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)

OMB No. 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

	That I do to the	00 00 1100	<u> </u>	<del> </del>							
١	For the	2018 cale	ndar year, or tax year beginning		2018, and e				, 20	<u> </u>	
3	Check if	applicable	C Name of organization First H	ill Improvement As	sociati	on		) Employer	dentification nur	nber	
]	Address	change	Doing business as					47-37	45685		
	Name ch	nange	Number and street (or P.O. box if m	nail is not delivered to street addres	s) Roc	m/suite	1	Telephone	number		
]	Initial ret	urn	1425 Broadway		28	1	{	(206)	624-0208		
]	Final retur	m/terminated	City or town, state or province, cou	ntry, and ZIP or foreign postal cod	<del></del>						
ī	Amende		Seattle, WA 98122				- 1	Gross rec	eipts \$ 313.	,589.	
7		on pending	F Name and address of principal office	er		- I			bordinates?  Yes		
_	пррпови	ion penamg	Anne McCullough, 1425 B		tle WA					_	
	Tay avar	mpt status	<b>≥</b> 501(c)(3)			273			ist. (see instructions		
	Website		ww.firsthill.org	( ) \ (insert no.) \( \sigma 4947(a)	(1)01 🗀 3	1/-1	H(c) Group e		•	•	
			X Corporation Trust Associa	-tu Dothau b	V			<del></del>	f legal domicile WA	<u> </u>	
				ation ☐ Other ►	L Year of f	ormation	2013	M State o	riegal domicile WA	<u>,                                     </u>	
Ė	art I	Summ									
	1	Briefly de	scribe the organization's miss	sion or most significant acti	vities: <u>Cha</u>	ritable -	Neighborhood	Improvement	Organization in Se	attle, WA	
ဦ											
Ē			·								
Governance	1		is box $ ightharpoonup \square$ if the organization	-	-	sed of m	ore than		s net assets.		
ဋ္ဌ	1		of voting members of the gove		•			3		13	
	4		of independent voting membe		-	•		4		13	
<u>E</u>	5	Total nun	nber of individuals employed i	n calendar year 2018 (Part	V, line 2a)			5		3	
Activities &	6	Total nun	nber of volunteers (estimate if	neces <del>pary)</del>				6		45	
Ä	7a	Total unr	elated business revenue from	Part VII, columna (C) Hine I	2			7a		0.	
	Ь		ated business taxable income		D	l		7b		0.	
	<del>                                     </del>			181			Pnor Yea	r	Current Yea		
	8	Contribut	ons and grants (Part VIII, line	1h) 5 . NOV 12 20	19 · [8]	·	275	465.	313.	576.	
Revenue	9		service revenue (Part VIII, line	·	215	100.		370.			
Ver	_	_			-181						
æ			nt income (Part VIII, column (A		LT1	•		11.		13.	
	11		enue (Part VIII, column (A), lin			:		415.			
	12		nue-add lines 8 through 11 (i		(A), line 12	<del>')  </del>	275	891.	313,	589.	
	13		nd similar amounts paid (Part	·							
	14		oaid to or for members (Part I		:	<del></del>					
es	15		other compensation, employee	)	99	222.	124,	572.			
ŝ	1		Professional fundraising fees (Part IX, column (A), line 11e)								
Expenses	b	Total fund	otal fundraising expenses (Part IX, column (D), line 25) ► 13,070.								
Ш	17	Other exp	oenses (Part IX, column (A), Iir	nes 11a-11d, 11f-24e) .			143	025.	81,	170.	
	18	Total exp	enses. Add lines 13-17 (must	equal Part IX, column (A), i	ine 25)		242	247.	205,	742.	
	19	Revenue	less expenses. Subtract line	18 from line 12	<u> </u>		33,644. 107				
5 é						Begin	nning of Cun	ent Year	End of Year	,	
3 2	20	Total ass	ets (Part X, line 16)				73	266.	182,	724.	
Fund Balances	21		ilities (Part X, line 26)				<del></del> :	265.		876.	
Ē	22		s or fund balances. Subtract	line 21 from line 20			73.	001.	<del></del>	848.	
	art II		ure Block								
			ry, I declare that I have examined this	return including accompanying so	hedules and	statement	s and to the	best of my	knowledge and h	elief it is	
			ete. Declaration of preparer (other than						,		
		115	7.	111/1-				11	17011	9	
Sic	n n	≶ Sign	ature of officer	vance			l Date	70	129/1		
_	re	1(7)		+ : P:					,		
16	16			tive Director							
		1,	or print name and title	Drangrar's Changet		Thete			DTIN		
a	id		pe preparer's name	Preparer's signature		Date		Check			
_	epare	r Phili	p Lloyd	Philip Lloyd /	· 	10/2	25/2019	self-emplo	pyed P015980	99	
	e Onl		ame ▶ Seattle CFO, L	LC			Firm's	EIN ► 4	7-2810714		
_		- Firm's a	ddress ► 603 STEWART ST	, SEATTLE, WA 9810	1		Phon	eno. (20	6) 382-5552		
Лa	y the IF		this return with the preparer						X Yes	No	
		·	ction Act Notice, see the separa			REV 05/	20/19 PRO	ſ		(2018)	
٠.	,	-0						1	$\sum_{i=1}^{n} C_{ij} = C_{ij}$		

