Form **990**

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For the	2016 calen	ar year, or tax year begin	ning		, 2016, and endin	g	,	
В	Check if a	pplicable	С				DE	mployer identi	fication number
	Addre	ess change	Hilltop Alliance					26-45212	206
	\vdash	e change	831 E Warrington	Avenue	2nd Floor			elephone numb	
.ex	\vdash	•	Pittsburgh, PA 1		2114 1 1001		- 1		
2002	H	l return	11002019, 111 1				ļ	(412) <u>5</u> 8	36-5807
زّے	Final r	eturn/terminated					į		
6 73	Amer	nded return					G G	ross receipts	
E 3	Appli	cation pending	F Name and address of principal	l officer Aar	on Sukenik		H(a) Is this a group		162 [] NO
-			Same As C Above				H(b) Are all subord If 'No,' attach	a list (see inst	ructions) Yes No
= <u>t′</u>		empt status	X 501(c)(3) 501(c) ()◀ (#	nsert no) 4947	(a)(1) or 527			
J	Webs	ite: ► ww	ı.pghhilltopallia	ince.com	<u> </u>		H(c) Group exempt	ion number ►	
-K		organization	X Corporation Trust	Association	Other ►	L Year of format	on 2009	M State of le	gal domicile PA
įΡa	rt I	Summar							
280	1 B	riefly descri	e the organization's missi	on or most :	significant activitie	s Hilltop A	lliance's	mission	is to
	<u> </u>		and create commu						
SCAN Activities & Governance	c		tion and coordin						
WE.	_					- 	-	 -	
ě	2 CI	heck this bo	if the organization	n discontinu	ed its operations	or disposed of mo	re than 25% o	fits net ass	ets
<u>യ്</u>	3 N	umber of vo	ing members of the gover	ning body (F	Part VI, line 1a)			3	17
∘ಶ	4 N	umber of inc	ependent voting members	of the gove	erning body (Part	VI, line 1b)		4	17
<u>ë</u> .	5 To	otal number	of individuals employed in	calendar ye	ear 2016 (Part V,	lıne 2a)		5	7
E	6 To	otal number	of volunteers (estimate if i	necessary)				6	25
Ą	7a To	otal unrelate	d business revenue from F	Part VIII, col	lumn (C), line 12			7a	0.
	b Ne	et unrelated	business taxable income	from Form 9	990-T, line 34			7b	0.
				· ·	-,		Prior Y	'ear	Current Year
	8 C	ontributions	and grants (Part VIII, line	1h)			62	7,550.	448,309.
Revenue	9 Pr	rogram serv	ce revenue (Part VIII, line	2g)					
Ver		-	ome (Part VIII, column (A		l, and 7d)				
æ			(Part VIII, column (A), Irr			e)		7,334.	3,800.
			- add lines 8 through 11					4,884.	452,109.
			nilar amounts paid (Part I			<u>(),</u>		5,950.	
			o or for members (Part IX				<u>_</u>	3,930.	63,547.
						N Junga E 10N		0 017	
S			compensation, employee), lines 5-10)	22	8,317.	275,146.
Expenses	16a Pr	rofessional	undraising fees (Part IX, c	olumn (A),	line 11e)				
ğ	b To	otal fundrais	ng expenses (Part IX, col	umn (D), lın	e 25) ►	13,818.	_		
ũ	17 Of	ther expens	s (Part IX, column (A), lir	nes[11a-11d	>11f=24e)\\ /□D		31	3,863.	230,103.
	18 To	otal expense	s. Add lines 13-17 (must e	egual Part IX	X. column (A). line	25)		8,130.	568,796.
i	19 Re	avanua lace	expenses Subtract line 1	8 from line 1	19	γ_{0}			
P 8		evenue less	Expenses Subtract line in		<u> </u>			6,754.	<u>-116,687.</u>
		tal accete (Part V June 16)	2	OCT G G FOIL	<u>₹</u>	Beginning of C		End of Year
Bals			Part X, line 16) (Part X, line 26)			1		9,940.	537,163.
Net Assets Fund Balan					OGDEN, U			9,544.	13,454.
			fund balances Subtract lii	ne 2 1-from-l	ine-20		64	0,396.	<u>523,709.</u>
Pa	rt II	Signatur	Block						
Unde	r penalties	of perjury, I de	lare that I have examined this retu	rn, including ac	companying schedules	and statements, and to	the best of my know	ledge and beli	ef, it is true, correct, and
comp	nete Decia	aration of prepa	er (other than officer) is based on a	all information of	or which preparer has an	y knowledge	,		
		×	fore of	~			× 9.	19.20	17
Sig	ın	Signatu	of officer	_	_	_	Date	•	
He	re	▶ <i>x</i> ∈	Top a then	د' ,ی	Buga	Prosis	low		
		Type or	rint name and title		,	,			
		Print/Type p	eparer's name	Preparer's sign		Date	Check	ıf F	PTIN
D~	id	Lies Ma	uca DiPardo, CPA 🤇	Lisa Mari	vuse Silandi uca DiPardo, C	PA 7/2	/ 1		000835705
Pai					-	111	777 3011-01	I	00835705
	parer e Only	Firm's name	McGee Maruca & A				 	-	
US	Ulliy	Firm's addre	OTTI DUMBITITO		200		Firm's	EIN ► 25-1	743181
		<u></u>	Pittsburgh, PA 1				Phone	no (412)	344-9006
May	the IRS	discuss th	return with the preparer	shown abov	e? (see instructio	ns)			X Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016

