			** PUBLIC DISCLOSURE COPY *			
	Ω	00	Return of Organization Exempt From			OMB No. 1545-0047
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (tions)	2016
		of the Treasury	Do not enter social security numbers on this form as it may			Open to Public
-		nue Service	Information about Form 990 and its instructions is at www			Inspection
				JUN 30, 201		
B C a	heck if oplicab	le:	forganization	D Employer iden	tificati	on number
	Addre	e HILL	TOP ARTISTS IN RESIDENCE			
	Name Chang	je Doing b	usiness as	91-	-166	7476
	Initial return			uite E Telephone num		
	Final return termir		OX 6829	25:	3571	7692
	ated Amen	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		978,865.
	_return	IACO	MA, WA 98417	H(a) Is this a grou		
	tion pendi		nd address of principal officer: KIMBERLY KEITH	for subordina		
		SAME	AS C ABOVE	H(b) Are all subordinat		
		empt status:				. (see instructions)
			HILLTOPARTISTS.ORG	H(c) Group exemp		
			X Corporation Trust Association Other ►	Year of formation: 1995	D M St	ate of legal domicile: WA
Fa	rt I	Summary			1101	
ė	1		e the organization's mission or most significant activities: HILLTOP			N-PROFIT
anc	-		RTS PROGRAM THAT PROVIDES CLASSES AND			
Governance			x if the organization discontinued its operations or disposed of m		1	
Š					3	<u> 12</u> 12
	4		lependent voting members of the governing body (Part VI, line 1b)		4	12
Activities &			of individuals employed in calendar year 2016 (Part V, line 2a)		5	101
tivit			of volunteers (estimate if necessary)		6 7a	0.
Ac			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, line 34		7a 7b	0.
		Net unrelated		Prior Year		Current Year
	8	Contributions	and grants (Part VIII, line 1h)	970,254	1.	668,916.
Revenue	9		ce revenue (Part VIII, line 2g)	275,401		279,326.
ver		•	come (Part VIII, column (A), lines 3, 4, and 7d)	1,223		2,107.
Å			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,682		446.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,256,560		950,795.
			nilar amounts paid (Part IX, column (A), lines 1-3)).	0.
	14		to or for members (Part IX, column (A), line 4)	().	0.
s	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	647,324	1.	685,287.
ISe			undraising fees (Part IX, column (A), line 11e)	().	0.
Expenses			ing expenses (Part IX, column (D), line 25) 166,298.			
ũ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	256,306		349,458.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	903,630		1,034,745.
	19	Revenue less	expenses. Subtract line 18 from line 12	352,930).	-83,950.
or				Beginning of Current Ye		End of Year
sets alan	20	Total assets (F	Part X, line 16)	853,391		781,350.
Net Assets or Fund Balances	21	Total liabilities	(Part X, line 26)	51,176		63,085.
			fund balances. Subtract line 21 from line 20	802,215	5.	718,265.
	rt II	Signature				
			I declare that I have examined this return, including accompanying schedules and sta		f my kno	owledge and belief, it is
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.		

Sign	Signature of officer	Date								
Here	KIMBERLY KEITH, EXECUTIVE DIRECTOR Type or print name and title									
Paid	Print/Type preparer's name Date Date NATHAN J. HARTMAN DATA NATIONAL DATA DATA DATA DATA DATA DATA DATA DA	Check PTIN if 717 self-employed P01564623								
Preparer	Firm's name PETERSON SULLIVAN LLP, CPA'S	Firm's EIN ▶ 91-0605875								
Use Only	Firm's address 601 UNION ST, STE 2300									
	SEATTLE, WA 98101-2345	Phone no. (206) 382-7777								
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)									
632001 11-1	32001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form		P ARTISTS IN RESIDENC	E 91-	1667476 Page 2
Pa	t III Statement of Program Se	vrvice Accomplishments		
	Check if Schedule O contains a r	esponse or note to any line in this Part III		X
1	Briefly describe the organization's miss			
		A NON-PROFIT GLASS ART		
		JALIZED INSTRUCTION FO		
		ROGRAM, YOUNG PEOPLE		
	THE ART OF GLASS BLO	WING, MOSAICS, FUSED	GLASS, AND BEADWORK	. HILLTOP
2	Did the organization undertake any sign	nificant program services during the year v	which were not listed on the	
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services o	n Schedule O.		
3	Did the organization cease conducting	or make significant changes in how it cor	nducts, any program services?	Yes X No
	If "Yes," describe these changes on Sc	hedule O.		
4	Describe the organization's program se	rvice accomplishments for each of its three	e largest program services, as measure	d by expenses.
	Section 501(c)(3) and 501(c)(4) organization	ations are required to report the amount of	f grants and allocations to others, the to	tal expenses, and
	revenue, if any, for each program servio			
4a	(Code:) (Expenses \$	682,223. including grants of \$		279,326.)
	HIGH QUALITY ARTS TH	RAINING IN GLASS ART A	AND OTHER MEDIA FOR	AT RISK
	YOUTH.			
4b	(Code:) (Expenses \$	including grants of \$) (Pevenue \$	<u>)</u>
ъ	(Code) (Expenses \$) (nevenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in Sc	hedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	682,223.		/
				Form 990 (2016)
632001	2 11-11-16			
002002		2		

13121130 758871 090211.0

		Required Sche			
Form 990 (2016)	HILTOP	ARTISTS	ΤN	RESIDENCE

_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	110
-	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
U	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	<i>If</i> "Yes," <i>complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
10		10		x
11	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>			- 23
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	Part VI		21	
a	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	4.4%		x
_	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	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		3.7	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
	complete Schedule G. Part III	19		X

Form 990 (2016)

