		
			<u> </u>
		<del></del>	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)
		• • • • • • • • • • • • • • • • • • • •	
		<del></del>	
4-			<del></del>
4c	(Code) (Expenses \$) (Revenue	\$	)
			<del></del>
		···	
		<del></del>	
		<del></del>	
		<del></del>	
	Otton analysis of Passarba in Caba 1 to C		
4d	Other program services (Describe in Schedule O)		
A -	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses ► 511,084.		
<u>4e</u>	Total program service expenses 511,084.	Form Q	90 (2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	_	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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?			
	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, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
	Part VI	11a		<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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		$\frac{x}{x}$
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	13	-	$\frac{\mathbf{x}}{\mathbf{x}}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ì		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		Ì	
	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		ł	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_ <u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	ا ہے	İ	Х
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23	ļ	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	l		v
	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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	04=		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		<u> </u>
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	2.54		<del></del>
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
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		Х
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			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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	ļ	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,			v
~~	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		_^_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٥.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		<del></del>
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes, " complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	$\longrightarrow$	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	\ ,,	
Pai	Note. All Form 990 filers are required to complete Schedule Ort V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Lial	Check if Schedule O contains a response or note to any line in this Part V			
			Vac I	
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	$\vdash\vdash$	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1 <sub>c</sub>		
832004	4 12-31-18		990 (	2018)

Form **990** (2018)

Form	990 (2018) HILL HOUSE ECONOMIC DEVELOPMENT CORP. 25-1752	971	Р	age <b>5</b>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		<del></del>	
	filed for the calendar year ending with or within the year covered by this return 2a 0			l '
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		
4a	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	i	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)			
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
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			-
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )			
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	. 1		
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			Ī
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		İ	}
С	Enter the amount of reserves on hand			}
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>x</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N			1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	- · · · · · · · · · · · · · · · · · · ·	- 1		

If "Yes," complete Form 4720, Schedule O

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					LX					
Sec	tion A. Governing Body and Management		·								
			1		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	(	]							
	If there are material differences in voting rights among members of the governing body, or if the governing			-							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					١.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with	any other			<u> </u>					
	officer, director, trustee, or key employee?										
3	, percentage and the control of the										
	of officers, directors, or trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	is filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X					
6	Did the organization have members or stockholders?			6	<u> </u>	Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or								
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, 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	ar by th	e following:								
а	The governing body?			8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached a	at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a	ļ	X					
ь	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	re filing the form?	11a		Х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990				<del></del>						
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	ļ					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe	١.,	v						
40	In Schedule O how this was done			12c	X						
13 14	Did the organization have a written whistleblower policy?			13	X						
15	Did the organization have a written document retention and destruction policy?		4	14							
13	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	dehendeur		-						
а	The organization's CEO, Executive Director, or top management official			450	$\overline{\mathbf{x}}$						
	Other officers or key employees of the organization			15a	X						
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			15b							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange.	ment u	uth a	-							
	taxable entity during the year?		Territor	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its n	articination	100							
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga										
	exempt status with respect to such arrangements?		. •	16b	_						
Sec	tion C. Disclosure		······································	1.00							
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 (1024 or 1024-A if applicable), 990, ai	nd 990	T (Section 501(c)(3)	s only)	availa	able					
	for public inspection. Indicate how you made these available. Check all that apply			,							
	Own website Another's website X Upon request Other (explain	ın Sch	edule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co			d 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 bo	oks an	d records								
	PETE MENDES - 412-392-4400										
	1835 CENTRE AVENUE, PITTSBURGH, PA 15219										
832006	12-31-18			Form	990	(2018)					