Part	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:
•	Charitable - Neighborhood Improvement Organization in Seattle, WA
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code )(Expenses\$ 174,611.including grants of\$ 0.)(Revenue\$ 0.)  2018 accomplishments include acquiring \$4million of funding as part of a community coalition, forming a Steering Committee to begin implementation of the redesign and community engagement for Terry Avenue improvements, acquiring public and private funding to renovate First Hill Park in 2019, managing the design, development, permitting and installation of 12 signal boxes throughout First Hill, organizing an event to collect donations for Compass Housing, curated and implemented a 14-part summer community event series, hosted six community meetings and two community clean-ups and worked with local artists to re-paint the artwork on the columns under I-5.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses \$ 174, 611



Part IV	Checklist	of Required	Schedules

	•			
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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	_
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		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
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		×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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? <i>If</i> "Yes," complete Schedule D, Part IV	9_		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
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		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u></u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	×
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		×
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		×
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		×
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		×
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		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>×</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? [6](Yespo) 15 page lete Schedule I, Parts I and II	21		×
		_	$\alpha \alpha \alpha$	

Part	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		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		×_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
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		×
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		×
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
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	20		×
0.4	conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		×
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	J.		
32	complete Schedule N, Part II	32		×
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		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   8			تم
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_;		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)	,			<del></del>
	•			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 3	-	1.03	
b	If at least one is reported on line 2a, did the organization file all required federal employment		2b	×	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst	•	400		-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the yea		3a	<u> </u>	×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Si		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial accounts a financial account to a financial ac			Ì	
L-	a financial account in a foreign country (such as a bank account, securities account, or other financial account,	iciai accounti)?	4a	1.公分數	X
b	If "Yes," enter the name of the foreign country ►  See instructions for filing requirements for FinCFN Form 114, Report of Foreign Bank and Financial	Accounts (EDAD)		1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a	227 7000	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	-	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	i transaction.	5c		<del>  ^</del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,0	00, and did the		· · · · ·	-
O <sub>a</sub>	organization solicit any contributions that were not tax deductible as charitable contributions		6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such		<u> </u>		
_	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		X / (S)	<b>*</b>	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods		8.3	
	and services provided to the payor?		7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property	for which it was			
	required to file Form 8282?		7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<b>2</b> 223	200	いがの数
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be		7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	•	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f		7h	86737488	3000.0
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund management organization have expense business haldware at any time during the year?	aintained by the	8	20.48	26. Yan
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			<b>秦上浚</b>	5e 15e
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a	Marie M.	11.72 (Z