Form 990 (2					RESIDENCE
Part IV	Checklist of F	Required Sch	edules _{(contir}	nued)	

b If Vest to time 20s, dot the organization attach a copy of this audited francial statements to this return? 20b 11 Did the organization report more than S5.000 of grants or other assistance to any domestic organization or domestic grants and the statistance to any domestic organization or domestic grants or other assistance to any domestic organization are domestic organization are domestic organization area former officers, directors, trustees, key employees, and highest compensation of the organization area former officers, directors, trustees, key employees, and highest compensation of the organization area former officers, directors, trustees, key employees, and highest compensation of more than 5100,000 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 I, Movi, goo Line 25a 24a X 24d Did the organization marks an y proceeds of tax-exempt bond bayend a temporary period exception? 24a X 25 Bection 501(c)(33, 501(c)(4), and 501(c)(20) organizations. Did the dispitation marks any non-eaction with a disqualified person during the year? 24a X 25 Bection 501(c)(33, 501(c)(4), and 501(c)(20) organizations. Did the organization area former officer, director, trustee, key employees, the systemation with a disqualified person during the year? 24a X 26 Did the organization area for the draggical in a xeckes benefit transaction with a disqualified person during the year? 24a X 27 Did the organization areaction with a disqualified person registres to any ore yeables t				Yes	No
1 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 in Yray, "compiles Schedule I, Parts I and II 21 X 20 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 in Yray, "compiles Schedule I, Parts I and II 22 X 20 Did the organization need "set" to Part IX, Becton A, line 3.4, or 6 s about compensation of the organization's current and forme officers, directors, trustees, key employees, and highest compensation of the organization's current and torme officers, directors, trustees, key employees, and highest compensation of the organization as of the schedule K. H 'No', or to line 25a 24a X 24a Did the organization mathain an escrow account other than a refunding escrow at any time during the year 'C 24a X 25 Did the organization acts as on orbital of 'I soure for bonds outstanding at any time during the year' 24a X 26 Did the organization acts as on orbital of 'I soure for bonds outstanding at any time during the year' 24a X 27 Maxesceton Asing the year' /I 'Yes, 'complete Schedule L, Part I 24a X 28 Did the organization acutes any on behalf of'I soure for bonds outstanding any time during the year'<	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 H 'rsg, 'complete Schedule (J Parts I and II 21 X 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 27 H 'rsg, 'complete Schedule I, Parts I and II 22 X 23 Did the organization answer 'res' to Part UI, Section A, Iine 3, 4, or 5 about compensated employees? If 'rsg, 'complete Schedule J, Parts I and II 23 X 24 Did the organization answer 'res' to Part UI, Section A, Iine 3, 4, or 5 about compensated employees? If 'rsg, 'complete Schedule J, Parts I and II 23 X 25 Did the organization invest any proceeds of tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the Schedule J, Part I 24 24 26 Did the organization invest any proceeds of tax-exempt bond issue of the bonds outstanding at any time during the year to defease any tax-exempt bonds 2 24d 24d 26 Section 50(16)(3), 50(16)(4), and 50(12)(20) organizations. Did the organization ange in an excess benefit transaction with a disqualified person during the year? If 'rsg, 'complete Schedule I, Part II 25a X 27 Did the organization report any amount on Part X, line 5, 6, ro 22 for receivables from or payables to any current or former officer, director, trustes, key employees, rol disputatified person? If 'rsg, 'complete Schedule L, Part II 25a X 28	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Park IX, column (A), line 27 (#*Yes,* complete Schedule I, Pars I and III) 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, furstees, key employees, and highest compensation of the organization's current and former officers, furstees, key employees, and highest compensation of the organization's current and former officers, furstees, key employees, and highest compensation of the organization scenario as the second beyond a temporary period exception? 246 240 Did the organization materia an escrow account other than a refunding scrow at any time during the year? 246 25 Bection 501(c)(3), on Dine 25a 246 26 Did the organization materia an escrow account other than a refunding scrow at any time during the year? 246 26 Did the organization aware that tengaged in an excess benefit transaction with a disqualified persons in a prior year, and that the transaction ware that tengaged in an excess benefit transaction with a disqualified persons? II 'Yes,' complete Schedule L, Part I 28a X 26 Did the organization reveals and any of the organization's geno proses 900 E99 E27. If 'Yes,' complete Schedule L, Part IV 28a X 27 X X X 28b X 28 Did the organization provide a grant o	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part X, column (A), line 27 if Yes,' complete Schedule I, Parts I and II 22 X 23 Did the organization answer Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officars, directors, trustess, key employees, and highest compensation and the organization is used after Docember 31, 2002? If Yes,' answer lines 24b through 24d and complete Schedule I, Who', go to line 25a. 2a X 24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 25 Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year? 24d X 26 Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year? 24d X 25 Section 50(163), 601(44), and 501(42)0 organizations. Exit the organization engage in an excess benefit transaction with a disqualified person in a prior year, and the the transaction was an excess benefit transaction with a disqualified person in a prior year, and the the transaction may any and the organization's prior Forms 880 or 980-E27 // Yrs, "complete Schedule L, Part I 25a X 26 Did the organization complete member, or to a 35% controlled employee, substantial contribution or employee thered, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, key employee, substantial contributions for applicable ling thresholds, conditions, and exceptions): 2a X 27 Did the organization report any anount on Part X, line 5,		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 2a X 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the tast day of the year, that was issued after December 31, 2022; If "Yes," answer lines 24b through 24d and complete Schedule K, If "No", go to line 256 24a X 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year 10 defease any tax-exempt bonds? 24d 24d 26 Did the organization area as no heltal of "issuer for bonds outstanding at my time during the year? 24d 24d 27 Did the organization area as no heltal of "issuer for bonds outstanding at my time during the year? 24d 24d 26 Schedule L, Part I Zsa X 24d 25d 27 Schedule L, Part I Zsa X 25d X 28 Did the organization approxemation on my of the organization's particles. Schedule L, Part I 25d X 29 Did the organization approxemation party amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, forector, trustee, Part II 25d X	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J. 23 X 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule J. 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d 25 Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year? 24d 24d 25 Section 50(16(3), 50(16(4), and 50(16/28) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 25d 25 Section 50(16(3), 50(16(4), and 50(16/28) organizations. Did the organization is prior Forms 980 or 990-EZ7. If 'Yes,' complete Schedule L, Part I 25a X 26 Did the organization aware that engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction tax on the x-cess benefit transaction with a disqualified person? If 'Yes,' complete Schedule L, Part I 25a X 27 Did the organization appet the year? 24d 22s X 28 Did the organization appet of a grant or other assistance to		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25a 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b X 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 in a proy year, and that the transaction has not been reported on any of the organization sport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employees, highest comparested employees, or disqualified persons? If "Yes," complete Schedule 1, Part I 25b X 27b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule 1, Part II 25b X 28b Did the organization roport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule 1, Part II 25b X 29 Did the organization roport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 26c X 20 Did the organization roport any amount on Part X, line	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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 wai issued after December 31,2002? If "Yes," answe lines 24b through 24d and complete Schedule I, 1" No", of our bine 25a 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b X 25a Section 501(c)(28), 501(c)(41), and 501(c)(29) organizations. Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? 24d 24d 25a Section 501(c)(28), 501(c)(41), and 501(c)(29) organizations. Did the organization are that the ranged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with an excess benefit transaction with a disqualified person? If "Yes," complete Schedule L, Part I 25a X 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, wey employees, or disqualified person? If "Yes," complete Schedule L, Part II 25a X 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25a X 29 Did the organization inquich oremore filter, director, trustee, or key emp		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
is tay of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a X Schedule K, If "No", go to line 25a 24b 24b D Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax-evempt bond? 24b D Did the organization aniset any proceeds of tax-exempt bonds beyond a temporary period exception? 24b D Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(26) organizations. Did the organization engage 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 900 or 90-E27. If "Yes," complete Schedule L, Part I 25a 26 Did the organization report any amount on Part X, line 5, 6, or 22 for recelvables from or payables to any current or former oflicer, director, trustes, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25a 27 Did the organization applicable fling thresholds, conditions, and exceptions? 27 X 28 a Current or former officer, director, trustes, nor key employee? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization applicable fling thresholds, conditions, and exceptions? 27 X 29 Did the organization applicable fling thresholds, conditions, and exceptions? 28a X 29 Did the organization necleve more than 255,000		Schedule J	23		X
Schedule K. If 'No': go to line 25a 24a X b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b 24b C Did the organization anatain an escrow account other than a refunding escrow at any time during the year? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Form 590 or 990-627. If 'Yes,' complete Schedule L, Part I 25a X 26 Did the organization avare that it engaged in an excess benefit transaction with a disqualified persons in a prior year, and that the transaction has not been reported on any of the organization's prior Form 590 or 990-627. If 'Yes,'' complete Schedule L, Part I 25b X 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables form or payables to any current or former officers, director, trustee, or teleptice schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28a X 29 U the torganization receive contributions of art, historical treasures, or orther similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule L, Part IV <td< td=""><td>24a</td><td>Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the</td><td></td><td></td><td></td></td<>	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
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b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? 30 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 33 Did the organization one low of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a Did the organization as a controlled entity within the meaning of section 512(b)(13)? 35a X 36 F"Yes," complete Schedule R, Part V, line 2 35b 35b 35b 35b 35b 35b					
c 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 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization injuidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part I 32 X 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II. 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a Did the organization. S12(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 35b 36 X The organization neceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 35b If "Yes," complete Schedule	а				
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 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	250				
 within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			358		
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 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</i> "Yes," <i>complete Schedule R, Part VI</i>	30		26		x
and that is treated as a partnership for federal income tax purposes?If "Yes," complete Schedule R, Part VI37X38Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?Image: Complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?Image: Complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	27		30		- 11
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		27		x
	38		- 31		<u> </u>
Note, All Form 990 filers are required to complete Schedule O		Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2016)