TEEA0113L 11/16/16

	990 (2016) Hillton					<u>2</u> 6-4	52120	06	Р	age 2
Par										
				to any line in this Part	i III			<u>.</u>		
1	Briefly describe the orga									
	<u>Hilltop Allianc</u> <u>neighborhoods</u> ,						<u>in</u> th			
							- - -			
2	Did the organization under	take any significar	nt program serv	ices during the year which	h were not listed on t	he prior				
	Form 990 or 990-EZ?							Yes	X	No
	If 'Yes,' describe these n						_		_	
3	Did the organization cease	J .	_	ant changes in how it c	onducts, any progra	m services?		Yes	X	No
	If 'Yes,' describe these c	=								
4	Describe the organization Section 501(c)(3) and 50 and revenue, if any, for each of the section 501 and 101 an)1(c)(4) organizat	tions are requi	red to report the amoun	ree largest program It of grants and alloo	services, as cations to othe	measure ers, the	ed by e total ex	xpens pens	ses es,
4 a	(Code·) (Exp	penses \$	487,395.	including grants of \$) (Revenue	\$)
	Community Revit	alization:	To revi	talize the Hill	top communit	ies bv co	nnect	ina		
	neighborhood ba									
	create a shared									
			-							
		.					- - -			
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4 b	(Code:) (Exp	penses \$	-	including grants of \$		_) (Revenue	\$)
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4 c	(Code) (Exp	penses \$		including grants of \$) (Revenue	\$			
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			-						· – –	
4 d	Other program services (Describe in Sch	edule O)							
	(Expenses \$		including gran) (Revenu	e \$)	
	Total program service ex	penses -	487	, 395.		·			000	
BAA				TEEA0102L 11/16/16				Form	99 0 (2	2016)

Form 990 (2016) Hilltop Alliance 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
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		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		Х
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	Х	
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
ā	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ŧ	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	11 b		Х
Ó	Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
C	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	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f		<u> </u>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
	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	12 b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
t	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 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 (see instructions).	17		X
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,' complete Schedule G, Part III	19		X

Yes No

Form 990 (2016) Hilltop Alliance

[Part IV | Checklist of Required Schedules (continued)

20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ŀ	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
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? <i>If 'Yes</i> ,' <i>complete Schedule J</i>	23		х
24 8	a 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		х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
C	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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	į	х
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		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 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	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28ь		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	gan /	2016)

Check if Schedule O contains a response or note to any line in this Part V			П
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b	0	1	1
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return 2 a	7	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	21) <u>^</u>	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3.		X
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	31	'	<u> </u>
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If 'Yes,' enter the name of the foreign country	4 a	1	X
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			i
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	,	X -
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 0	;	_
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizal solicit any contributions that were not tax deductible as charitable contributions?	ition 6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 6	1	
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7 a	1	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	71	<u> </u>	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.0		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	- / (
e 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?	7 f	+	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 9		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	. 7h		- id
organization have excess business holdings at any time during the year?	8		الننگ ا
9 Sponsoring organizations maintaining donor advised funds.	-		
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		-
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	+	
10 Section 501(c)(7) organizations. Enter		1	
a 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 . 10b			İ
11 Section 501(c)(12) organizations. Enter:			1
a Gross income from members or shareholders.			ĺ '
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?	12 a	<u> </u>	
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.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a	<u>' </u>	
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b			
c Enter the amount of reserves on hand	———		
14a 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 Q	146	+	
BAA TEEA0105L 11/16/16		n 990 ((2016)

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. X Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 O b Enter the number of voting members included in line 1a, above, who are independent 1 b 17 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other See Schedule O 2 Х officer, director, trustee, or key employee? 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X See Schedule Q X 6 Did the organization have members or stockholders? 6 7 a 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? See Schedule O Χ 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, See Sch O Х 7 b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? Яa b Each committee with authority to act on behalf of the governing body? 8 b X 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Х 10 a Did the organization have local chapters, branches, or affiliates? 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? 10 b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Х **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in See Schedule O X 12 c Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 Х X 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official See Schedule O Х 15 a **b** Other officers or key employees of the organization 15 b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Χ taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16_b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ PΑ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain in Schedule O) Another's website Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year See Schedule 0 State the name, address, and telephone number of the person who possesses the organization's books and records 20