## Form 990 (2018) 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

#### 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 n (A)	(B)			(0	C)			(D)	(E)	(F)		
Name and Title	Average	(100	not c	Pos	ntion	than	one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of		
	week	├──	cer an	dad	recto	or/trus	166)	from	from related	other		
	(list any	ector			ļ			the	organizations	compensation		
	hours for	or dir	ູ			ated		organization	(W 2/1099-MISC)	from the		
	related	stee	ruste		ا	Bens		(W-2/1099-MISC)		organization		
	organizations	E E	la la		loye.	8 8 8				and related		
	below line)	individual trustee or director	institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former			organizations		
(1) R. SCOTT POLLOCK	1.00		_		Ť	1	_					
CHAIRMAN		Х		Х		1		0.	0.	0		
(2) MICHAEL B. THOMAS	1.00											
1ST VICE-CHAIR		Х		Х				0.	0.	0		
(3) ROBERT L. BURNS, JR., ESQ.(7/18-3/19)	1.00											
SECRETARY		Х		X		L	L	0.	0.	0		
(4) CLYDE WILSON PICKETT	1.00									-		
DIRECTOR		Х						0.	0.	0		
(5) MICHAEL S. JASPER (7/18-1/19)	1.00											
DIRECTOR		Х						0.	0.	0		
(6) SCOTT M. LAMMIE	1.00											
DIRECTOR		Х						0.	0.	0		
(7) EMMA LUCAS-DARBY	1.00							, and the second				
DIRECTOR		Х						0.	0.	0		
(8) PHILLIP B. PARR	1.00											
DIRECTOR		Х						0.	0.	0		
(9) JEFFREY J. ANDERSON (7/18-5/19)	10.00											
EXECUTIVE VP & COO				Х				0.	96,793.	2,764		
(10) PETE MENDES	5.00											
INTERIM EXEC DIRECTOR			i	Х				0.	0.	0		
						$\vdash$						
								:				
						_			- 1			
				$\exists$								
			L.			L	_					

832007 12-31-18

Part VII Section A. Officers, Directors, Trus	tees, Kev Em	plov	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)		
art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A) (B) (C) (D) (E)									T	(F)	
Name and title	Average	Ido		Pos	ition		one	Reportable	Reportable	,	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)				h an	compensation	compensation		amount of
	week	<del></del>	cer ar	nd a d	irecto	or/trus	(ee)	from	from relate	-	other
	(list any hours for	Individual trustee or director						the	organization		compensation
	related	0.0	eg Eg			sated	İ	organization (W-2/1099-MISC)	(W·2/1099-MI	SC)	from the organization
	organizations	truste	Insbtubonal trustee	_	-జౖ–	- a		(***271033*141100)			and-related
	below	idual	noga		lg m	est co	as			1	organizations
	line)	tndiv	lustr E	Officer	Key employée	Highest compensated employee 1	ğ				-
		<u> </u>				╙					
		ļ									
<del></del>		⊢	┝	_	-	<u> </u>	┡				
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		1			ĺ						
1b Sub-total		_					<u> </u>	0.	96,7	93.	2,764
c Total from continuation sheets to Part V	II, Section A						<b></b>	0.		0.	0
d Total (add lines 1b and 1c)							<b></b>	0.	96,7	93.	2,764
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportab	le	
compensation from the organization											
										_	Yes No
3 Did the organization list any former officer,			e, ke	y er	nplo	yee,	, or	highest compensated e	mployee on		
line 1a? If "Yes," complete Schedule J for s										-	3 X
4 For any individual listed on line 1a, is the su	•							•	the organization		<u> </u>
and related organizations greater than \$15										}	4 X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•		eıat	ed organization or indivi	dual for services	'	5 X
Section B. Independent Contractors	piete Scriedali	3 0 10	0/ 50	JCII	pers	SOLL			<del>* .</del>		5 X
Complete this table for your five highest co	mnensated inc	dens	ende	nt c	ontr	acto	are t	hat received more than	\$100 000 of cor	nnene:	ation from
the organization Report compensation for	•	•							•	iperise	ation nom
(A)		-				<u> </u>	T	(B)	, ou.		(C)
Name and business	address	NO	INC	3				Description of s	ervices	Co	ompensation
							_	. —	·		
							l				
							$\downarrow$				
O Tatalananharatani				-1.							
2 Total number of independent contractors (i	-	ot lir	mite	d to	thos		sted	above) who received m	ore than		
\$100,000 of compensation from the organi	cation							<del></del>		<del></del>	Form <b>990</b> (2018