Form	990 (2016) HILLTOP ARTISTS IN RESIDENCE 91-166	7476	F	age 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance									
	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 10)								
b		ז								
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
-	(gambling) winnings to prize winners?	1c	х							
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 2a 12	3								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х							
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x						
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in Schedule O</i>	3b		<u> </u>						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x						
h	If "Yes," enter the name of the foreign country:	та								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a		5a		x						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
		5c		<u> </u>						
	It "Yes," to line 5a or 5b, did the organization file Form 8886-1? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
ou		6a		x						
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			<u> </u>						
D		6b								
7	Organizations that may receive deductible contributions under section 170(c).									
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х							
		7b	X	<u> </u>						
	It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- 10		<u> </u>						
С	to file Form 8282?	7c		x						
Ь										
e		7e		x						
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X						
' g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>						
-	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h		<u> </u>						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
0		8								
9	Sponsoring organization have excess business holdings at any time during the year?									
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
a	Initiation fees and capital contributions included on Part VIII, line 12 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:	-								
a	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources against	-								
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>						
a	Note. See the instructions for additional information the organization must report on Schedule O.	104								
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
b	organization is licensed to issue qualified health plans									
с	Enter the amount of reserves on hand	-								
14a	Did the summination was in a summaries for index to main a sumination that the terms of the second	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No." provide an explanation in Schedule O</i>	14b		<u> </u>						
<u> </u>	in res, has it need a roin rest to report these payments: If No, "provide an explanation in Schedule O		000							

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Form **990** (2016)

Form 990 ((2016)
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HILLTOP ARTISTS IN RESIDENCE

91-1667476 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5		
	(This Section & requests information about policies not required by the internal Revenue Code.)		Yes	N
0-	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			- 23
D		104		
4	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	л	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
_	in Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13	X	<u> </u>
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed NONE			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at	/ailable	Э	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records:			
-	DONNA COSTI - (253) 571-7692			
	602 N. SPRAGUE, TACOMA, WA 98403			
	002 N \bullet DENAGUE, IACOMA, WA 30403			

Т

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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B) (C)							(D)	(D) (E)			
Name and Title	Average	(do	(do not check more than one				one	Reportable	Reportable	Estimated		
	hours per	box	k, unless person is both an icer and a director/trustee)				n an	compensation	compensation	amount of		
	week					i/i us		from	from related	other		
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	e or d	tee			sated		(W-2/1099-MISC)	(00-2/1099-00130)	organization		
	organizations	truste	al trus		yee	mpen				and related		
	below	Individual trustee or director	Institutional trustee	5	Key employee	est co oyee	er			organizations		
	line)	Indiv	In stit	Officer	Key e	Highest compensated employee	Former					
(1) ANGEL BLANFORD	3.00											
PRESIDENT		Х		Х				0.	0.	0.		
(2) LATASHA WORTHAM	2.00											
VICE PRESIDENT		Х		Х				0.	0.	0.		
(3) JOHN R. MITCHELL	1.50											
TREASURER		Х		Х				0.	0.	0.		
(4) MORGAN SHAPIRO	1.50											
SECRETARY		Х		Х				0.	0.	0.		
(5) SCOTT WINSHIP	1.00											
BOARD DIRECTOR		Х						0.	0.	0.		
(6) BRITTANY ELLSWORTH	1.00											
BOARD DIRECTOR		Х						0.	0.	0.		
(7) TYLER KALBERG	1.00											
BOARD DIRECTOR		Х						0.	0.	0.		
(8) KATHY SMITH	1.00											
BOARD DIRECTOR		Х						0.	0.	0.		
(9) CHRISTOPHER KODAMA, MD	1.00											
BOARD DIRECTOR		Х						0.	0.	0.		
(10) JENNIFER HERNANDEZ	1.00											
BOARD DIRECTOR		Х						0.	0.	0.		
(11) SHARON CHAMBERS-GORDON	1.00											
BOARD DIRECTOR		Х						0.	0.	0.		
(12) SUSANNE TURNIPSEED	1.00											
BOARD DIRECTOR		Х						0.	0.	0.		
(13) DOUGLAS PAGE	1.00											
BOARD DIRECTOR		Х						0.	0.	0.		
(14) FORREST GRIEK	1.00											
BOARD DIRECTOR		Х						0.	0.	0.		
(15) SYDNEY BERSANTE	1.00											
BOARD DIRECTOR		Х						0.	0.	0.		
(16) MOLLY CROFT	1.00											
BOARD DIRECTOR		Х						0.	0.	0.		
(17) KATHRYN I EVANS	40.00											
FORMER EXECUTIVE DIRECTOR				Х				89,216.	0.	0.		
632007 11-11-16										Form 990 (2016)		