Pittsburgh PA 15210 (412) 586-5807

Aaron Sukenik 831 E Warrington Avenue

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

- 1 a 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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 heither the organization flor any relation	Ca Organiz		-	(C)		a arry	,	The street, division	51, 61 ((d)(0)	
(A) Name and Title	thar	one both	(do n box.	ot che unles officer /truste		son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Josh Lucas	5									
Board Member	0	X				L		0.	0.	0.
(2) Richard Dervin	5									
Board Member	0	Х					L	0.	0.	0.
(3) Rachelle Ogun	5]								
Secretary	0	X		X				0.	0.	0.
(4) Suzanne N. Photos	5									
Board Member	0	X					_	0.	0.	0.
(5) Sharon Alberts	5	}								
Board Member	0	X						0.	0.	0.
(6) Donna Smith	5]								
Board Member	0	X				ļ		0.	0.	0.
(7) Mechelle Conner	5	1						•		
Board Member	0	X				<u> </u>	<u> </u>	0.	0.	0.
_(8) Tom Smith	5	ļ								
President	0	X		X	<u> </u>	-	<u> </u>	0.	0.	0.
(9) John Niederberger	5]								
Board Member	0	X	ļ	<u> </u>	<u> </u>	ļ	├	0.	0.	0.
(10) Nicole Stephens	5]		ĺ				_	_	
Board Member	0	X			<u> </u>	<u> </u>	├ _	0.	0.	0.
(11) Breen Masciotra	5							_		
Board Member	0	X		<u> </u>	_	1	<u> </u>	0.	0.	0.
(12) Rico Brown	5							_	_	
Board Member	0	X	╙		_	-	╄	0.	0.	0.
(13) Jonathan Lusin	5	1				}				_
Vice President	0	X	<u> </u>	X	_	 	╀-	0.	0.	0.
(14) Moss_Clark	5							_		
Board Member	0	X	<u>L</u> .	L	I	1	L_	0.	0.	0.

Form 990 (2016) Hilltop Alliance		_	_					11111	26-452120			age 8
Part VII Section A. Officers, Directors, Tru		Key	Em	_		es,	and	d Highest Com	pensated Emp	loyee	S (cont	tinued)_
(A) Name and title	Average hours per week	box	, unle cer ar	Pos theck ess po	erson direct	e than is boti or/trus	h an tee)	compensation from	(E) Reportable compensation from related organizations	amo	(F) stimated unt of o	ther
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	ore ar	from the ganization nd relate anization	on ed
(15) Denise Fillip	5	X						0.	0.			
Board Member (16) Paul Lorincy	5	<u> </u> ^			_							0.
Treasurer		X		Х	L			0.	0.	_		0.
(17) Linda Piso Board Member	<u>5</u>	Х						0.	0.			0.
(18) Aaron Sukenik Executive Dir.	$-\frac{40}{0}$			Х			Ì	78,824.	0.			0.
(19)		-		Λ		-		70,024.				
(20)												
(21)												
(22)												
(23)	-											
(24)												
(25)												
1 b Sub-total							▶	78,824.	0.			0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)	оп д						•	78,824.	0.			0.
2 Total number of individuals (including but not limited	to those 1	ısted	abov	ve)	who	recei	ved			ensatio	n	
from the organization 0											Yes	No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru h ındıvıdu	stee, <i>al</i>	, key	en en	nplo	yee,	or h	nighest compensat	ed employee	3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	f reportab er than \$1	le co 50,0	mpe 00?	nsa If "	ition Yes,	and con	oth nple	ner compensation f ete Schedule J for	from	4		X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s,' comple	satio	on fre chea	om <i>lule</i>	any J fo	unre or sug	elate ch p	ed organization or person	ındıvıdual 	5		X
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated ind	anan	dent	l co	ntra	ctors	tha	at received more th	an \$100 000 of			
compensation from the organization Report compen	sation for	the c	alen	dar	year	endi	ng v	with or within the or	ganization's tax year			
Name and business add	ress	_				_		Description of	of services	Compe	C) ensatio	on
							<u>.</u>			•		
Total number of independent contractors (including to \$100,000 of compensation from the organization).		ited t	o the	ose	liste	d abo	ove)	who received more	than			
BAA		TEEA	D108L	. 11/	16/16		_			Form	990 ((2016)