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
				or riote to arry in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
S a	b	Membership dues	1b					
Ą,	С	Fundraising events	1c					
텵	d	Related organizations	1d					
in S	е	Government grants (contribut	ions) 1e	<u> </u>				
e it	f	All other contributions, gifts, gran	ts, and					
혈		similar amounts not included above	ve [1f]					
ž Š	9	Noncash contributions included in lines	1a-1f \$		<del></del>			
<u> </u>	h	Total. Add lines 1a-1f		<b>▶</b>				
				Business Code				
ဥ	2 a							
e S	b							
n S	С							
Program Service Revenue	d							
ro	е							
ц.	f	All other program service reve	nue					
		Total. Add lines 2a-2f		<b>•</b>				
	3	Investment income (including	dividends, intere	est, and				
	_	other similar amounts)		▶				
	4	Income from investment of tax	x-exempt bond p	oroceeds -				ļ
	5	Royalties		<b>▶</b>				ļ
	_	_	(i) Real	(ii) Personal				
		Gross rents	420,687.					ļ
		Less rental expenses	469,565.					·
		Rental income or (loss)	<del>\40</del> ,676.	•	<48,878.	··		.40 070
		Net rental income or (loss)	() C	(3.045.57	<b>440,070.</b>		<del></del>	<48,878.
	/ a	Gross amount from sales of	(i) Securities	(ii) Other 3,040,000.				
	<b>h</b>	assets other than inventory		3,040,000.				
	b	Less cost or other basis and sales expenses	ł	1,407,288.				
	_	Gain or (loss)		1,632,712.				
		Net gain or (loss)		<u> </u>	1,632,712.		<del></del>	1,632,712.
		Gross income from fundraising	a events (not	<del></del> _			<del></del>	1,032,712.
evenue		including \$	of					
eve		contributions reported on line						
		Part IV, line 18	a					1
Other R	ь	Less direct expenses	b			•		
0		Net income or (loss) from fund	_			-	·	<del></del>
		Gross income from gaming ac	-	[ <del></del>				
		Part IV, line 19	а					
	ь	Less direct expenses	b					[ [
		Net income or (loss) from gam	-	<b>•</b>				<del></del>
		Gross sales of inventory, less	-					
		and allowances	а	,				
	b	Less cost of goods sold	b					
		Net income or (loss) from sales	s of inventory	<b>•</b>				
İ		Miscellaneous Revenue		Business Code				I
	11 a	MISCELLANEOUS REVENUE		900099	10,290.	10,290.		
	b						·	
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶ [	10,290.			]
	12	Total revenue See instructions		<u> </u>	1,594,124.	10,290.	0.	1,583,834.
								Form 000 (2019)

		ECONOMIC DEVI	ELOPMENT COR	P. 25-17	52971 Page 10
Pa	rt IX   Statement of Functional Expense	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	omplete column (Ā)	
	Check if Schedule O contains a respon	se or note to any line in			
	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	( <b>D</b> ) 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)	<del></del>			
7 8	Other salaries and wages Pension plan accruals and contributions (include				<del> </del>
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<del></del>
10	Payroll taxes				<del></del>
11	Fees for services (non-employees)			-	
''	Management	ţ			
b	Legal	**			
c	Accounting	300.	<del>""</del> .	300.	
d	· ·		<del></del>		· · · · · · · · · · · · · · · · · · ·
e	Professional fundraising services See Part IV, line 17		<del></del>		4
f	Investment management fees				···
g	/// 44 1 400/ /1 - 05 F				
Ū	column (A) amount, list line 11g expenses on Sch O.)	17,177.		17,177.	
12	Advertising and promotion				
13	Office expenses	323.		323.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11 400		11 100	
20	Interest	11,496.		11,496.	
21	Payments to affiliates			<del></del>	· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	31,547.		31,547.	
23	Insurance	31,347.		31,347.	
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 (D.)			,	
а	CENTRE HELDMAN FLOWTHRU	511,084.	511,084.		
b	REPAIRS AND MAINTENANCE	1,300.		1,300.	
c	BAD DEBTS	468.		468.	
d	TELEPHONE	311.		311.	
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	574,006.	511,084.	62,922.	0.
26	Joint costs Complete this line only if the organization		· ·		<del></del>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