632007 11-11-16

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Form 990 (2016)

	<u>1990 (2016) HILLTOP A</u>	ARTISTS	IN	I R	ES	SID)EN	CE	2	91-160	<u>574</u>	.76	Pa	age 8
Part VII Section A. Officers, Directors, Trustees, Key Emp				ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B) (C)							(D)	(E)			(F)	
	Name and title	Average	e Position (do not check more than one						Reportable	Reportable		Es	timate	d
		hours per	box	, unle	ss pei	rson is both an			compensation	compensation		am	nount	of
		week		cer ar	nd a d	lirecto	or/trus	tee)	from	from related			other	
		(list any	ector						the	organizations		com	pensa	tion
		hours for	or dir	e.			ated		organization	(W-2/1099-MISC			om the	
		related	Istee	truste			bens		(W-2/1099-MISC)			•	anizati	
		organizations below	ual tru	ional		ploye	t com						d relate	
		line)	ndividual trustee or director	Institutional trustee	Officer	ey em	Highest compensated employee	ormer				orga	inizatio	JIIS
(18)	KIMBERLY KEITH	40.00	-	<u> </u>	0	¥	Ξē	프			+			
	UTIVE DIRECTOR		•		x				0.	(b .			0.
	DONNA D COSTI	20.00			- 23						<u> </u>			••
	NCE MANAGER		ł		x				28,195.	(b .			0.
					- 23				20,195.		<u> </u>			••
			1											
											+			
			1											
											+			
			ł											
											+			
							\vdash				+			
							\vdash				+			
			•											
							-				\rightarrow			
44	Cult total								117,411.	(5.			0.
	Sub-total								0.		5.			0.
	Total from continuation sheets to Part VII								117,411.).			0.
	Total (add lines 1b and 1c)								· · · · · · · · · · · · · · · · · · ·					0.
2	Total number of individuals (including but no	ot limited to th	ose	liste	ed ac	ove	e) wn	o re	eceived more than \$100,0	JUU of reportable				0
	compensation from the organization												Yes	No
•		-1 ¹									П		165	NU
3	Did the organization list any former officer,	-				•			•			•		Х
	line 1a? If "Yes," complete Schedule J for su										· F	3		
4	For any individual listed on line 1a, is the su													v
_	and related organizations greater than \$150										··	4	_	X
5	Did any person listed on line 1a receive or a											_		v
- Coo	rendered to the organization? If "Yes," com	plete Schedule	e J fo	or si	ıch i	oers	on .				<u> </u>	5		Х
	tion B. Independent Contractors									100.000 (<u> </u>			
1	Complete this table for your five highest con	•	•								nsati	on tro	m	
	the organization. Report compensation for t	ne calendar ye	ear e	enair	ng w	lith c	or wi	<u>tnin</u>		ear.		(0		
	(A) Name and business	address	NTC	אדאר	-				(B) Description of s	anvicas	Cr	C)	;) nsatior	n
	Name and Business	address	NC	ONE	<u> </u>				Description of s			mper	Isatio	·
	Total number of independent contractory for		ot 15-	nite	4 + ~	the		+0-1		ther				
2	Total number of independent contractors (ir		JUIN	niteo	1 (0		se lis)	rea	above) who received mo					
	\$100,000 of compensation from the organiz						,						000 //	

Form **990** (2016)

Par	t VI	Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any lin		(D)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
n G		Fundraising events		89,059.				
iifts ar A		Related organizations						
s, G	е	Government grants (contribut	ions) 1e	60,943.				
rsi	f	All other contributions, gifts, gran	its, and					
the		similar amounts not included abo	ve 1f	518,914.				
d O	g	Noncash contributions included in lines	1a-1f: \$					
a C	h	Total. Add lines 1a-1f			668,916.			
			_	Business Code	186 000	186 000		
e		FEES FOR SERVIC	:E	611610	176,220.	176,220.		
Program Service Revenue		SALES OF GLASS	ननन	900099	101,556.	101,556. 1,550.		
n S /eni	С			900099	1,550.	1,550.		
grar Be∖	d							
, ro	e							
-	T Q	All other program service rever Total. Add lines 2a-2f			279,326.			
	3	Investment income (including			275,520.			
	Ŭ	other similar amounts)	,	,	2,107.			2,107.
	4	Income from investment of ta						
	5	Royalties		-				
		,	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss)		►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
Other Revenue	8 a	Gross income from fundraisin including \$ 89,0 contributions reported on line	1c). See					
erF		Part IV, line 18		26,985.				
Ġ		Less: direct expenses		28,070.	1 005			1 005
		Net income or (loss) from fund	•	····· •	-1,085.			-1,085.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
	h	and allowances						
		Net income or (loss) from sale						
ŀ	<u> </u>	Miscellaneous Revenu		Business Code				
F	11 a	MISCELLANEOUS		900099	1,531.			1,531.
	b				, = •			,
	c							
		All other revenue						
		Total. Add lines 11a-11d			1,531.			
	12	Total revenue. See instructions.			950,795.	279,326.	0.	
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HILLTOP ARTISTS IN RESIDENCE

Form (2016)

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Form 990 (2016)

