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**Short Form**  
**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code**  
**(except black lung benefit trust or private foundation)**

2007

Open to Public  
Inspection

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990.  
 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.  
 ► The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2007 calendar year, or tax year beginning****Aug 01, 2007, and ending****Jul 31, 2008****B Check if applicable**

Address change  
Name change  
Initial return  
Termination  
Amended return  
Pending

Please use IRS label or print or type  
See Specific Instructions

**C Name of organization, number and street, city, town, state, and ZIP code**

Hillcrest School PTO  
500 Franklin Boulevard  
SOMERSET NJ 08873

**D Employer identification number**

23-7220025

**E Telephone number**  
732-937-4596

**F Group Exemption Number** ►

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G Accounting method**  **Cash**  **Accrual**  
 Other (specify) ►

**I Website:** ►

**H Check**  **if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ

► \$ 46,723.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 575.
	4 Investment income	4
	5 a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schedule)	5c
	6 Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>	6
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 44,844.
Expenses	b Less direct expenses other than fundraising expenses	6b 40,765.
	c Net income or (loss) from special events and activities Subtract line 6b from line 6a	6c 4,079.
	7 a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a	7c
	8 Other revenue (describe ► <b>Miscellaneous Refunds RECEIVED</b> )	8 1,304.
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 5,958.
	10 Grants and similar amounts paid (attach schedule)	10
	11 Benefits paid to or for members	11
Net Assets	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 5,115.
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 173.
	16 Other expenses (describe ► <b>Insurance, Bank Fees, Etc</b> )	16 1,747.
	17 Total expenses Add lines 10 through 16	17 7,035.
	18 Excess or (deficit) for the year Subtract line 17 from line 9	18 (1,077.)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 18,518.
	20 Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 17,441.

**Part II Balance Sheets** - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

JAN 8 2010	(See the instructions)	(A) Beginning of year	(B) End of year
	22 Cash, savings, and investments	18,518.	22 17,441.
	23 Land and buildings	23	
	24 Other assets (describe ►	24	
	25 Total assets	18,518.	25 17,441.
	26 Total liabilities (describe ►	26	
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,518.	27 17,441.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)				<b>Expenses</b> (Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>Conduct student activities</u>				
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title				
28	<u>Sponsorship of special assembly programs, school night activities, recognition events, trips, yearbook and supplies not provided by Bd of Educ</u>			
(Grants \$	) If this amount includes foreign grants, check here <input type="checkbox"/>			28a 40,765.
29				
(Grants \$	) If this amount includes foreign grants, check here <input type="checkbox"/>			29a
30				
(Grants \$	) If this amount includes foreign grants, check here <input type="checkbox"/>			30a
31	<u>Other program services (attach schedule)</u>			
(Grants \$	) If this amount includes foreign grants, check here <input type="checkbox"/>			31a
32	<u>Total program service expenses (add lines 28a through 31a)</u>			32 40,765.

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated) See the instr				
(A) Name and address	(B) Title & average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred comp	(E) Expense account and other allowances
Joanne Murset Somerset NJ	President 5	0		
Lisa Pearlman Somerset NJ	Treasurer 5	0		

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V)				Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change			33	X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes			34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?			35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			37a	0
b	Did the organization file Form 1120-POL for this year?			37b	
38a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?			38a	X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved			38b	
39	501(c)(7) organizations Enter			39a	
a	Initiation fees and capital contributions included on line 9			39b	
b	Gross receipts, included on line 9, for public use of club facilities				

**Part V Other Information** (Note the statement requirement in General Instruction V) (Continued)

40 a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911►	section 4912►	section 4955►							
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	<table border="1" style="float: right; margin-left: 10px;"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>40b</td> <td>X</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>			Yes	No	40b	X		
Yes	No									
40b	X									
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	►								
d	Enter amount of tax on line 40c reimbursed by the organization	►								
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	►								
41	List the states with which a copy of this return is filed ► NJ									
42a	The books are in care of ► Lisa Pearlman	Telephone no ► 732-214-1543								
	Located at ► 105 Hickory Road, Somerset, NJ	ZIP + 4 ► 08873								
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<table border="1" style="float: right; margin-left: 10px;"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>42b</td> <td>X</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>			Yes	No	42b	X		
Yes	No									
42b	X									
	If "Yes," enter the name of the foreign country ►									
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1.									
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ►	<table border="1" style="float: right; margin-left: 10px;"> <tr> <td>42c</td> <td>X</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>			42c	X				
42c	X									
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	►								