832010 12-31-18

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

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 32,300. 83,737. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 109,114. 1,806,202. Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule I 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 290. 290. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 0 basis Complete Part VI of Schedule D 10a n. 1,357,601. Ō. 10c b Less accumulated depreciation 10b 11 11 Investments - publicly traded securities 17,411. 17,411. 12 Investments - other securities See Part IV, line 11 12 4,889,725. 4,378,641. 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 36,200. 0. 15 Other assets See Part IV, line 11 15 6,322,481. 6,406,441. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 791,682. 17 767,912. Accounts payable and accrued expenses 80,000. 80,000. 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees. \_iabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 1,054,304. 0. 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 26,004 Schedule D 25 1,951,990. 847,912. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,454,451. 5,474,569. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 4,454,451. 5,474,569. 33 Total net assets or fund balances 33 6,406,441. 6,322,481. Total liabilities and net assets/fund balances 34

Form 990 (2018)

·Form	1990 (2018) HILL HOUSE ECONOMIC DEVELOPMENT CORP.	25-	1752971	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,594	1,1	$\frac{24}{2}$
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,0	
3	Revenue less expenses Subtract line 2 from line 1	3	1,020		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,454	4,4	<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	5,474	1,5	<u>69.</u>
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		.	- 7	.
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	.		لــــــ
2a	J		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			. [
	separate basis, consolidated basis, or both		,	,	*
	Separate basis Consolidated basis Both consolidated and separate basis		.		ليد
ь	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	,		. 1
	consolidated basis, or both			٠	Ì
	Separate basis Consolidated basis Both consolidated and separate basis		.		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<del></del>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	) <u> </u>  -		<u>₹</u>
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dıt		
	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 aud	lit	ĺ	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	9 <b>90</b> (	2018)

# 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

2018

Open to Public Inspection

#### Name of the organization Employer identification number HILL HOUSE ECONOMIC DEVELOPMENT CORP. 25-1752971 Part 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II ) 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 L 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization lister (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) HILL HOUSE ASSOCIATION 25-1146126 7 Х 511,084

Total

511,084.

0.

'Schedule A (Form 990 or 990-EZ) 2018 HILL HOUSE ECONOMIC DEVELOPMENT CORP. 25-1752971 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III ) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (c) 2016 (b) 2015 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2017 Schedule A, Part II, line 14 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-apd-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization fifacts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018  Part III Support Schedule for	Organizations	Described in	Section 509(a	)(2)		52971 Page 3
(Complete only if you checke			organization failed	to qualify under F	Part II If the organ	ization fails to
qualify under the tests listed Section A. Public Support	below, please com	piete Part II )				
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		10/2010	(6) 20 10	(4) 2017	(6) 2010	) Total
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513					,	
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5				<u> </u>		
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b			/			
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	1 1 1 1 1 1 1 1	/ /			I	
Calendar year (or fiscal year beginning in) ▶ 9 Amounts from line 6	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> </ul>						
<ul> <li>Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)</li> <li>Total support (Add lines 9, 10c, 11, and/2)</li> </ul>						
14 First five years. If the Form 990 is f		s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organı	zation,
check this box and stop here						
Section C. Computation of Pub	<del></del>		<del></del>			
15 Public support percentage for 2018			column (f))		15	%
16 Public support percentage from 201 Section D. Computation of Inve					16	%
17 Investment income percentage for 2			no 12 notime (6)		42	
18 Investment income percentage from		-	ne 13, column (I))		18	<u>%</u> %
19a 33 1/3% support tests - 2018. If th			on line 14, and line	e 15 is more than 3		
more than 33 1/3%, check this box b 33 1/3% support tests - 2017. If the	and <b>stop here.</b> The	organization quali	fies as a publicly s	upported organiza	tion	ightharpoons
line 18 is not more than 33 1/3%, ch	neck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	s a publicly suppo	rted organization	<b>&gt;</b>
20 Private foundation. If the organization of	ion did not check a	box on line 14, 19	a, or 190, check th		tructions edule A (Form 99	0 or 990-E7) 2018