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal states of the sponsoring organization make a distribution to a donor, donor advisor, or related personal states of the sponsoring organization make any taxable distributions drider section 4300°.	son?	9b		
10	Section 501(c)(7) organizations. Enter.		\$5.19	K. Carried	\$200
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a	ST.	Si y jef	
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	1 1	12a	# 15 15 15 15 15 15 15 15 15 15 15 15 15	9161 - 44-191
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			\$4.12 <u>\$</u>	\$9.55
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	M14.*	.///6
	Note. See the instructions for additional information the organization must report on Schedul	e O.			
	Enter the amount of reserves the organization is required to maintain by the states in which	140. 1			
	the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	<b>総</b> 込 <sup>(2)</sup>	\$ \$650 c 35	3434 G
	Did the organization receive any payments for indoor tanning services during the tax year? .		14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in excess parachute payment(s) during the year?	remuneration or	15		
	If "Yes," see instructions and file Form 4720, Schedule N.		380	<b>K</b> 0.8	98 55 X
	Is the organization an educational institution subject to the section 4968 excise tax on net investigation.	stment income?	16	1111 Y 1111	200,000
	If "Yes," complete Form 4720, Schedule O.			<b>*</b> ***********************************	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?. × 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a 8b 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 . . . . . . 9 × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., No 10a Did the organization have local chapters, branches, or affiliates? 10a × b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . 12c 13 13 Did the organization have a written whistleblower policy? . . . . . . . . . . . . 14 Did the organization have a written document retention and destruction policy? . . . . . 14 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? 15a 15b 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 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website ☐ Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records First Hill Improvement Assn, 1425 Broadway #281, Seattle, WA 98104 (206)624-0208

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	ensa	ated any currer	t officer, director	, or trustee.
(A) Name and Title	(B)  Average hours per week (list any	box,	unles	Pos neck ss pe d a d	rson	e than o is both or/trus	n an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)Sara McVey	3.00				 					
President		×		×			<u> </u>	0.	0.	0.
(2) Ted Klainer Vice-President	3.00	×		×				0.	0.	0.
(3) Robert Terrell Secretary	2.00	×		×				0.	0.	0.
(4) Daria Cardin Treasurer	2.00	×		×				0.	0.	0.
(5) Mary Ellen Hudgins Board Member	2.00	×						0.	0.	0.
(6) Betsy Braun Board Member	1.00	×						0.	0.	0.
(7) Frank Conlon Board Member	1.00	×						0.	0.	0.
(8) James Erickson Board Member	1.00	×						0.	0.	0.
(9) Lindsay Radliff Board Member	1.00	×						0.	0.	0.
(10) Tod Seneker Board Member	1.00	×						0.	0.	0.
(11)Gordon Werner Board Member	1.00	×						0.	0.	0.
(12) Sherry Williams Board Member	1.00	×						0.	0.	0.
(13) Tom Bennett Board Member	1.00	×						0.	0.	0.
(14) Alex Hudson  Executive Director - to August	40.00			×				44,375.	0.	0.

Par	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee:	-		lighe	st C	ompensated E	mployees	(continu	ued)	_
	(A)  Name and title	(B) Average hours per week (list any	Position (do not check more than coordinate to box, unless person is both officer and a director/trust					n an tee)	(D)  Reportable compensation from	(E) Reportable compensation fror		<b>(F)</b> Estimated amount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-N	ons	compensation from the organization and related organizations	
	nne McCullough	40.00											
(16)	xecutive Director - Oct-Dec				×			-	15,852.		0.	0	<u>.</u>
		-						<u> </u>					
(17)													
(18)													_
(19)													
(20)													
(21)												- W-	_
(22)										<del></del> -			
(23)										-			
(24)													_
(25)									_				_
1b c	Sub-total				•		•	<b>&gt;</b>	60,227.		0.	0	
d 2	Total (add lines 1b and 1c)	t not limited			list		above	e) w	60,227. ho received mo	ore than \$1	0.0000	0 0 of	<u>.</u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete:	ficer, direc						emp	-	est compe		Yes No	Ī
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that											
5	Did any person listed on line 1a receive of for services rendered to the organization											5 ×	0110
	on B. Independent Contractors									<del>.</del>			_
1	Complete this table for your five highest compensation from the organization. Repyear.												
	(A) Name and business address							(B) Description of si	ervices		(C) Compensation		
								_					_
					_								_
2	2 Total number of independent contractors (including but not limited to the received more than \$100,000 of compensation from the organization ▶								ose listed abo	ove) who	1		

