Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. $Q \gamma_0$

	TIGIT TEVELL	100 001 1106			. (00)								
A	or the 2	2018 calenda	ar year, or tax year beginning July 1 , 2018, and	ending	June 30	, 20 19							
В	Check if ap	plicable	C Name of organization	DE		entification number ?							
	Address ch	hange	Hilltop Elementary PTSA		9	1-618598							
	Name char	nge	Number and street (or P O box, if mail is not delivered to street address)	om/suite E T	Telephone nu	ımber							
_	Initial retur		13045 S Fawcett Avenue	1	20	6-851-8380							
=		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	0 2 F	Group Exer	mption							
=	Amended i Application		Tacoma WA 98402		Number •								
_		ing Method	☑ Cash ☐ Accrual Other (specify) ▶			the organization is not							
	Vebsite:	-				ach Schedule B							
			ook only one)	 <i></i> ')-EZ, or 990-PF)							
			ck only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ ☐ Corporation ☐ Trust ☐ Association ☐ Other	527 (For	111 000, 000	7 12, 01 330 1 1)							
		organization		o or if total acc	oto								
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more \$500,000 or more, file Form 990 instead of Form 990-EZ	e, or ii totai ass	eis								
_				,	\$								
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances										
			the organization used Schedule O to respond to any question in t	his Part I .		<u> </u>							
21	1		ons, gifts, grants, and similar amounts received		. 1	28517							
?1	2	Program se	ervice revenue including government fees and contracts		. 2								
25	3	Membersh	ip dues and assessments		. 3	2144							
?1	4	Investment	:income		. 4								
	5a	Gross amo	unt from sale of assets other than inventory 5a										
	Ь	Less: cost	or other basis and sales expenses	•									
	С	Gain or (los	iss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c										
	6	•	d fundraising events:	•									
	a	-	me from gaming (attach Schedule G if greater than										
ē	"	\$15,000) .											
Revenue	Ь		L	ontributions									
ě	"		aising events reported on line 1) (attach Schedule G if the	minbations									
Œ			th gross income and contributions exceeds \$15,000) 6b	45	312								
					822								
			to the state of th										
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6	b and Subtrac		2/400							
	l	line 6c) .			· 6d	26490							
	7a		s of inventory, less returns and allowances										
	þ		of goods sold		===								
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c								
	8		nue (describe in Schedule O)		. 8								
	9	_	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	9	57151							
	10		I similar amounts paid (list in Schedule O)		. 10	1496							
	11		aid to or for members	D .	. 11								
es	12		ther compensation, and employee benefits 🔼 💹	_၂႘ှု	. 12								
ns	13	Profession	al fees and other payments to independent contractors 🔁 ေ 2 🎖 . ٫٫٫٫	19 S	. 13								
Expenses	14	Occupancy	y, rent, utilities, and maintenance	. <u>0</u>	. 14								
Щ	15		ublications, postage, and shipping		. 15	313							
	16		nses (describe in Schedule O) 2	<u> </u>	. 16	36691							
	17		nses. Add lines 10 through 16		▶ 17	38500							
	18		(deficit) for the year (Subtract line 17 from line 9)		. 18	18651							
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (m	nust agree wit		· · · · · · · · · · · · · · · · · · ·							
SS			r figure reported on prior year's return)		. 19	28448							
ίħ	20	- /	iges in net assets or fund balances (explain in Schedule O)	•	20	23110							
ž	i		or fund balances at end of year. Combine lines 18 through 20		► 21	47099							
	21	iver assets	or furth balances at end of year. Combine lines to through 20	<u> </u>	- 21	47099							

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2018)