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
	<u> </u>	
1	X	
	۰,	1
2		$\frac{1}{x}$
		$\frac{1}{x}$
3b	<u></u>	
3c		
4a		X
4b		
4c		
		,
5a		X
5c		
6		X
7		X
8		$\frac{1}{x}$
0		
9a		X
9b		X
9c		$\frac{1}{x}$
90		<del></del>
10a		$\frac{\mathbf{x}}{\mathbf{x}}$
10b		_

1	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			Part VI ) See instructions. Al
Sectio	n A - Adjusted Net Income	inpiete s	(A) Prior Year	(B) Current Year (optional)
1 1	Net short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
3 (	Other gross income (see instructions)	3		-
4 /	Add lines 1 through 3	4		<u> </u>
5 [	Depreciation and depletion	5	_	
6 F	Portion of operating expenses paid or incurred for production or			
c	collection of gross income or for management, conservation, or			
n	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
8 4	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Mınimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt use assets (see			
11	nstructions for short tax year or assets held for part of year)			
a A	Average monthly value of securities	1a		
b A	Average monthly cash balances	1b	·	
	air market value of other non-exempt-use assets	1c	<del> </del>	
d T	Total (add lines 1a, 1b, and 1c)	1d		
e C	Discount claimed for blockage or other			
fa	actors (explain in detail in Part VI)			
2 A	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d	3	-7.42	
4 (	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1 1	···-	
	see instructions)	4		
	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		
	n C - Distributable Amount			Current Year
1 A	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	nter 85% of line 1	2		
3 N	/inimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 E	inter greater of line 2 or line 3	4		
5 Ir	ncome tax imposed in prior year	5		
6 0	Distributable Amount. Subtract line 5 from line 4, unless subject to			
е	mergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionalli	y integra	ted Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Schedule A (Form 990 or 990-EZ) 2018 HILL HOUSE ECONOMIC DEVELOPMENT CORP. 25-1752971 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 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) 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 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (ı) (ii) (in) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D. a Applied to underdistributions of prior years **b** Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 3) and 4c 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-E	Z) 2018 HILL	HOUSE	ECONOMIC	: DEVELOPM	ENT CORP.	25-1752971 Page 8
Part VI	line 1, Part IV, Sec Section D, lines 5,	, lines 1, 2, 3b, 3c stion D, lines 2 and 6, and 8, and Pa	i, 4b, 4c, 5a, 6 d 3, Part IV, S	i, 9a, 9b, 9c, 11a ection E. lines 1	i, 116, and 11c, Pa c. 2a. 2b. 3a. and 3	irt IV. Section B. line:	or 17b, Part III, line 12, s 1 and 2, Part IV, Section C, t V. Section B. line 1e. Part V
	(See instructions )	·			····		<u>-</u> ,
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# 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 CORP.

Employer identification number 25-1752971

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6		
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	ed only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring	
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Par	t IV, line 7	
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historic	cally impo	rtant land area
	Protection of natural habitat	Preservation of a certifie	d historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conserv	ation easement on the last
	day of the tax year			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	<b>、</b> ,	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure		
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the oi	rganızatıoı	n during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i			└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser-	vation eas	sements during the year
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easemei	nts during the year
	<b>\$</b>			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(ı)	
_	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 the	organiza	tion's accounting for
Da	conservation easements  † III   Organizations Maintaining Collections o	f Aut Historical Transcens on Oth	au Cinail	
Fai		-	er Simili	ar Assets.
10	Complete if the organization answered "Yes" on Form			
14	If the organization elected, as permitted under SFAS 116 (AS			· ·
	historical treasures, or other similar assets held for public ext		e or public	service, provide, in Part XIII,
h	the text of the footnote to its financial statements that describe accounts to a parent advancer SEAS 116 (AS			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in turtherance of public	service, p	provide the following amounts
	relating to these items		_	_
	(i) Revenue included on Form 990, Part VIII, line 1			\$ 
0	(ii) Assets included in Form 990, Part X			<u> </u>
2	If the organization received or held works of art, historical tree		ain, provid	е
_	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items		•
a	Revenue included on Form 990, Part VIII, line 1			<u> </u>
	Assets included in Form 990, Part X			5 ·