Part	VIII	Statement of Reve				<u>.</u>	········	
274.E m. 100	960020111.5224	Check if Schedule C	contains a res	ponse or note t				
				and the second	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts	1a	Federated campaigns	s 1â	'			III. degraporaziona	
ls, Grants Amounts	þ	•	1b		And the state of t			
A,	С	Fundraising events .				Total and the	**************************************	
Gifts, ila: Ar	d	Helated organizations					immunit66950(illininininin maseesso) 2000-2001-2000(illinininininininininininininininininin	
sia,	e	Government grants (cor		103,109.				
utto ier.	f	All other contributions, g		210 467	the hoping influence of the property	Amore all and the second	Code: 4, 12	
ē Ē	_	and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$		210,467.			Section 18	Company of the Company
Contributions, Giff and Other Simila:	g h	Total. Add lines 1a-1			313,576.		in any second	
	- "	Total. Add intes 1a-1	<u> </u>	Business Code	20075-015-015-015-015-015-015-015-015-015-01		31021444	200
Program Service Revenue	2a				5.400.500.500 P.M.O.	287 258257 7 20053427573 8	2017; 24.4, 2017 11 e186/89/38/8/98/8-958	2019-910000-1-50002/201, Sed 1.0 45,4020
æ	b		,					
ice	С		•					
Sen	d							
. E	е							
ogr	f	All other program ser	vice revenue .					
<u>~</u> _	g	Total. Add lines 2a-2						
	3	Investment income and other similar amo		ends, interest,				
			•		13.	0.	0.	13.
	4 5	Income from investmen Royalties :	t of tax-exempt bo	ona proceeas				
	3	noyanies	(ı) Real	(ii) Personal	mmin in introduction	10 X (25 X (		our T Paristinia de de la companio del companio de la companio de la companio del companio de la companio del companio de la companio de la companio de la companio de la companio del companio de la companio del companio del companio del companio de la companio de la companio de la companio de la companio del compa
	6a	Gross rents		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			77 <b>7</b> 7 76 76	100000
	b	Less. rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or	(loss)	▶	000 000 72992 (11 12 1002 1)	350 14 07 1 110 12 9900,033	NEO D. SAN JUST C. S. SOLT SANSAGE	Table 2 and 10 and 17 and 12 a
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses .						A STATE OF THE STA
	С	Gain or (loss)	Ĺ		a and the state of	The Walter Control of the Control of		and the second second
0)	d	Net gain or (loss) .		<u> ▶</u>			and the second second second second	Land appropriate to the state of the state o
/enu	8a	Gross income from fu events (not including \$	ındraısıng		in North Sport			100
Other Revenue		of contributions reported See Part IV, line 18	ed on line 1c).	-	Through the construction to a final	White mornion minimum	Total Salar	
Ě	b	Less: direct expenses	s <b>b</b>			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
•		Net income or (loss) f		events >				
	9a	Gross income from ga						
		See Part IV, line 19 .			and the state of t	ar ar and a company of the company of		
	b	Less: direct expenses				2.00 (1.00 (	TE THE WASHINGTON	
		Net income or (loss) f		vitíes 🕨	ALLA MY MARION AND AND AND AND AND AND AND AND AND AN	Who was now a resident to chicomer	ang Shirm Markey And an ang ang ang ang	AND AND DESCRIPTION AS A PRODUCTION OF THE PRODU
	10a	Gross sales of in	•		and the second s		A CONTRACTOR OF THE PARTY OF TH	Terretoria.
		returns and allowance	•					10.10.000 (10.10.000) 10.10.000
	b	Less, cost of goods s		nton.		At the second second	Ny official control of the control o	
	С	Net income or (loss) f			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$*************************************	-Matherine Control of the Control of	
'	11a	Miscellaneous R	neveriue	Business Code			22554152405137516153	
	iia b				<del> </del> -	<u> </u>		
	C						<u></u>	
	d	All other revenue .						
	e	Total. Add lines 11a-	11d				phone was a second of	The state of the s
	12	Total revenue See in			313 500	Commence of the Commence of th	C SANTON MANAGEMENT SALEMY	