		Check if Schedule O	contains	a respo	onse or note to any	line in this Part VI	II		
		`				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a	Federated campaigns		1 a			_		
irar our	l	Membership dues		1 b					
S, C	ł	Fundraising events		1 c					
Gift lar	1	Related organizations		1 d					
S. imi	е	Government grants (contribution	ons)	1 e	67,486.				
Contributions, Gifts, Grants and Other Similar Amounts	ı	All other contributions, gifts, g similar amounts not included		1 f	380,823.	:			
nd C	_	Noncash contributions included	l in lines 1a	-1f. \$_					
<u>2</u> <u>e</u>	h	Total. Add lines 1a-1f			•	448,309.			
Program Service Revenue				<u> </u>	Business Code				
eve	2 a						-		
ē.	b						· · · · ·		
₹.	C								
နှ	ď					··			
гап	e 4	All other program corve						_	
<u>r</u>		All other program service Total. Add lines 2a-2f	e revenu	L L					
<u> </u>	_		l		interest and		· · · · · · · · · · · · · · · · · · ·		
	3	Investment income (incother similar amounts)	luaing aiv	/idenas	, interest and				
	4	Income from investmen	t of tax-e	xempt l	bond proceeds	-			
	5	Royalties		•	. •				_
			(i) R	eal	(II) Personal				
	6 a	Gross rents.	3	,600.					
	b	Less: rental expenses				•		•	
	С	Rental income or (loss)	3	,600.			· · · · · · · · · · · · · · · · · · ·		
	d	Net rental income or (lo			•	3,600.	3,600.		
	7 a	Gross amount from sales of	(ı) Secu	urities	(ii) Other				
		assets other than inventory	-						
	ь	Less: cost or other basis							,
	_	and sales expenses			-				
		Gain or (loss) Net gain or (loss)			L	-		-	
<u>re</u>	8a	Gross income from fund (not including \$	draising e	vents					
/en		of contributions reported	d on line	1c)					
Re		See Part IV, line 18		a					
Other Revenue	b	Less direct expenses		b					
돌	С	Net income or (loss) fro	m fundra	iising e	vents •				
	9 a	Gross income from gam See Part IV, line 19	ning activ	ities.					
		Less. direct expenses		Ь	,				
		Net income or (loss) fro	m gamın	g activi	ties ▶				
	10 a	Gross sales of inventory	v. less re	turns					
		and allowances	,, 1000 10	а					
	b	Less cost of goods sold	d	b					
	С	Net income or (loss) fro		of inver	ntory >		· - ··		
		Miscellaneous Reven	ue		Business Code				
		<u>Miscellaneous</u>				200.	200.		ļ
	b								-
	C								ļ
		All other revenue		L					
	l.	Total. Add lines 11a-11 Total revenue. See inst			~	200. 452 109	3 800		
	IIZ.	TOTAL REVERUE, See INST	TUCHOUS			i 457 1114	5 KIIII	Λ .	1

Form 990 (2016) Hilltop Alliance

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a r			mplete column (A)	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
Grants and other assistance to domestic organizations and domestic governments	62 547		general expenses	expenses
See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22	63,547.	63,547.		
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	78,824.	63,059.	11,824.	3,941
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7 Other salaries and wages	163,542.	130,834.	24,530.	8,178
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	100/012.		2.,000.	3,270
9 Other employee benefits	12,380.	9,904.	1,857.	619
10 Payroll taxes .	20,400.	16,320.	3,060.	1,020
11 Fees for services (non-employees)				
a Management				 -
b Legal				
c Accounting .				
d Lobbying				
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		<u></u>		
(A) amount, list line 11g expenses on Schedule 0).	675.	675.		
12 Advertising and promotion	4,771.	4,771.		
13 Office expenses	4,987.	4,089.	898.	
14 Information technology			·	
15 Royalties				
16 Occupancy	25,548.	20,950.	4,598.	
17 Travel	445.	445.		
Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings 20 Interest		-		<u> </u>
21 Payments to affiliates				·
22 Depreciation, depletion, and amortization	533.	426.	107.	
23 Insurance	2,973.	965.	1,948.	60
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.)				
a Contract Labor	109,645.	98,681.	10,964.	
b Sponsorships	37,013.	37,013.		
c Meeting Expense	11,150.	8,979.	2,171.	
d Professional Fees	10,377.	6,519.	3,858.	
e All other expenses	21,986.	20,218.	1,768.	12.050
25 Total functional expenses. Add lines 1 through 24e	568,796.	487,395.	67,583.	13,818
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here □ if following SOP 98-2 (ASC 958-720)				
BAA	TEEA0110L 11	1/16/16		Form 990 (2016)

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Form 990 (2016)

Part X

BAA

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 280,962 374,138. Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 351,960 3 Pledges and grants receivable, net 140,446. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 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 instructions). Complète Part II of Schedule L 6 7 10,000 10,000. Notes and loans receivable, net 8 Inventories for sale or use 3,266 9 Prepaid expenses and deferred charges 3,967. 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10 a 6,064. **b** Less accumulated depreciation 10 b 4,266 1,414 10 c 1,798. 11 Investments - publicly traded securities. Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11. 2,338. 6,814. Total assets. Add lines 1 through 15 (must equal line 34) 649,940. 16 537,163. 16 8,706. 17 10,554 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 838. 21 2,900. Loans and other payables to current and former officers, directors, trustees. 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 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 Schedule D 25 9,544 26 13,454. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 153,505 27 104,910. 486,891 28 28 Temporarily restricted net assets 418,799. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 33 640,396. 33 Total net assets or fund balances 523,709. 34 34 Total liabilities and net assets/fund balances 649,940. 537,163.