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

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Schedule D (Form 990) 2018

*Sche	edule D (Form 990) 2018 HILL HO	USE ECONOM	IC D	EVELO	PMENT C	ORP.	:	25-17	5297	1 Page 2
_	rt III   Organizations Maintaining C	ollections of A	rt, His	torical Ti	reasures,	or Other				
3	Using the organization's acquisition, accessi									
	(check all that apply)			•	Ū	ŭ				
а	Public exhibition		<b>.</b> .	Loan or exc	change progi	rams				
b	Scholarly research			Other	0, 5					
С	Preservation for future generations			-						
4	Provide a description of the organization's co	ollections and expla	ın how ti	hev further	the organizat	tion's exem	ot purpo	se in Par	t XIII	
5	During the year, did the organization solicit o							, , , , , , , , , , , , , , , , , , ,	. ,	
	to be sold to raise funds rather than to be ma					ioi oiiiiiai o		Γ.	Yes	☐ No
Pai	rt IV Escrow and Custodial Arran					"Yes" on F	orm 990	Part IV		
	reported an amount on Form 990, Pai			o organizatio	J. 1 4 10 17 6 1 6 4	100 0	0,,,,	,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contributio	ns or other a	ssets not in	cluded			
	on Form 990, Part X?								Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	Mowing	tahla				<b>-</b>	_ 103	
_	The same are all and are all are are are are are are are are are are	and complete the re	Jiiowiiig	labic					Amount	
c	Beginning balance						1c		Amount	
	Additions during the year						1d			
	Distributions during the year						<del></del>			
f	Ending balance						1e			
	•	orm 000 Dort V line	01 for		untadial aga	بالبالماميا المسالية	1f		Vaa	T No.
	Did the organization include an amount on Fo					•	′		」Yes	⊢ No
Par	If "Yes," explain the arrangement in Part XIII  To V Endowment Funds. Complete if									
- 4	Endowner and Complete							aara baali		············
4-	Domining of constitutions	(a) Current year	(D) F	Prior year	(c) Two year	ITS DACK (d	) Tiffee y	ears back	(e) Four	years back
1a	Beginning of year balance		<b></b>		<del> </del>					<del>-</del>
b	Contributions		<del></del>		<u> </u>					
С.	Net investment earnings, gains, and losses		<del> </del>	-					ļ	
d	Grants or scholarships		<del></del>							
е	Other expenditures for facilities									
	and programs	<u>.</u> .	ļ							
f	Administrative expenses		ļ							
9	End of year balance		<u></u>						<u></u>	
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c show	•								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for the	organız	ation	_	
	by									Yes No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?	•				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	owment	funds						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	"Yes" on Form 99	0, Part I\	/, line 11a S	See Form 99	0, Part X, Iır	ne 10			
	Description of property	(a) Cost or c	ther	(b) Cost	t or other	(c) Acc	umulate	d	(d) Book	value
		basis (investr	ment)	basis	(other)	depre	ciation			
1a	Land								<del></del> -	
b	Buildings									
С	Leasehold improvements									
	Equipment									
	Other									
	Add lines to through to (Column (d) must or	aud Form 000. Port		(D) (	10-1			_		

Schedule D (Form 990) 2018

(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footi	note to the organization's	inancial statements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740)	Check here if the text of th	e footnote has been provided in Part XIII
		Schedule D (Form 990) 2018

(6) (7)

## **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

**Employer identification number** 25-1752971

HILL HOUSE ECONOMIC DEVELOPMENT CORP.	25-1752971
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	
ENCOURAGING ENTREPRENEURIAL ACTIVITY FOR RESIDENTS IN THE	HILL
DISTRICT, WHICH IS ONE OF THE POOREST SECTIONS OF THE CIT	Y 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 (H	ILL HOUSE
ASSOCIATION) IS DETERMINED BY THE BOARD CHAIRPERSON AND EX	XECUTIVE
COMMITTEE. THE CEO DETERMINES THE COMPENSATION OF THE EX	ECUTIVE STAFF AND
PROGRAM DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
ITEMS ARE AVAILABLE UPON REQUEST OF THE FINANCE DEPARTMENT	Γ.