	IX Statement of Functional Expenses				
Section	n 501(c)(3) and 501(c)(4) organizations must coi	mplete all columns A	All other organizatıol	ns must complete co	olumn (A).
	Check if Schedule O contains a respor		ne in this Part IX		<u> </u>
	t include amounts reported on lines 6b, 7b, , ànd 10b of Part VIII.	(A) Total expenses	. <b>(B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	60,226.	45,170.	5,420.	9,636.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	47,182.	42,464.	4,718.	0.
9 10	Other employee benefits	8,200. 8,964.	6,690. 7,314.	774. 846.	736. 804.
11 a	Fees for services (non-employees).  Management	0,904.	7,314.	040.	004.
b c d	Legal	3,250.	0.	3,250.	0.
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	5,194.	5,194.	0.	0.
13 14	Office expenses	795. 2,771.	594. 2,260.	103. 262.	98. 249.
15 16	Royalties	10,092.	8,234.	953.	905.
17 18	Travel	2,330.	2,097.	233.	0.
	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest	1,180.	184.	996.	0.
21 22	Payments to affiliates				
23 24	Insurance	1,062.	867.	100.	95.
	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.)	General State	The second secon	and the second s	Additional and additional addit
a b	Program Contractors Event Fees and Supplies	39,744. 7,773.	39,744. 7,773.	0.	0.
c d	Public Space Activation	4,163.	4,163.	0.	0.
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	2,816. 205,742.	1,863. 174,611.	406. 18,061.	547. 13,070.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    If following SOP 98-2 (ASC 958-720)	233,7321	2		
-		<u> </u>			5 990 (2018)

Part X Balance Sheet

	artin	Dalatice Sheet			<u></u>
		Check if Schedule O contains a response or note to any line in this Pa		<del></del>	<u> </u>
		T .	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	72,566.	1	175,899.
	2	Savings and temporary cash investments		2	,
	3	Pledges and grants receivable, net		3	6,525.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		<b>3</b> 000	
		trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L		5	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
ន	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 instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ąŝ	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges	700.	9	300.
	10a	Land, buildings, and equipment, cost or			
		other basis. Complete Part VI of Schedule D 10a		<b>7</b> 98	The second second
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	73,266.	16	182,724.
	17	Accounts payable and accrued expenses	265.	17	1,876.
	18	Grants payable		18	
	19	Deferred revenue	•	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	Secretary and the secretary an	22	City yer between States I Margaret Security
Lia	.02			23	#H,
_	·23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	265.	26	1,876.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and	200.	20	
ces		complete lines 27 through 29, and lines 33 and 34.	224 1 6 7 7 7 9 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
a	27	Unrestricted net assets	73,001.	27_	106,256.
Ba	28	Temporarily restricted net assets		28	74,592.
ğ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Å	32	Retained earnings, endowment, accumulated income, or other funds		32	
ě	33	Total net assets or fund balances	73,001.	33	180,848.
_	34	Total liabilities and net assets/fund balances	73,266.	34	182,724.