TEEA0111L 11/16/16

TEEA0112L 11/16/16

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name o	f th	e organization		<u> </u>			Employer identific	ation number			
Hil	<u>l</u> t	op Alliance					26-452120	6			
		Reason for Public Cha						tions.			
The o	rga	nization is not a private found						· — · —			
1		A church, convention of church					i).				
2		A school described in section 1									
3		A hospital or a cooperative h									
4		A medical research organizat	tion operated in conju	inction with a hospital o	describe	d in sec	tion 170(b)(1)(A)(iii) E	nter the hospital's			
		name, city, and state						-			
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a collemplete Part II)	ge or university owned	or opera	ated by a	a governmental unit de	escribed in			
6		A federal, state, or local gove	ernment or governme	ntal unit described in s	ection 1	70(b)(1)	(A)(v).				
7	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)										
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	I)						
9	Γ	An agricultural research organiz	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ege			
	_	or university or a non-land-grar	nt college of agriculture	(see instructions). Enter	the nam	ne, city, a	and state of the college of	or			
		university:									
10		An organization that normally n from activities related to its e investment income and unrel June 30, 1975. See section 5	exempt functions—sub lated business taxable	oject to certain exception e income (less section	ns. and	(2) no r	more than 33-1/3% of ເ	ts support from aross			
11	Γ	An organization organized ar	nd operated exclusive	ly to test for public safe	ety See	section	ı 509(a)(4).				
12		An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	d in section 509(a)(1) o	r sectio	n 509(a)(2). See section 509(a	ut the purposes of one (X3). Check the box in			
а		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect	d or controlled by its suc	norted o	roanizati	ion(s), typically by giving	the supported on You must			
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You			
С		Type III functionally integrated.	. A supporting organizat	ion operated in connection	n with, ai	nd function d E.	onally integrated with, its	supported			
d		Type III non-functionally integrated. The constructions). You must com	rated. A supporting org	anization operated in cor	nection	with its s	supported organization(s t and an attentiveness) that is not requirement (see			
е		Check this box if the organization integrated, or Type III non-fu	ation received a writte	en determination from t	he IRS						
f		iter the number of supported o	organizations								
g	Pr	ovide the following information	n about the supported	d organization(s)							
() Na	eme of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	lion listed loverning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
				<u> </u>							
(A)					ļ						
(B)_											
(C)											
(D)											
(E)											
Total											

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support									
begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')	224,119.	205,374.	660,398.	627,550.	448,309.	2,165,750.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	224,119.	205,374.	660,398.	627,550.	448,309.	2,165,750.			
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)						0.			
6	Public support. Subtract line 5 from line 4	-			,		2,165,750.			
Sec	tion B. Total Support									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
7	Amounts from line 4	224,119.	205,374.	660,398.	627,550.	448,309.	2,165,750.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)				7,334.	3,800.	11,134.			
11	Total support. Add lines 7 through 10	_				'	2,176,884.			
12	Gross receipts from related activ	vities, etc (see ins	structions)			12	0.			
13	First five years. If the Form 990 is organization, check this box and		n's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	► [
	tion C. Computation of Pu									
	Public support percentage for 20			e 11, column (f)).		14	99.49%			
15	Public support percentage from	2015 Schedule A,	Part II, line 14			. 15	99.61 %			
16a	33-1/3% support test-2016. If t and stop here. The organization	he organization di qualifies as a pub	d not check the bookicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	s% or more, check	this box			
b	b 33-1/3% support test—2015. 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	a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ □									
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization's and organization's and organization meets the 'facts-and organization's and org	meets the 'facts-a id-circumstances'	and-circumstances test: The organiza	s' test, check this ition qualifies as	box and stop he i a publicly support	r e. Explain in Pari ed organization	t VI how the ►			
18	Private foundation. If the organi	zation did not che	ck a box on line 1	ತ, 16a, 16b, 17a	, or 1/b, check th	is box and see ins	structions			

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
	dar year (or fiscal year beginning in) 🟲	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	5	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	-				_		
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 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.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in) 🟲	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016		(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							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b							
_	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 50	1(c)(3)	▶
	tion C. Computation of Pul							
	Public support percentage for 20	•		ne 13, column (f))	L	L	15	%
	Public support percentage from 2						16	%
	tion D. Computation of Inv							
	Investment income percentage for			-	ımn (f))		17	%
	Investment income percentage fr						18	%
	33-1/3% support tests—2016. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	iization qualifies a	as a publicly supp	orted organız	ation	▶
b	33-1/3% support tests—2015. If t line 18 is not more than 33-1/3%	he organization d . check this box a	lid not check a bo	x on line 14 or lin e organization qu	ne 19a, and line 10 valifies as a public	5 is more that	n 33-1/3	3%, and ► ☐
20	Private foundation. If the organiz		-				-	▶

p Alliance 26-4521206

Part IV Supporting Organizations

(Cômplete 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.)