_	990-EZ (2018)					Page
Pa	rt II Balance Sheets (see the instructions f	•				٠ .
	Check if the organization ased Schedule	Oto respond to a	ny question in this			
			-	(A) Beginning of year		B) End of year
22	Cash, savings, and investments			28448	_	4709
23	Land and buildings				23	
24 25	Other assets (describe in Schedule O)			28448		470
26	Total liabilities (describe in Schedule O)		· · · · · ·		26	470
27	Net assets or fund balances (line 27 of column			28448		470
	t III Statement of Program Service Accom					
	Check if the organization used Schedule					Expenses
 Nha	t is the organization's primary exempt purpose?		7 1	· · · · · · · · · · · · · · · · · · ·		ired for section
	cribe the organization's program service accomplis	shments for each o	f its three largest n	rogram services		(3) and 501(c)(4) izations, optional
	neasured by expenses. In a clear and concise m				other	
	ons benefited, and other relevant information for ea		,			
28	Support Student Enrichment - Activities include: Cur	rriculum Support (13,	166), Field Day (73),	6th Grade		
τ,	Support (3759), Brainworks (985), Assemblies (663),	Art Docent (205), Sat	ety Patrol (563), Fina	ncial Aid (44)		
	Veterans Day Coffee (57)					
?:		includes foreign gra			28a	195
29	Parental Involvement - Activities include: Dads & Do	nuts (533) Moms & N	Auffins (442), Ground	ls Cleanup (285)		
		includes foreign gra			29a	12
30	Community Events - Activities include Carnival (242	(7), Neon Glow Party	(1773), Multicultural	Potluck (228),		
	Meet the Teacher Night (90)					
	(Cronto C	inalidas faraga ar	nto chook horo		20-	45
24	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign gra		•	30a	45
31	, ,	includes foreign gra			31a	
32	Total program service expenses (add lines 28a t	through 31a)	ints, check here .		32	252
	t IV List of Officers, Directors, Trustees, and Key					
	Check if the organization used Schedule			=		
	3	(b) Average	(c) Reportable ?	(d) Health benefits,		
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		ot	stimated amount her compensation
Meli	ssa Hawkins, President			<u> </u>	+	
Kath	lleen Makın, Co-Vice President					
Noal	n Mellich, Co-Vice President					* -
Emil		<u> </u>				
	y Bahr, Treasurer					
	y Bahr, Treasurer nelle Collins, Secretary					****

	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				_
		, , , , , , , , , , , , , , , , , , , ,		Yes	No	-
·	33	Did'the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~	_
?:	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	,			- 13
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34 35a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-
	b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		V	-
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<u> </u>	-
l	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? 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 outstanding at the end of the tax year covered by this return?	37b 38a	·	· ✓	
	ь 39	Section 501(c)(7) organizations. Enter:				
	a b 40a	Initiation fees and capital contributions included on line 9				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓ ×] Æ
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				_
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		\	
	41	List the states with which a copy of this return is filed ▶				_
	42a	The organization's books are in care of ▶ Telephone no. ▶				_
	b	Located at ► ZIP + 4 ► 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)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	Yes	No 🗸	
	С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		V	-
	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	· ·	Yes	► □	-
	44a	completed instead of Form 990-EZ	44a	***	√	
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		7	1
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓ ✓	Ī
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V	_
	b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b			INC. CO.

orm 99	U-EZ (20	118)					# !		aye -
46		ne organization engage, directly or and indicates for public office? If "Yes," c						Yes	No 🗸
Part \	VI.	Section 501(c)(3) Organizations	Only		_	· .	I	-1,	
		All section 501(c)(3) organizations	s must answer que	stions 47-49b an	d 52, and	complete the	e tables	for lin	es
		50 and 51.			5	\ a			
		Check if the organization used Sch	nedule O to respond	to any question in	this Part	<u>VI</u>		Yes	
47	Did t	ne organization engage in lobbying	activities or have a	section 501(h) elec	tion in effe	ect during the	tax 🗀	162	No
		If "Yes," complete Schedule C, Part					. 47		~
48	-	organization a school as described in	and the second s			эЕ			~
49a		ne organization make any transfers to						3	~
b		s," was the related organization a se	•	_			. 491	5	✓
50		olete this table for the organization's							
	emplo	oyees) who each received more than	\$100,000 of comper	nsation from the org			e, enter "	None '	·
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut benefit pl	ealth benefits, lions to employee ans, and deferred	(e) Estima other co		
				(0	-/ coi	mpensation			
	-								
					 				