Part	XI Reconciliation of Net Assets		_				
	Çheck 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		13,5	89.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		05,7			
3	Revenue less expenses Subtract line 2 from line 1	3		07,8			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		73 <b>,</b> 0	01.		
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					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	1	80,8	348.		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	•	<u> </u>				
			[	Yes	No		
1	Accounting method used to prepare the Form 990.   Cash   Accrual   Other						
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in	3	1 4			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	×			
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or	2	<b>3</b>			
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		×		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a		<b>****</b>	(0)		
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o						
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a		×		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	_	3b				

Form **990** (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	n number
		ill Improvement Ass				_	47-3745685	
Pai		Reason for Public Cha	_ <del></del>	<del></del>			_ <del></del>	ons.
1 2 3	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	hc	medical research organizationspital's name, city, and state	e <sup>,</sup>					
5	Se	n organization operated for ection 170(b)(1)(A)(iv). (Com	plete Part II.)					al unit described in
6 7	X Ar de	federal, state, or local gover n organization that normally escribed in section 170(b)(1)	receives a subs (A)(vi). (Complet	tantial part of its sup te Part II.)	port from			n the general public
8		community trust described i						
9	or ur	n agricultural research organ runiversity or a non-land-gra niversity:	int college of agr	riculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	re Su	n organization that normally in ceipts from activities related upport from gross investment cquired by the organization a	to its exempt fu t income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ie (less s	and (2) no more that ection 511 tax) from	n 331/3% of its
11	☐ Ar	n organization organized and	i operated exclus	sively to test for public	safety.	See <b>sect</b>	ion 509(a)(4).	
12	2 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.							
а	<b>Type I.</b> 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. <b>You must complete Part IV, Sections A and B.</b>							
b	<b>Type II.</b> 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). <b>You must complete Part IV, Sections A and C.</b>							
С	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.							
d	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.							
е		Check this box if the organ functionally integrated, or						e II, Type III
f		er the number of supported o	_					
g		vide the following information	<del> </del>					
	(i) Nan	ne of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

18

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 53,222. 87,560. 170,020. 275,892. 313,577. 900,271. levied revenues for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 53,222. 87,560. 170,020. 275,892. 313,577. The portion of total contributions by (other person each than governmental unit publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 38,370. Public support. Subtract line 5 from line 4 861,901. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 . . . . . . 53,222. 87,560. 170,020. 275,892. 313,577. 900,271. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . 6. 10. 13. 29. 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.) . . . . . . . Total support. Add lines 7 through 10 11 12 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . . 95.73% Public support percentage from 2017 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test -2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 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

Part							
	(Complete only if you checked the						ider Part II.
<u> </u>	If the organization fails to qualify	under the te	sts listed belo	ow, please co	implete Part	II.)	$\longrightarrow$
	on A. Public Support	1 1 2014	(L) 0015	(-) 0010	(4) 0047	(-) 0010	10 T-1-1
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	\					
2	Gross receipts from admissions, merchandise	<del></del>					/
-	sold or services performed, or facilities	\					
	furnished in any activity that is related to the	\					
3	organization's tax-exempt purpose Gross receipts from activities that are not an	<del>- \ -</del>	-				
3	unrelated trade or business under section 513						
4	Tax revenues levied for the		<b>\</b>		,		
	organization's benefit and either paid to or expended on its behalf			_			
5	The value of services or facilities		\				
	furnished by a governmental unit to the organization without charge			-			
6	Total. Add lines 1 through 5		1		1		
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			<del>-\</del>			
	Add lines 7a and 7b	With a second of the second	5000	**************************************	Agest - comma (Fraña	- 34 + 545 + 1	
8	Public support. (Subtract line 7c from						
Sooti	on B. Total Support			Asido de la companio del companio de la companio della companio de			<del></del>
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6	(a) 2014	7 (D) 2013	(0) 2010	(u) 2017	(6) 2010	(i) Total
10a	Gross income from interest, dividends,	/					
IVA	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less				1		
	section 511 taxes) from businesses						
	acquired after June 30, 1975				\		
С	Add lines 10a and 10b /				1		
11	Net income from unrelated business						
	activities not included in line 10b, whether				1		
	or not the business is regularly carried on				,	\	
12	Other income. Do not include gain or	1					
	loss from the sale of capital assets						
	(Explain in Part VI.)					1	
13	Total support. (Add lines 9, 10c, 11,	İ			,	\	
	and 12.)				(0)		504(-)(0)
14	First five years. If the Form 990 is for the	_			-		n 501(c)(3)
04	organization, check this box and stop he		<u></u>	• • • •	· · · · ·	· · · /· ·	· · · ·
	on C. Computation of Public Support Public Support percentage for 2018 (line			12 salumn (f)		15	%
15 16	Public support percentage for 2016 (line Public support percentage from 2017 Sci		-			16	<del>70</del> %
16 Secti	on D. Computation of Investment In			· · · · ·	<u></u>		70
17	Investment income percentage for 2018 (			ov line 13. colu	mn (fl)	17	<u>%</u>
18	Investment income percentage from 201					18	<del>/</del> %
19a	331/3% support tests—2018. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2017. If the organiz	-	_			-	<b>\</b>
-	line 18 is not more than 331/3%, check this						
20	Private foundation If the organization d	id not check a	hoy on line 14	10a or 10h /	check this hav	and see instru	ctions •\□