360	tion A. All Supporting Organizations		Yes	LAIA
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	1	res	No
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)	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	3a		-
t	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	3b		
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	3с		
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	- 4a	_	
t	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	 4b	-	
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	4c		<i>-</i>
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)	5a		
t	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?	5b	-	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		-
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)	 7		
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)	8		
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	9a	-	-
ŀ	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 .	9b		~-
ď	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	9с		
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	10a		
ŀ	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)	10b		

Sche	nedule A (Form 990 or 990-EZ) 2016 Hilltop Alliance26-45	521206	F	Page 5
Pa	art IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		ļ
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Sec	ction B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities 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.		Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization) h 2		
Sec	ction C. Type II Supporting Organizations		•	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of supporting organization was vested in the same persons that controlled or managed the supported organization(s).	f the) 1		-
Sec	ction 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?	x 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 player in this regard	ed 3	-	
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
i	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below c The organization supported a governmental entity. Describe in Part VI how you supported a government entity.		otrone)	
•	c The organization supported a governmental entity. Describe in Part VI now you supported a government entity	(See IIIStruc		
2	Activities Test Answer (a) and (b) below.		Yes	No
á	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	s d 2a		
ŀ	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 of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	<i>Tor</i> 2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees or each of the supported organizations? <i>Provide details in Part VI.</i>	f 3a		
ł	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes' describe in Part VI the role played by the organization in this regard	3b		i

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in t complete Sections A	Part VI) See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5	· -	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
-	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI).			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3	· · · · · · · · · · · · · · · · · · ·	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		_
6	Multiply line 5 by 035.	6		
7	Recoveries of prior-year distributions	7		<u> </u>
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		<u> </u>
5	Income tax imposed in prior year	5	 -	
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions)	grated	Type III supporting org	ganızatıon
BAA			Schedule A (F	orm 990 or 990-EZ) 2016

Pai		upporting Organiza	itions (continued)	
Sec	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	s,	
3	Administrative expenses paid to accomplish exempt purposes of si	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	ion is responsive (provide	details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
	From 2013	<u> </u>		
	From 2014			
е	From 2015 .			
f	Total of lines 3a through e		* :	gu [*]
g	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)	,	* *	<u> </u>
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			* * -
4	Distributions for 2016 from Section D, line 7 \$		-	
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

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Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

Hilltop Alliance

26-4521206

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

Part II, Line 10 - Other Income

Nature and Source		 2016		2015	 2014	2013		 2012
Miscellaneous To	otal	\$ 3,800. 3,800.	\$ \$	7,334. 7,334.	\$ 0.	\$	0.	\$ 0.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

rm990. Open to Public Inspection
Employer identification number

	Hilltop Alliance			2	6-4521206	
Par		or Advised Funds or Oth	ner Similar Funds			
Fai	Complete if the organization ans	wered 'Yes' on Form 99	0, Part IV, line 6.			
		(a) Donor advised		(b) Fun	ds and other acco	ounts
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					
_	Did the organization inform all donors and do	nor advisors in writing that the	accets hold in donor	advicad fur	nde	
5	are the organization's property, subject to the	organization's exclusive legal	control?		Yes	No No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	ors, and donor advisors in writ t of the donor or donor adviso	ing that grant funds ca r, or for any other purp	on be used cose confer	only rring Yes	☐ No
Par	Conservation Easements. Complete if the organization ans	wered 'Yes' on Form 99	0 Part IV line 7			
1	Purpose(s) of conservation easements held b				·-··· ·-	
•	Preservation of land for public use (e.g.,	_	Preservation of a I	historically	important land ar	ea
	Protection of natural habitat		Preservation of a	-	•	
	Preservation of open space		П			
2	Complete lines 2a through 2d if the organization	held a qualified conservation co	ntribution in the form of	a conservat	tion easement on t	he
_	last day of the tax year	noid a quamita solica i attain se				
				Hei	d at the End of th	ne Tax Year
a	Total number of conservation easements			2 a		
	Total acreage restricted by conservation ease			2 b		
C	: Number of conservation easements on a cert	ified historic structure included	d in (a)	2 c		
	Number of conservation easements included structure listed in the National Register		<u>[</u>	2 d		
3	Number of conservation easements modified, tratax year ►	nsferred, released, extinguished	, or terminated by the oi	rganızatıon (during the	
4	Number of states where property subject to cons	ervation easement is located 🟲				
5	Does the organization have a written policy reand enforcement of the conservation easeme		ng, inspection, handlin	ng of violati	ons,	No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violation	is, and enforcing conser	vation easei	ments during the y	ear
7	Amount of expenses incurred in monitoring, insp	ecting, handling of violations, ar	nd enforcing conservatio	n easement	s during the year	
8	Does each conservation easement reported of and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the r	equirements of section	n 170(h)(4)	(B)(I) Yes	No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote conservation easements	is conservation easements in its to the organization's financial	revenue and expense s statements that descr	tatement, a ribes the or	nd balance sheet, a ganization's acco	and unting for
Par		ections of Art, Historica	I Treasures, or Ot	her Simil	lar Assets.	
	If the organization elected, as permitted under art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its fina	ield for public exhibition, educati incial statements that describe	on, or research in furthers es these items	erance of pu	blic service, provid	e,
ì	If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items.	er SFAS 116 (ASC 958), to re for public exhibition, education,	port in its revenue stat or research in furtherand	ement and ce of public	balance sheet we service, provide th	orks of art, e
	(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, amounts required to be reported under SFAS	historical treasures, or other sine 116 (ASC 958) relating to the	nilar assets for financial ese items:	gain, provid	de the following	
á	Revenue included on Form 990, Part VIII, line				► \$	
	Assets included in Form 990 Part X				►\$	