	_								
 -									
••									
				<u> </u>		;			
51	Comp	number of other employees paid over plete this table for the organization' 000 of compensation from the orga	s five highest compe		nt contrac	tors who each	receive	d more	than
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	ervice	(c)) Compensa	ition	
				1					
-				4					
			·	,					
- -				1					
			·	-					
				<u></u>					
d		number of other independent contra			. ▶				
52		the organization complete Schedu	le A? Note: All se	ection 501(c)(3) or	ganızatıon:	s must attacl		_	
	comp	eleted Schedule A	<u> </u>		· · ·	<u> </u>	.► ✓ Ye	s 📙	No
Jnder p	enalties	of perjury, I declare that I have examined this r d complete Declaration of preparer (other than	eturn, including accompan	lying schedules and state	ements, and t	o the best of my ki lowledge	nowledge a	nd belief	, it is
	Tect, an	d complete Declaration of preparer (office that			er rias arry kir				
Sign		Signature of officer				Date /	,		
Here		▲ Emily Bahr, Treasurer				12/12/	19		
	2	Type or print name and title				1414			
		Print/Type preparer's name	Preparer's signature		Date	Cheste C	PTIN		
Paid	0r	A contract of the contract of				Check L self-emplo	yed		
Prepa		Firm's name ▶				Firm's EIN ▶			
Use (Unity	Firm's address ▶				Phone no			
May th	ne IRS	discuss this return with the preparer	shown above? See	instructions			► ∏ Ye	s \Box	No

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

Open to Public Inspection

Name of the organization

Employer identification number

	op Elementary PTSA					91-61		
	rt I Reason for Public Char						ns.	
The	organization is not a private founda		•		-	•		
1	A church, convention of church						na	
2	A school described in section						01	
3 4	☐ A hospital or a cooperative hos						/:::\	tar tha
4	hospital's name, city, and state	•	injunction with a nosp	Jilai uesc	noed in s	ection 170(b)(1)(A)	(III). EH	ter the
5	☐ An organization operated for t		college or university	owned o	r operato	ed by a government	al unit	described in
_	section 170(b)(1)(A)(iv). (Comp		g,					
6	☐ A federal, state, or local govern	nment or govern	mental unit described	ın sectio	on 170(b)	(1)(A)(v).		
7	☐ An organization that normally						the g	eneral public
	described in section 170(b)(1)((A)(vi). (Complet	e Part II.)					
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	An agricultural research organi							
	or university or a non-land-granuniversity:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the co	llege or
10	An organization that normally re	eceives (1) more	e than 331/3% of its si	ipport fro	m contri	nutions membershi	n fees	and aross
	receipts from activities related	to its exempt ful	nctions—subject to co	ertain exc	ceptions,	and (2) no more that	n 331/31	% of its
	support from gross investment acquired by the organization at	income and uni fter June 30, 197	related business taxal 75. See section 509 (a	ole incom	ie (less se polete Pa	ection 511 tax) from	busine	esses
11	An organization organized and					•		
12	☐ An organization organized and	•	•	-			ry out	the purposes
	of one or more publicly suppo							
	Check the box in lines 12a throi	_	• • • • • • • • • • • • • • • • • • • •	-	_	<u>-</u>		_
а	<u> </u>							
	the supported organization supporting organization. You		-			ne directors or trust	ees of	tne
		•	•			upported ergenizati	an(a) k	v hovena
b	control or management of t							
	organization(s). You must o							
С	: 🔲 Type III functionally integi	rated. A support	ting organization oper	ated in c	onnectio	n with, and function	ally inte	grated with,
	its supported organization(s	s) (see instructio	ns). You must comp l	lete Part	IV, Secti	ons A, D, and E.		
d	_ ,,							
	that is not functionally integ requirement (see instruction						d an at	tentiveness
_	<u> </u>	•	•		•			
е	Check this box if the organi functionally integrated, or T						e II, Typ	oe III
f	Enter the number of supported o	• •						
g	Provide the following information	_	orted organization(s).					
	(i) Name of supported organization	(II) EIN	(iii) Type of organization		rganization	(v) Amount of monetary		Amount of
			(described on lines 1-10 above (see instructions))		ır goveming ment?	support (see instructions)		support (see structions)
			, "	V		,		,
				Yes	No			
(A)								
								
(B)								
(C)								
(
(D)							I	
(E)								
Tota	.1	Te Survivi de Cons		COLD NY	74.2			

Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i) 45
	\ \ (Complete only if you checked:ti						alıfy under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A Public Support		 -	, ,	, 		, #
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	. (e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		,		-	•	
2 .	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						. ~
3	The value of services or facilities furnished by a governmental unit to the organization without charge				,		
4	Total. Add lines 1 through 3,						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						**** - ,
6	Public support. Subtract line 5 from line 4	深入 有於總	A 2000 St.			图形数据	
	on B. Total Support		,			···	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	<u> </u>	<i>'</i>			-	,
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				,		
9	Net income from unrelated business activities, whether or not the business is regularly carried on			·			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		,				
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for to organization, check this box and stop he	he organizatioi			 n, or fifth tax y	12 ear as a section	on 501(c)(3)
Sacti	on C. Computation of Public Suppo			· · · · ·	· · · · · · · · · · · · · · · · · · · 	<u></u>	
14	Public support percentage for 2018 (line			11. column (fl)	- F-1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	14	%
15 16a	Public support percentage from 2017 Sc 331/3% support test—2018. If the organ box and stop here. The organization qua	hedule A, Part nization did not	II, line 14 .: check the box	 x on line 13, ai	nd line 14 is 3	15	%
, b	331/3% support test – 2017. If the organ this box and stop here. The organization					is 33 ¹ / ₃ % or m	nore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the "facts "facts-and-circ	and-circumst cumstances" te	ances" test, clest. The organi	heck this box a ization qualifie	and stop here s as a publicly	Explain in supported
b [′]	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organize Explain in Part VI how the organization is supported organization in the control organization in the control organization is a support organization in the control organization is a support organization in the control organization is a support or organization in the control organization is a support or organization in the control organization is a support or organization in the control organization in the control organization in the control organization is a support or organization in the control organization in the control organization is a support or organization in the control organization in the control organization in the control organization is a support or organization in the control organization in the control organization is a support or organization in the control organization in the control organization is a support or organization in the control organization in the control organization is a support or organization in the control organization is a support organization in the control organization is a support or organization in the control organization is a support organization in the control organization in the control organization is a support organization in the control organization is a support organization in the control organization is a support organization in the control organization in	ation meets th	ne "facts-and-	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization dunstructions	lid not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see ▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	under the tes	313 113100 001	ow, piedee ee	impiete i diti	,	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	· (f) Total
1	Gifts, grants, contributions, and membership fees			, , , _	<u> </u>		
	received (Do not include any "unusual grants")	1038	2475	2517	1790	2144	9964
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	24330	53853	34398	17021	45312	174914
3 ,	Gross receipts from activities that are not an unrelated trade or business under section 513	24330	15201	24352	35743	38500	138126
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				-		
5	The value of services or facilities furnished by a governmental unit to the organization without charge	4	1 Dage		,		
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	49698	71529	61267	54554	85956	323004
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						,
с 8	Add lines 7a and 7b						323004
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	49698	71529	61267	54554	85956	323004
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2	3	3	7	29	15 29
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	2	3	3	7	.29	15 29
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	•		:	*, 100	-	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	′,					
13	Total support. (Add lines 9, 10c, 11, and 12.)	49700	71532	61270	54561	85956 29	323019 29
14	First five years. If the Form 990 is for the organization, check this box and stop he	_				ear as a sectio	
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2018 (line	8, column (f), d	ivided by line	13, column (f))		15	99 %
16	Public support percentage from 2017 Sc	hedule A, Part i	III <u>,</u> line 15 .	<u> </u>		16	99 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2018					17	1 %
18 19a	Investment income percentage from 201 331/3% support tests—2018. If the organ 17 is not more than 331/3%, check this box	nization did not	check the box	c'on line 14, ai	nd line 15 is m		
b	331/3% support tests—2017. If the organilline 18 is not more than 331/3%, check this	zation did not c	heck a box on	line 14 or line 1	19a, and line 16	is more than 3	33 ¹ /3%, and
20	Private foundation. If the organization d	•	•		•	• •	=

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.**
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
ng			
by	78-08-1 78-08-1		33
,			لنتمننك
	1	7007788 may 11	3.7.2000.7004
us			
ed			
-		27 35	
	2	NA TELES	**************************************
er .			
	3a		
nd .	Mario	\$2A:28	740000
he		(8)	
,	3b		
B)		A. 300	
· /	3c	k eresiza.	202020
10		ar 28	· 4000
lf	K.	·	227
	4a		
an	14. Tak	(3) (sp.)	7.36E
gn		祭祭	
on			
	4b		
on			
	1	1.33	
ed			
(B)			
	4c	-	200000000000000000000000000000000000000
.,	ANTE	5° A2	100
S, "	200	8 1 1 8	1
IN		38.38	
n,	33		
on '		X 4 6 6 7	
,	2.32	100	
	5a		
dy		ŻŔ	
•	5b	CHARLES IN	Mothembleif
	5c	C (3 4)	
to		\$1.50 mg	\$33
ed		3.42	
or			
٠.			32.5
			l
or			13.5
ity			
•	7	8K.5 i.e.	535333
70	\$1,639,000.00	7,9 3 En	. 42520004
7?	1	200	
	8		
re	4500	1.1.27mg/s	1000
ed	2002	1 228	
	9a		
ch			(*****
	9b	عمد الناع	الاختفعد
. .		8139Z487	75/100700.2003
efit			
	9с	l	
on	22X:		100 m
		1 (10)	
ed		1	334
	10a	L	
to	200	7.75	14368 B
	10b		المططنكات
	וטט	<u> </u>	