#### 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<sup>1</sup> 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
g			1 3
ν	A MESSAGE		E Section
•	1	\$300,000 DA	-E-353
	Sala Salatan	Sensicities*:	J1099513983
S		7	ALPERTY.
ď	11 THOM		n intelligen
	2		]
r	è		40 11
	32	*********	
	11 12 12 12 12 12 12 12 12 12 12 12 12 1		5.55.92
d		1	
е		4 4	
	3b		
3)	(2)		
	3c		
lf			
•	4a	F-255	الاحدثث
		MAN 1974-7	26.55.24
n			
n			
	4b		
n	7200		-45° 58
d	11.314		
3)			
"		1335	Sileid
	4c	Marie attaca	
"			
٧	-21	34	
ı;	2.3		
ח			
	E -	003#7*3*r -	X/7 10 3
	5a	#3.775 #3.255	: =11.00N
у		#5 2 to 3	
	5b		
	5c		
0			
d			
r			2 11 30
•	_	4880.10	
	6	### T	. S 35.
r			
y			
	7		
?	******		1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	8	nto militari	المشتنسة
		14	11.11
e ~			alcon h
d		<b>副"水"</b>	أتمنا
	9a		
h			
	9b		
t '			E. Jay
•		<u> </u>	لتـــــــــــــــــــــــــــــــــــــ
	9c	13.394	*
n		Salatan	
t			
	10a		
,			
	10b	NI POLITICAL EL	