HILLTOP ARTISTS IN RESIDENCE Part IX Statement of Functional Expenses

	t include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 G	Grants and other assistance to domestic organizations				
а	nd domestic governments. See Part IV, line 21 🛛 📘				
2 G	Grants and other assistance to domestic				
ir	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	122 400	00 1 6 7	10 505	06 810
	rustees, and key employees	133,480.	88,167.	18,595.	26,718
	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	402 210	210 627		04 720
	Other salaries and wages	473,312.	312,637.	65,936.	94,739
	Pension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)		16 400	2 4 6 5	1 000
	Other employee benefits	24,874.	16,430.	3,465.	<u>4,979</u> 10,733
	Payroll taxes	53,621.	35,418.	7,470.	10,733
	Fees for services (non-employees):				
	Management				
	_egal				
	Accounting				
	obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,	27 240	00 701	10 010	0 050
	olumn (A) amount, list line 11g expenses on Sch O.)	37,348.	20,781.	13,717.	2,850 2,267
	Advertising and promotion	6,105.	2,671.	1,167.	2,267
	Office expenses	23,642.	2,496.	18,299.	2,847
	nformation technology				
	Royalties				
		0 410	2 0 2 4	1 C A	
	ravel	2,418.	2,034.	164.	220
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	2 005	1 010		420
	Conferences, conventions, and meetings	3,005.	1,819.	749.	437
	nterest				
	Payments to affiliates	20 000	27 202	200	200
	Depreciation, depletion, and amortization	28,002.	27,282.	360.	360
a 2	Other expenses. Itemize expenses not covered bove. (List miscellaneous expenses in line 24e. If line the amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
	PROGRAM EXPENSES	93,857.	93,824.	33.	
_	STUDENT AWARDS EXPENSE	77,676.	77,676.		
_	TRANSITION EXPENSES	65,756.	480.	56,027.	9,249
_	UNDRAISING	9,120.	508.		8,612
_	All other expenses	2,529.		242.	2,287
	Total functional expenses. Add lines 1 through 24e	1,034,745.	682,223.	186,224.	166,298
	loint costs. Complete this line only if the organization	_,,,			
	eported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
Ū	Check here if following SOP 98-2 (ASC 958-720)				

632010 11-11-16

10 2016.05000 HILLTOP ARTISTS IN RESIDE 090211.1

Form 990 (2016)

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HILLTOP AN	RTISTS IN	RESIDENCE
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		l Obselvit Celeschule Osenteine sussesses aunst		as in this Davit V			
		Check if Schedule O contains a response or not	e to any ii				
					(A) Beginning of year		(B) End of year
	4	Orah man interest baseins			247,717.	1	164,429.
	1	Cash - non-interest-bearing	326,459.	2	227,986.		
	2	Savings and temporary cash investments	117,715.		178,484.		
	3	Pledges and grants receivable, net			43,862.	3 4	30,489.
	4	Accounts receivable, net			45,002.	4	50,409.
	5	Loans and other receivables from current and fo		· · ·			
		trustees, key employees, and highest compensa	•	· · ·		_	
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualif	-				
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
ets		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net			10 000	7	10 000
٩	8	Inventories for sale or use		·····	10,000.	8	10,000.
	9			·····		9	
	10a	Land, buildings, and equipment: cost or other		0.7.6 0.1.5			
		basis. Complete Part VI of Schedule D	10a	276,815.	00 600		154.000
	b	Less: accumulated depreciation		121,853.	92,638.	10c	154,962.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line -				13	
	14	Intangible assets			1 - 0 0 0	14	1 - 000
	15	Other assets. See Part IV, line 11			15,000.	15	15,000.
	16	Total assets. Add lines 1 through 15 (must equa			853,391.	16	781,350.
	17	Accounts payable and accrued expenses			51,176.	17	63,085.
	18	Grants payable		·····		18	
	19	Deferred revenue		·····		19	
	20	Tax-exempt bond liabilities		L		20	
	21	Escrow or custodial account liability. Complete F	Part IV of S	Schedule D		21	
Se	22	Loans and other payables to current and former	officers, o	directors, trustees,			
liti		key employees, highest compensated employee	s, and dis	qualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted third p	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third par	ties		24	
	25	Other liabilities (including federal income tax, page	yables to	related third			
		parties, and other liabilities not included on lines	i 17-24). C	omplete Part X of			
		Schedule D			25		
	26	Total liabilities. Add lines 17 through 25			51,176.	26	63,085.
		Organizations that follow SFAS 117 (ASC 958)), check h	nere ▶ X and			
Se		complete lines 27 through 29, and lines 33 an					
uc.	27	Unrestricted net assets			272,703.	27	314,374.
Sala	28	Temporarily restricted net assets			529,512.	28	403,891.
Б	29			<u>.</u>		29	
Τu		Organizations that do not follow SFAS 117 (A	SC 958), (check here 🕨 🛄			
Net Assets or Fund Balances		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Assi	31	Paid-in or capital surplus, or land, building, or eq	luipment f	und		31	
et /	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances		L	802,215.	33	718,265.
	34	Total liabilities and net assets/fund balances			853,391.	34	781,350.

Form 990 (2016)

Form 990 (2016)
Part X Balance Sheet

Form	1990 (2016) HILLTOP ARTISTS IN RESIDENCE	91-16	67476	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	950		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,034		
3	Revenue less expenses. Subtract line 2 from line 1	3			50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	802	2,2	<u>15.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			_	
_	column (B))	10	718	3,2	<u>65.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			2 a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	000	L

Form **990** (2016)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form	990	or	990	-EZ
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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