Schedule D (Form 990) 2016 Hill	top Alliano	ce		26-452	1206	Page 2
Part III Organizations Mainta			orical Treasures, o	r Other Similar Ass	ets (conti	nued)
3 Using the organization's acquisition items (check all that apply)	n, accession, and	other records, check a	ny of the following that a	re a significant use of its	collection	
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Other				
c Preservation for future gener	rations					
4 Provide a description of the organiz	zation's collection:	s and explain how the	further the organization	's exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather to	han to be mainta	uned as part of the o	rganization's collection		Yes	No
Part IV Escrow and Custodia	l Arrangem <u>e</u>	nts. Complete if	the organization ar	iswered 'Yes' on Fo	orm 990, P	'art l∇,
line 9, or reported an	amount on F	orm 990, Part X,	line 21.	 		
1 a Is the organization an agent, true on Form 990, Part X?				er assets not included	Yes	XNo
b If 'Yes,' explain the arrangement	t in Part XIII and	complete the follow	ng table [.]			
					Amount	
c Beginning balance				1 c		
d Additions during the year			•	1 d		
 Distributions during the year 			•	1 e		
f Ending balance				1 f		0.
2 a Did the organization include an a	amount on Form	990, Part X, line 21,	for escrow or custodia	l account liability?	X Yes	☐ No
b If 'Yes,' explain the arrangement	t in Part XIII. Ch	eck here if the expla	nation has been provide	ed on Part XIII		X
		See Part XI				
Part V Endowment Funds. C	complete if the	<u>e organization ai</u>	nswered 'Yes' on F	<u>orm 990, Part IV, II</u>	<u>ne 10.</u>	
	(a) Current yea	r (b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four y	ears back
1 a Beginning of year balance						
b Contributions				· · · · · · · · · · · · · · · · · · ·		
c Net investment earnings, gains, and losses						
d Grants or scholarships						
 Other expenditures for facilities and programs 						
f Administrative expenses					1.	
g End of year balance						
2 Provide the estimated percentag	e of the current	year end balance (lii	ne 1g, column (a)) held	as		
a Board designated or quasi-endown	nent 🟲	%				
b Permanent endowment ▶	%					
c Temporarily restricted endowme	nt ►	%				
The percentages on lines 2a, 2b, a	nd 2c should equa	al 100%				
3 a Are there endowment funds not in	the personal of	the organization that	are held and administers	d for the		
organization by	the possession of	the organization that	are nelu and administere	a for the	Yes	s No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ated organization	is listed as required	on Schedule R?		3b	
4 Describe in Part XIII the intende	d uses of the org	anızatıon's endowm	ent funds		<u> </u>	
Part VI Land, Buildings, and	Equipment.					
Complete if the organ		ered 'Yes' on For	m 990, Part IV, lin	e 11a. See Form 99	0, Part X	, line 10.
Description of property		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	
1 a Land			(-
b Buildings	_					
c Leasehold improvements						
d Equipment	 		6,064.	4,266.		1,798.
e Other	 		0,004.	4,200.		<u> </u>
Total. Add lines 1a through 1e. (Colum	nn (d) must eaus	al Form 990 Part X	column (B), line 10c)			1,798.
BAA	in (a) musi equi			Sched	uie D (Form 9	
					,	,

Page 2

Complete If the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability
(b) Book value

(l) Federal income taxes
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)
Total (Column (b) must equal Form 990, Part X, column (B) line 25.)

2. Liability for uncertain tax positions in Part XIII, provide the text of the footnote has been provided in Part XIII

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Schedule D (Form 990) 2016

Schedule C	(Form	990) 2016	Hilltop	Alliance
D - I VI			<u> </u>	A 11

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements .	1	452,109.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities . 2 b] (
c Recoveries of prior year grants]	
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	452,109.
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	}	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	452,109.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return.	
1 Total expenses and losses per audited financial statements	1	
		568,796.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		568,796.
		568,796.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		568,796.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2 a		568,796.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments 2 b		568,796.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses 2 a 2 c	2 e	568,796.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) 2 a 2 b 2 c 2 c 2 d	2 e 3	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d.		568,796.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d. 3 Subtract line 2e from line 1 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 4 a		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d. 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) 4 b	3	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d. 3 Subtract line 2e from line 1 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 4 a		

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part IV, Line 2b - Explanation Of Escrow Account Liability

Hilltop Alliance acts as a conduit for several small neighborhood based organizations that do not yet have their 501(c)(3) status.