Part	Supporting Organizations (continued)			
	3 - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	•	
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			100
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	122		
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
ч	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	l	
Secti	on C. Type II Supporting Organizations			
		.b asses s	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	新教		
	or management of the supporting organization was vested in the same persons that controlled or managed	THE ST	24	<i>3</i> 2.9
	the supported organization(s).	1 1		
Secti	on D. All Type III Supporting Organizations			
		200	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
ſ	organization's governing documents in effect on the date of notification, to the extent not previously provided?	200	13.23	THE S
_		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	221732	24.65.2
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		4	1933
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	26 10	Liki
•	-	19736	7.27.958	ं स्थ
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	13/4/25	130000
Sacti	on E. Type III Functionally Integrated Supporting Organizations	13	l	l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	<u></u>
ˈa	The organization satisfied the Activities Test. Complete line 2 below.	~ -	O 21 O 1 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 in	ísee in	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	·No
- а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		200	1382
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	34.4		24.5
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	20002000	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		NEW Y	72.3
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	- Yella ii fi	**************************************
3	Parent of Supported Organizations. Answer (a) and (b) below.	\$\$ 100 B	100	W. A
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2 N.30		
u	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		التنفنسد
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	16.18	4,27/5	17000
L.	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	1-100-325-325	- Cittlescours

D	_ (
rage	e .

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>jan</u>	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)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	•	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	,2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		- ,
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
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	2000年1000年1000年1000年100日 2000年100日 - 100日 -	
5 Income tax imposed in prior year	. 5		,
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	5		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporting	g organization (see

Part	X Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Secti	on D—Distributions	, , , , , , , , , , , , , , , , , , , ,		Current Year
1	Amounts paid to supported organizations to accomplish			, n 1
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted .	, ;
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	anizations	1
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 Part VI). See instructions.	h the organization is re	sponsive	
9	Distributable amount for 2018 from Section C, line 6		(
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	Distributable Amount for 2018
_ 1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
·i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part vi. See instructions.			
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 3j and 4c.			
8	Breakdown of line 7:			and the second
а	Excess from 2014			
b	Excess from 2015			at a decided to
c	Excess from 2016		Mark Care Care Care Care Care Care Care Care	
d	Excess from 2017			
е	Excess from 2018			

Pa	ae	8

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, Wines 1, 2, 3b, 8c, 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

OMB No 1545-0047

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

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

Open to Public Inspection

Name of the organization	Employer identification number
Hilltop Elementary PTSA	91-6185985
Part 1 - Line 16	
(Ab Cando Cumant #2750	
6th Grade Support \$3759	
Annual Fees \$90	
Art Docent \$205	
Assemblies: \$663	
Banking Fees \$43	
Board Dinner \$206	
Bond/Liability Insurance: \$470	
Brainworks. \$985	
Curriculum Support \$13,166	
Dads and Donuts: \$533	
Donation Drıve/Fun Run Expense \$5222	
Condition of the Laponso volls	
Ending & Beginning of Year Teacher Lunch \$590	
Field Day \$73	
Financial Aid \$44	
T HIGH OF THE STATE OF THE STAT	
Grounds Cleanup \$285	
Moms and Muffins \$442	
Multicultural Potluck \$228	
multidated a content of the content	
Read A Thon expense ⁻ \$2455	
Safety Patrol \$563	
Special Awards \$261	
Special Awards \$201	
Specialist/Library Support \$950	
Spend Down/grants for equipment \$3904	
Sunchina Committee \$92	
Sunshine Committee \$83	-
Supplies \$557	
Website \$205	

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page 2 Employer identification number.
Hilltop Elementary PTSA	91-6185985
	,
Voterana Day Coffee d F7	
Veterans Day Coffee. \$ 57	
Book Club \$55	
Back to School Picnic \$145	
Board T-Shirts: \$452	
Total \$36,691	
	يان در در که ادب از در در دواند