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

	2016
orm990.	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

Name of the organization

Nam	011		TOP ARTIST	S IN RESIDENC	ΓE.				1-1667476			
Pa	rt I	Reason for Public C			is part.) Se	e instructions		1 100/1/0				
The	organ	ization is not a private found										
1							()(A)(i).					
2		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3		A school described in section 170(b) (1(A)(i). (Attach schedule E (10111 990 01 990 E2).)										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
-		city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
Ű		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local gov		ontal unit described in	soction 17	70/6//1//4	60					
	X	An organization that normal	-					o gonoral r	while described in			
'		section 170(b)(1)(A)(vi). (Co	•	Inal part of its support if	on a gove	annenta		e general p				
8		A community trust describe			• 11 \							
9		An agricultural research org				ad in coniu	unction with a	land-grant	college			
9		or university or a non-land-g				-		-	-			
		university:	frank college of agrici			name, city	, and state of	line college	01			
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its supr	ort from a	contributio	ne memberek	in fees an	d gross receipts from			
10		activities related to its exem										
		income and unrelated busin							-			
		See section 509(a)(2). (Cor				ses acqui	red by the org	anization a				
11		An organization organized a		vely to test for public sat	atv Saa	section 5(0(2)(4)					
12		An organization organized a	-	•	•			ry out the	ourposes of one or			
12		more publicly supported or	-	-				-	-			
		lines 12a through 12d that of	-									
а		Type I. A supporting orga				-		-	nivina			
a		the supported organizatio	-	-	• • • •	-						
		organization. You must c			majonty c				pporting			
b		Type II. A supporting orga			ion with its	e sunnorte	d organization	n(e) by bay	ina			
D.	L	control or management of	-				•		-			
		organization(s). You must			ane perso	113 11121 001	ntiol of manag	je ine supp	onted			
с		Type III functionally integ	-		in connect	tion with	and functional	v integrate	d with			
U	L	its supported organization						y integrate	a with,			
d		Type III non-functionally						ted organiz	ration(s)			
u		that is not functionally into		• • •				-				
		requirement (see instructi		• •	•		-	anallentiv	61633			
е		Check this box if the orga		-								
e		functionally integrated, or					турет, турет	і, туре ш				
f	Ente	er the number of supported o		any integrated supportin								
a		vide the following information	•									
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)			
_												
Tota												
LHA	For F	Paperwork Reduction Act N	lotice, see the Instru	uctions for Form 990 or	990-EZ.	632021 09-	21-16 Sched	lule A (For	m 990 or 990-EZ) 2016			

Schedule A (Form 990 or 990-EZ) 2016 HILLTOP ARTISTS IN RESIDENCE Part II Support Schedule for Organizations Described in Sections 170(

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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.)

2 Tax revenues levied 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 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 11, column (f) 4 Total Support. Subtract time 5 from line 4 6 Public support. Subtract time 5 from line 4 10,000. 12,600. 10,900. 12,600. 12,600. 10,900. 12,600. 10,900. 12,600. 10,900. 12,600. 10,900. 10,900. 10,900. 10,900. 10,900. 12,1,900. 147. <	<u>5e</u>										
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		· •						, ►			
	10	-			-	• • • •					
	10	Filvate foundation. If the organizatio	T UIU HOL CHECK a		a, 100, 178, 01 170						

Schedule A (Form 990 or 990-EZ) 2016 HILLTOP ARTISTS IN RESIDENCE 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.)

Section A.	Public Support				-		
Calendar year	(or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
, 0	ants, contributions, and						
	ship fees received. (Do not						
include a	any "unusual grants.")						
merchar formed, any activ	ceipts from admissions, idise sold or services per- or facilities furnished in <i>r</i> ity that is related to the tion's tax-exempt purpose						
	ceipts from activities that In unrelated trade or bus-						
	der section 513						
4 Tax reve	nues levied for the organ-						
ization's	benefit and either paid to ded on its behalf						
5 The valu	e of services or facilities						
furnishee	d by a governmental unit to						
the orga	nization without charge						
6 Total. A	dd lines 1 through 5						
	s included on lines 1, 2, and ed from disqualified persons						
from other t exceed the	cluded on lines 2 and 3 received han disqualified persons that greater of \$5,000 or 1% of the line 13 for the year						
c Add line	s 7a and 7b						
	upport. (Subtract line 7c from line 6.) Total Support						
Calendar year	(or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	s from line 6						
10a Gross in dividend securitie	come from interest, s, payments received on s loans, rents, royalties me from similar sources						
	business taxable income						
(less sect	ion 511 taxes) from businesses						
acquired	after June 30, 1975						
c Add line	s 10a and 10b						
11 Net inco activities whether	me from unrelated business not included in line 10b, or not the business is carried on						
or loss fr	come. Do not include gain om the sale of capital Explain in Part VI.)						
	port. (Add lines 9, 10c, 11, and 12.)						
14 First five	e years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3) organiz	ation,
check th	is box and stop here	-			-		
Section C.	Computation of Public						
15 Public su	upport percentage for 2016 (li	ne 8, column (f) di	vided by line 13, o	olumn (f))		15	%
	upport percentage from 2015					16	%
Section D.	Computation of Inves	tment Income	Percentage			· · · ·	
17 Investme	ent income percentage for 20	16 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
18 Investme	ent income percentage from	2015 Schedule A,	Part III, line 17			18	%
19a 33 1/3%	support tests - 2016. If the	organization did r	ot check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
more tha	an 33 1/3%, check this box ar	id stop here. The	organization qua	lifies as a publicly	supported organization	ation	
b 33 1/3%	support tests - 2015. If the	organization did r	ot check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
line 18 is	s not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies	as a publicly supp	orted organization	
20 Private	oundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions	
632023 09-21-16			15		Sch	edule A (Form 99	0 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 HILLTOP ARTISTS IN RESIDENCE

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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

1

Yes No

Schedule A (Form 990 or 990-EZ) 2016

10b

Schedule A (Form 990 or 990-EZ) 2016 HILLTOP ARTISTS IN RESIDENCE Part IV Supporting Organizations (continued)

			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		
Sec	tion 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			
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	alon D. All Type III Supporting Organizations		Y.	
4	Did the exercited provide to each of its supported exercitations, but the last day of the fifth month of the		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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
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	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
5	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		
Sec	supported organizations played in this regard.			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
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			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	5			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2016

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	(Form 990 or 990-EZ) 201 Type III Non-Func		
н			

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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		
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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990 EZ) 2016 HILLTOP ARTISTS IN RESIDENCE

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
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 which the	ne organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Saati	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
Jecu	on E - Distribution Allocations (see instructions)		FIE-2010	
_1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
<u>a</u>				
b				
C	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
<u>a</u>				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

Schedule A (Form 990 or 990-EZ) 2016

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service Name of the organization ** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

2016

Employer identification number

91-16674	76
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HILLTOP	ARTISTS	IN	RESIDENCE

Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious is charitable, etc., be successible to the parts unless to the parts unless the the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be successible to the parts unless to the parts unless the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be total contributions totaling \$5,000 or more during the year for an exclusively total contributions total total total total total total contributions total total to the parts unless to the parts unless the total contributions total total to the parts unless total t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