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		au esseri	353.29,23 240459490
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1 26 5	(124,27)
	below, the governing body of a supported organization?	11a		_
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	116		
	on b. Type I dupporting Organizations	_	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	46C.45C188		
_	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	(1686) (1686)		¥ 1.57
	controlled the organization's activities. If the organization had more than one supported organization,		3 - 2 - 10 - 10 - 1	1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	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.	79	A Jan of the	
		1	884 : B4 (2 )	ine inervalu
2	Did the organization operate for the benefit of any supported organization other than the supported	的 (2)	1	Checkers The Section of the Section
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,	Here is		4-74
	supervised, or controlled the supporting organization.	2	£	160,000
Section	on C. Type II Supporting Organizations		L	
	· · · · · · · · · · · · · · · · · · ·		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		ingen de co	7.
	or management of the supporting organization was vested in the same persons that controlled or managed	20.5		
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	Did the average term was red to each of the average at a respirations, but the least day, of the fifth we get he of the	\$e*X^2*&	Yes	No <sup>⊕</sup> axes
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		15 star. 13384	100
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	14 12	1 331525-2354
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	573_A (.01		
	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	6898 84 (857)	. 100,000.41	Parago
Section	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ctions	<u></u>
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			-7.
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see in:	struct	ions).
2	Activities Test. Answer (a) and (b) below.	De ser	Yes	No
а	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 <b>Part VI identify</b>			
	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	7,000		
	that these activities constituted substantially all of its activities.	2a	117788	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20164 v	-U.St.	
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the	grantsi il Giribishi	म् के त	
	reasons for the organization's position that its supported organization(s) would have engaged in these		7.583	
	activities but for the organization's involvement.	2b		historia
3	Parent of Supported Organizations. Answer (a) and (b) below.	21.5	, 184	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		الكلاشد	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	uffer I ben	<sub>रिश</sub> वृक्तरकारनार्थ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		A 200 - 115	2.95456 24.5317
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		<del></del>
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		<del></del>
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	West of the second	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	v in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish		<del></del>	
2	Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	th the organization is res	sponsive	
	<del></del>	<del></del>		
- 9	Distributable amount for 2018 from Section C, line 6	<u> </u>	<del>_</del>	
10 Sect	Line 8 amount divided by line 9 amount  ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
<u> </u>				
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See	arment de Trans.		
	instructions.	The first Court of the Court of		
3	Excess distributions carryover, if any, to 2018		ուսանության անանդարի համանական հեն Հերայան Մեկի ին համան	
- <u>-</u> а	From 2013			
<u>b</u>	From 2014	control of the contro	actions in the comments of the contract of the	
	From 2015			
d	From 2016		277 C 244 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C	A CONTRACTOR OF THE PROPERTY O
— <u>-</u>	From 2017	ingles, by the sould design of the first consideration of the	infilted for Sound of Carling and Million of Carling	jumla del mahini del majdrado de la como
f	Total of lines 3a through e	The state of the s		Fried Company of the
<del>.</del>	Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·	803.7 d* \$800000 \$88000 <u>750, 17240</u> 741330-335000	nature and their a temperature provides and the contract of th
<del></del> h	Applied to 2018 distributable amount			
<del></del> -	Carryover from 2013 not applied (see instructions)	INTERNATIONAL CONTROL		
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		ACCOMMENSATION OF THE STATE OF	CONTRACTOR OF THE PROPERTY OF
4	Distributions for 2018 from	arti jua marangan da kangan arangan da ka	Control of the contro	confidentiation in the confidence of the confide
•	Section D, line 7: \$			ALIVE AND THE RESERVE OF THE PARTY OF THE PA
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount		and Profess Configuration (1988)	
С	Remainder. Subtract lines 4a and 4b from 4.		This was a second of the secon	
	Remaining underdistributions for years prior to 2018, if	The second secon		ALL TELEPHONE TO A CONTROL OF THE CO
	any. Subtract lines 3g and 4a from line 2. For result	The state of the s		
	greater than zero, explain in Part VI. See instructions.			
6	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 <sub>j</sub> and 4c.		Maria Line a Parellina	
8	Breakdown of line 7:	 	ape 1, 11 (11 (11 (11 (11 (11 (11 (11 (11 (	
_ <del>_</del> a	Excess from 2014			
<u>a_</u> b	Excess from 2015			Spring and Market Spring and Committee and C
	Excess from 2016		Andreas Table	
<del>_</del> d	Excess from 2017			
<u> </u>	Excess from 2018	Commission of the Commission o		

Schedule A (Form 990 or 990-EZ) 2018

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

#### 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.

2018

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

47-3745685 First Hill Improvement Association Pt VI, Line 11b: The draft 990 is circulated to the board of directors for review prior to filing. Pt VI, Line 15a: Compensation for the Executive Director is set by the Board and is based on factors including comparable salaries for similar organizations. Pt VI, Line 19: Documents are available to the public upon request. Pt VI, Line 12c: Board members are required to update their conflict of interest disclosures annually.