BAA

(h) Purpose of grant or assistance <u>&</u> Schedule I (Form 990) (2016) Open to Public Inspection OMB No 1545-0047 2016 Facade Grant Employer identification number X∀es Part II | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on 26-4521206 Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance See Part IV (f) Method of valuation (book, FMV, appraisal, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. TEEA3901L 11/03/16 Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 10,000. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 25-1696634 501 (c) (3) Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN 1 (a) Name and address of organization or government (1) Rebuilding Together Pgh 7800 Susquehanna Street Pittsburgh, PA 15208 Hilltop Alliance Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I Part ପ୍ର¦ <u>@</u> 3 (2) (9) 8 8

Schedule I (Form 990) (2016) Hilltop Alliance

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

ash assistance					,		
(f) Description of nonc							
(e) Method of valuation (book, FMV, appraisal, other)							
(d) Amount of noncash assistance							
(c) Amount of cash grant							
(b) Number of recipients							
(a) Type of grant or assistance	1	2	8	4	5	9	7
	(b) Number of (c) Amount of (d) Amount of recipients cash grant noncash assistance	(b) Number of (c) Amount of (d) Amount of relusion (book. recipients cash grant noncash assistance FMV, appraisal, other)	(a) Type of grant or assistance (b) Number of cash grant (c) Amount of (e) Method of valuation (book, recipients cash grant noncash assistance FMV, appraisal, other)	(a) Type of grant or assistance (b) Number of cash grant (c) Amount of (e) Method of valuation (book. recipients cash grant noncash assistance FMV, appraisal, other)	(a) Type of grant or assistance (b) Number of recipients cash grant noncash assistance (e) Method of valuation (book, recipients cash grant noncash assistance FMV, appraisal, other)	(a) Type of grant or assistance (b) Number of cash grant noncash assistance (cash grant noncash assistance (FMV, appraisal, other)	(a) Type of grant or assistance (b) Number of cash grant noncash assistance (cash grant or assistance (b) Muthod of Valuation (book, cash grant or assistance (cash grant or a

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

Part IV Supplemental Information. Provide the Information required In Part I, line 2; Part III, column (b); and any other additional Information.

Prior to reimbursement, the work is reviewed by Hilltop Alliance staff For the Allentown Residential Facade Grant Program, the work must be exterior and proposed work must be reviewed and approved, being in compliance with the program visible from streetview. Prior to being approved for the grant, a scope of the and photographed to verify satisfactory completion. guidelines.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Hilltop Alliance

Employer identification number

OMB No 1545-0047

26-4521206

Part I	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)).
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990 EZ, Part V, line 40b	

(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Cor	rrected?
(a) Name of disquamed person	person and organization	(c) I soon provide a discossion	Yes	No
				
	(a) Name of disqualified person	(a) Name of disqualified person (b) Relationship between disqualified person and organization		(a) Name of disqualified person person and organization (c) Description of transaction

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

►\$ **►**\$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II編 Loans to and/or From Interested Persons.

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

(a) Name of interested person (b) Relationship with organization (c) Pur of lo	(b) Relationship with organization (c) Purposition of loa	(c) Purpose of loan	Purpose (d) Loan to from the organization		2 ' '	(1) Balance due	(g) In o	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
		То	From	Yes			No	Yes	No	Yes	No		
(1)													
(2)			Ì										
(3)													
(4)													
(5)		_											
(6)													
(7)										·			
(8)			-										
(9)													
(10)						·							
Total .					▶\$,	٧,	, ,			

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) Josh Lucas	Board Member	4,800.	Grant	Rent Abatement
(2) Tom Smith/Aaron Suke	enik			
(3)	Board Membr/Exec Dir	3,600.	Grant	Rent Abatement
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2016

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

Supplemental Information

Part III line 1

One of the business rent abatement recipients is Academy Pittsburgh, located at 753 E. Warrington Ave. Pittsburgh, PA 15210. This is a computer coding educational program that is a for-profit owned by Josh Lucas, a Hilltop Alliance Board member appointed by the Allentown CDC. Rent Abatement Grant awards are reviewed and approved by the Allentown Business District Committee. Meeting minutes for those approvals are on file to verify that no conflict of interest occurred.

Another rent abatement recipient is Supermonkey Recording Company owned by Christian Groblewski. Following receipt of rent abatement, Supermonkey Recording Company leased space at 813 E. Warrington Ave, owned by a 3 person LLC partially owned by Board member Tom Smith and Executive Director Aaron Sukenik.

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.

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Hilltop Alliance

Employer identification number

26-4521206

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

The Executive Director and Board President, Tom Smith, are both members in a 3-person LLC for the ownership and renovation of a commercial/residential building.

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

The Board of Directors is comprised of members who are not compensated.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

Board members vote on the election of directors and officers to the Board on an annual basis.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

All decisions are made by a majority agreement of all Board members.

Form 990, Part VI, Line 11b - Form 990 Review Process

The Board members perform an in depth review of Form 990 prior to filing.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Organization has each Board member disclose annually whether he or she has any conflicts of interest. Refraining from voting on any actual or perceived conflicts is an ongoing practice of the Board.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The process for hiring and determining compensation for the Executive Director is part of the Organization's by-laws. The Executive Director's compensation is itemized in the annual budget approval process. Also, the Executive Director receives a performance evaluation from the Board annually.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

All documents are available on site upon request.