91-1667476

HILLTOP ARTISTS IN RESIDENCE

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 59,974. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 145,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 17,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 33,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

13121130 758871 090211.0

623452 10-18-16

2016.05000 HILLTOP ARTISTS IN RESIDE 090211.1

Name of organization

Employer identification number

91-1667476

HILLTOP ARTISTS IN RESIDENCE

Part I	Contributors (See instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$32,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
623452 10-18-	-16	Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

8 (Form 990, 990-EZ, or 990-F F) (2

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13121130 758871 090211.0

Page 3

Employer identification number

91-1667476

HILLTOP ARTISTS IN RESIDENCE

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	

24

13121130 758871 090211.0

Name of org	ganization		Employer identification number
HTT.T.T.	OP ARTISTS IN RESIDENCE		91-1667476
Part III		ibutions to organizations described	in section 501(c)(7), (8), or (10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) \$
(a) No.	Use duplicate copies of Part III if additionation		
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
Γ			
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
F		(e) Transfer of git	ft
F	Transferee's name, address, ar		Relationship of transferor to transferee
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) r urbose of girt		
ŀ		(e) Transfer of gif	
ŀ	Transferee's name, address, a	nd ZI P + 4	Relationship of transferor to transferee
(a) No.			
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Ļ			
		(e) Transfer of gif	ft
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
Γ			