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.

Open to Public Inspection 2018

OMB No 1545-0047

Employer identification number 25-1752971

(g) Section 512(b)(13) ž × 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 entity Direct controlling entity End-of-year assets N/A <u>e</u> status (if section Public charity 501(c)(3)) Total income Exempt Code section ਰ 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) PENNSYLVANIA Primary activity Primary activity PARENT COMPANY 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 Part II

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

Schedule R (Form 990) 2018

Page 2

Schedule R (Form 990) 2018 HILL HOUSE ECONOMIC DEVELOPMENT CORP.

[Part III] 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

(a)	(q)	(c)	(9)	(e)	(£)	(6)	(F)	<b>(S)</b>	3	( <u>k</u>
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	General or managing partner?	General or Percentage managing ownership
		country)		sections 512-514)			Yes	K-1 (Form 1065)	Yes	
	COMMERCIAL		HILL HOUSE							
CENTRE HELDMAN PLAZA -	RETAIL SPACE		ECONOMIC							
27-3670287, 1835 CENTRE	RENTAL IN HILL		DEVELOPMENT	-						
AVENUE, PITTSBURGH, PA 15219	15219 DISTRICT	PA	CORP.	RELATED	<511,084.	<511,084. \ 14,603,260.	×	N/A	×	\$00.06
			•				_			
							-			
					•					
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	ganizations Taxable a	s a Corp	oration or Trust. Co	mplete if the organization	n answered "Yes	" on Form 990, Pa	rt IV, line 34	, because it had o	ne or m	ore related

	(€	Section 512(b)(13) confrolled entity?	8	 								 3) 2018
	(F)	Percentage 512 ownership cor	Yes									Schedule R (Form 990) 2018
	(6)	of ear										Schec
	Œ	Share of total income										
	(e)	Type of entity (C corp, S corp,	(1001)									
	(p)	Direct controlling entity										
	(c)	Legal domicile (state or foreign	country)		-							27
ייש מוכ נמץ לכמו	(q)	Primary activity										
ל עון פון פון פון פון פון פון פון פון פון פ	(a)	Name, address, and EIN of related organization									٥	832162 M-to-18

SEE PART VII FOR CONTINUATIONS

Page 3

Yes

Schedule R (Form 990) 2018 ပ္ 9 ŧ Ę 두 5 (d)
Method of determining amount involved ₽ 9 ₽ 5 £ ş ¥ 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 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? Part V | Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 (c) Amount involved (b)
Transaction type (a-s) 28 Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule j Lease of facilities, equipment, or other assets to related organization(s) s Other transfer of cash or property from related organization(s) c Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) b Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) f Dividends from related organization(s) 832163 10-02-18 ٥  $\widehat{\Xi}$ <u>R</u> <u>@</u> € (2) <u></u>

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Page 4

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

(a) (b) (c) (d)	(b)	(c)	(d)	(e)	9	(a)	3	9	[5	(8)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are all artners sec	ઈ	Share of	Dispropor-	Code V-UBI	Ceneral or	رمر Percentage
of entity		(state or foreign country)	excluded from tax under sections 512-514)	501(c)(3)	total	end-of-year assets	allocations?	allocations? of Schedule K-1 partner? ownership	managing partner?	ownership
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Schedule R (Form 990) 2018

Part V			al Information			on Schedule R See instruc		25-1/529/1 F	<u>'age t</u>
PART	III,	IDENT	IFICATIO	N OF	RELATED	ORGANIZATIONS	TAXABLE	AS PARTNERSHIE	?:
NAME	OF R	ELATED	ORGANIZ	OITA	N:				
CENT	RE HE	LDMAN	PLAZA						
DIRE	CT CO	NTROLL	ING ENTI	TY:	HILL HOU	SE ECONOMIC DE	VELOPMEN	T CORP.	
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