<b>Please Sign Here</b>  <b>Paid Preparer's Use Only</b>	<p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.</p> <p>Signature of officer ► <i>Lisa Pearlman</i></p> <p>Type or print name and title ► Treasurer</p> <p>Date ► <i>12/15/09</i></p> <p>Preparer's signature ► <i>A L Ball</i></p> <p>Firm's name (or yours if self-employed), address, and ZIP + 4 ► A L Ball and Associates LLC P O Box 5193 Somerset NJ 08875-5193</p> <p>Date ► 11/12/2009</p> <p>Check if self-employed ► <input type="checkbox"/></p> <p>Preparer's SSN or PTIN (See Gen Inst X) ► P00125834</p> <p>EIN ► 22-3723010</p> <p>Phone no ► 732-545-6764</p>			
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Form 990-EZ (2007)

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation and Section 501(e), 501(f), 501(k),

501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

OMB No 1545-0047

**2007**

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

Hillcrest School PTO

Employer identification number

23-7220025

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	►			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	►	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of other contractors receiving over \$50,000 for other services	►	

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

Schedule A (Form 990 or 990-EZ) 2007

<b>Part III Statements About Activities</b> (See the instructions)			Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) . . . . .	1	X		
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities				
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )				
a Sale, exchange, or leasing of property? . . . . .	2a	X		
b Lending of money or other extension of credit? . . . . .	2b	X		
c Furnishing of goods, services, or facilities? . . . . .	2c	X		
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X		
e Transfer of any part of its income or assets? . . . . .	2e	X		
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) . . . . .	3a	X		
b Did the organization have a section 403(b) annuity plan for its employees? . . . . .	3b	X		
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X		
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	3d	X		
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .	4a	X		
b Did the organization make any taxable distributions under section 4966? . . . . .	4b			
c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	4c			
d Enter the total number of donor advised funds owned at the end of the tax year ► _____				
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____				
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____				
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____				

**Part IV**      **Reason for Non-Private Foundation Status**    (See the instructions )

I certify that the organization is not a private foundation because it is (Please check only ONE applicable box)

5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6  A school. Section 170(b)(1)(A)(ii) (Also complete Part V )

7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_

10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv)  
(Also complete the **Support Schedule** in Part IV-A )

11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )

11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )

12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )

13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations (See the instructions )**

An organization organized and operated to test for public safety Section 509(a)(4) (See the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28) . . . . .					
16 Membership fees received . . .	1470	920	1161	716	4267
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .	43265	61801	67969	34705	207740
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets . . . . .					
23 Total of lines 15 through 22 . . . . .	44735	62721	69130	35421	212007
24 Line 23 minus line 17 . . . . .	1470	920	1161	716	4267
25 Enter 1% of line 23 . . . . .	447	627	691	354	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . .				► 26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts . . . . .				► 26b	
c Total support for section 509(a)(1) test Enter line 24, column (e) . . . . .				► 26c	
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____				► 26d	
e Public support (line 26c minus line 26d total) . . . . .				► 26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . .				► 26f	%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 4267 17 _____ 207740 20 _____ 21 _____				► 27c	212007
d Add Line 27a total _____ and line 27b total _____				► 27d	
e Public support (line 27c total minus line 27d total) . . . . .				► 27e	212007
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ► 27f 212007					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . .				► 27g	100.00 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . .				► 27h	%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

**Part VI-A      Lobbying Expenditures by Electing Public Charities** (See the instructions )  
(To be completed ONLY by an eligible organization that filed Form 5768)

Check ► a if the organization belongs to an affiliated group      Check ► b if you checked "a" and "limited control" provisions apply

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

**Part VI-B      Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See the instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Part VII** **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See the instructions )

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of		
(i)	Cash .. . . . .	51a(i)	X
(ii)	Other assets .. . . . .	a(ii)	X
b	Other transactions		
(i)	Sales or exchanges of assets with a noncharitable exempt organization .. . . . .	b(i)	X
(ii)	Purchases of assets from a noncharitable exempt organization .. . . . .	b(ii)	X
(iii)	Rental of facilities, equipment, or other assets .. . . . .	b(iii)	X
(iv)	Reimbursement arrangements .. . . . .	b(iv)	X
(v)	Loans or loan guarantees .. . . . .	b(v)	X
(vi)	Performance of services or membership or fundraising solicitations .. . . . .	b(vi)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees .. . . . .	c	X
d	If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received		

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

►  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
None		