25

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

13121130 758871 090211.0

SC	HEDULE D		Supplement	tal Financial Stat	ements			UNIB NO. 1	545-0047
	m 990)	_	Complete if the or	ganization answered "Yes" o	on Form 990,			20	16
Denart	ment of the Treasury	Р	art IV, line 6, 7, 8, 9, [.]	IŎ, 11a, 11b, 11c, 11d, 11e, 11 ▶ Attach to Form 990.	If, 12a, or 12b.				o Public
	I Revenue Service	Information	about Schedule D (F	orm 990) and its instructions	is at <u>www.irs.gov</u>	/form99	0.	Inspect	tion
Nam	e of the organization					Em		lentificatio	
De			P ARTISTS I					-16674	
Pa			-	ed Funds or Other Simi	iar Funds of A	ccour	its. Co	omplete if t	he
	organization	answered "Yes"	on Form 990, Part IV,		ndo	(h) [therees	unto
				(a) Donor advised fu	nus	(b) Fui	ius anu u	other acco	unis
1									
2			during year)						
3			ng year)						
4									
5	-			n writing that the assets held in			Г	_	—
_				s exclusive legal control?			L	Yes	N
6	Did the organization	n inform all grante			unde ean he ueed.	only			
				advisors in writing that grant f					
				or donor advisor, or for any ot			_		
Pai 1	for charitable purp impermissible priva rt II Conserva Purpose(s) of cons Preservation	bess and not for the te benefit? Ation Easement ervation easement of land for public	ne benefit of the donor nts. Complete if the o	or donor advisor, or for any othorganization answered "Yes" or ition (check all that apply). reducation)	her purpose confern n Form 990, Part IV ation of a historical	rring /, line 7 ly impor	rtant lanc		<u>N</u>
	for charitable purp impermissible priva rt II Conserva Purpose(s) of cons Preservation Protection o Preservation	bases and not for the te benefit? ation Easement ervation easement of land for public natural habitat of open space	ne benefit of the donor nts. Complete if the o ts held by the organiza use (e.g., recreation or	or donor advisor, or for any othorganization answered "Yes" or ition (check all that apply). reducation)	her purpose confernment n Form 990, Part IV ation of a historical ation of a certified h	rring /, line 7 ly impor historic	rtant lanc structure	d area	
1	for charitable purp impermissible priva rt II Conserva Purpose(s) of cons Preservation Protection o Preservation	beses and not for the te benefit? thion Easement of land for public natural habitat of open space through 2d if the c	ne benefit of the donor nts. Complete if the o ts held by the organiza use (e.g., recreation or	or donor advisor, or for any other organization answered "Yes" or tition (check all that apply). education) Preserva Preserva	her purpose confernment n Form 990, Part IV ation of a historical ation of a certified h	rring /, line 7 ly impor historic	rtant lanc structure tion ease	d area	he last
1	for charitable purp impermissible prive rt II Conserver Purpose(s) of cons Preservation Protection of Preservation Complete lines 2a	beses and not for the te benefit? ation Easement of land for public natural habitat of open space through 2d if the c	ne benefit of the donor nts. Complete if the o ts held by the organiza- use (e.g., recreation or organization held a qua	or donor advisor, or for any other organization answered "Yes" or tition (check all that apply). education) Preserva Preserva	her purpose confer n Form 990, Part IV ation of a historical ation of a certified H n in the form of a certified H	rring /, line 7 ly impor historic	rtant lanc structure tion ease	d area	he last
1	for charitable purp impermissible priva rt II Conservation Purpose(s) of cons Preservation Protection o Preservation Complete lines 2a day of the tax year Total number of co Total acreage restr	bess and not for the te benefit? ation Easement of land for public natural habitat of open space through 2d if the conservation easement cted by conservat	ne benefit of the donor nts. Complete if the o ts held by the organiza- use (e.g., recreation or organization held a qua- ents tion easements	or donor advisor, or for any ot organization answered "Yes" or tion (check all that apply). education) Preserva Preserva	her purpose confer n Form 990, Part IV ation of a historical ation of a certified h n in the form of a co	rring /, line 7 ly impor nistoric onserva 2a 2b	rtant lanc structure tion ease	d area	he last
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1 2 b c d	for charitable purp impermissible priva rt II Conservation Purpose(s) of conservation Preservation o Preservation Complete lines 2a day of the tax year Total number of conserv Number of conserv listed in the Nation Number of conserv year	ses and not for the te benefit? ation Easement ervation easement of land for public natural habitat of open space through 2d if the conservation easements of ation easements in al Register	ne benefit of the donor nts. Complete if the of ts held by the organiza- use (e.g., recreation of organization held a qua- ents tion easements on a certified historic s ncluded in (c) acquired	or donor advisor, or for any other organization answered "Yes" of tion (check all that apply). education) Preserva Preserva alified conservation contribution tructure included in (a) d after 8/17/06, and not on a hi released, extinguished, or termi	her purpose confer n Form 990, Part IV ation of a historical ation of a certified h n in the form of a co storic structure	rring /, line 7. ly impor nistoric onserva 2a 2b 2c 2d	tant lanc structure tion ease Held at t	d area	he last
1 2 b c d 3	for charitable purp impermissible priva rt II Conservation Purpose(s) of conservation Preservation Preservation Omplete lines 2a day of the tax year Total number of conservation Number of conservation	ses and not for the te benefit? ation Easement of land for public natural habitat of open space through 2d if the conservation easements ation easements in al Register	ne benefit of the donor nts. Complete if the of ts held by the organization of organization held a qua- ents	or donor advisor, or for any other organization answered "Yes" of tion (check all that apply). education) Preserva Preserva alified conservation contribution tructure included in (a) d after 8/17/06, and not on a hi released, extinguished, or termi	her purpose confer	rring /, line 7. ly impor nistoric onserva 2a 2b 2c 2d	tant lanc structure tion ease Held at t	d area	he last
1 2 b c d 3 4	for charitable purp impermissible prive t II Conserver Purpose(s) of conserver Preservation Protection or Preservation Complete lines 2a day of the tax year Total number of conserver Number of conserver Number of conserver listed in the Nation Number of conserver year Number of states of Does the organization	beses and not for the te benefit? ation Easement of land for public natural habitat of open space chrough 2d if the con- inservation easements in ation easements in ation easements in there property sub- ion have a written	ne benefit of the donor nts. Complete if the of ts held by the organization of organization held a qua- ents	or donor advisor, or for any other organization answered "Yes" or tion (check all that apply). education) Preserva Preserva alified conservation contribution tructure included in (a) d after 8/17/06, and not on a hi released, extinguished, or termi asement is located eriodic monitoring, inspection,	her purpose confer	rring /, line 7, ly impor historic onserva 2a 2b 2c 2d hization	tion ease Held at t	d area	he last
1 2 b c d 3 4	for charitable purp impermissible prive tt II Conserver Purpose(s) of conserver Preservation Protection or Preservation Complete lines 2a day of the tax year Total number of conserver Number of conserver Number of conserver listed in the Nation Number of conserver year Number of states we Does the organization violations, and enford	beses and not for the te benefit? ation Easement of land for public natural habitat of open space through 2d if the conservat ation easements in al Register	ne benefit of the donor nts. Complete if the of ts held by the organiza- use (e.g., recreation of organization held a qua- ents tion easements on a certified historic s ncluded in (c) acquired modified, transferred, r oject to conservation e policy regarding the p onservation easements	or donor advisor, or for any other organization answered "Yes" or tion (check all that apply). education) Preserva Preserva alified conservation contribution tructure included in (a) d after 8/17/06, and not on a hi released, extinguished, or termi asement is located eriodic monitoring, inspection,	her purpose confer	rring /, line 7 ly impor nistoric onserva 2a 2b 2c 2d nization	tant lanc structure tion ease Held at t	d area	he last he Tax Yea
1 2 d c d 3 4 5	for charitable purp impermissible prive tt II Conserver Purpose(s) of conserver Preservation Protection or Preservation Complete lines 2a day of the tax year Total number of conserver Number of conserver Number of conserver listed in the Nation Number of conserver year Number of states we Does the organization violations, and enford	beses and not for the te benefit? ation Easement of land for public natural habitat of open space through 2d if the conservat ation easements in al Register	ne benefit of the donor nts. Complete if the of ts held by the organiza- use (e.g., recreation of organization held a qua- ents tion easements on a certified historic s ncluded in (c) acquired modified, transferred, r oject to conservation e policy regarding the p onservation easements	or donor advisor, or for any other organization answered "Yes" or ition (check all that apply). reducation) Preserva Preserva alified conservation contribution tructure included in (a) d after 8/17/06, and not on a hi released, extinguished, or terminal asement is located eriodic monitoring, inspection, it holds?	her purpose confer <u>n Form 990, Part IV</u> ation of a historical ation of a certified h in the form of a con- storic structure nated by the organ handling of	rring /, line 7 ly impor nistoric onserva 2a 2b 2c 2d nization	tant lanc structure tion ease Held at t	d area	he last he Tax Yea
1 2 d d 3 4 5	for charitable purp impermissible prive rt II Conserver Purpose(s) of conserver Preservation Protection or Preservation Complete lines 2a day of the tax year Total number of conserver Number of conserver Number of conserver listed in the Nation Number of conserver year Number of states ver Does the organization Staff and volunteer	beses and not for the te benefit? ation Easement of land for public natural habitat of open space through 2d if the conservation easements of ation easements of ation easements of ation easements of the property sub- ion have a written procement of the con- hours devoted to	ne benefit of the donor nts. Complete if the of ts held by the organiza- use (e.g., recreation of organization held a qua- ents tion easements on a certified historic s ncluded in (c) acquired modified, transferred, r oject to conservation e policy regarding the p onservation easements monitoring, inspecting	or donor advisor, or for any other organization answered "Yes" or ition (check all that apply). reducation) Preserva Preserva alified conservation contribution tructure included in (a) d after 8/17/06, and not on a hi released, extinguished, or terminal asement is located eriodic monitoring, inspection, it holds?	her purpose confer	rring /, line 7 ly impor nistoric onserva 2a 2b 2c 2d nization	tion ease Held at t	a area	he last he Tax Yea

9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for
	conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.
h	If the examination elected as permitted under SEAS 116 (ASC 059) to report in its revenue statement and belance sheet works of art historical

b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bal	ance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public servi	ice, provide the following amounts
	relating to these items:	
	(i) Devery included on Form 000 Devi //III line 1	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2016
b	Assets included in Form 990, Part X		\$
а	Revenue included on Form 990, Part VIII, line 1		\$
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, prov	vid	e
	(ii) Assets included in Form 990, Part X		\$
	(I) Revenue included on Form 990, Part VIII, line 1		\$

632051 08-29-16

Sche		ARTISTS I						91-16	6747	5 Р	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar	Assets	contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, checł	k any of the f	following that	t are a sig	nificant u	se of its c	ollection	items	6
	(check all that apply):										
а	Public exhibition	(L k	Loan or exc	hange progra	ams					
b	Scholarly research	e	e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical treas	sures, or othe	er similar :	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the	e organizatio	n answered '	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	s or other as	sets not ir	ncluded		_		_
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21, for	escrow or cu	ustodial acco	unt liabilit	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	if the organization ar	nswered	"Yes" on Fo					1		
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1 a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organization	ation tha	at are held ar	nd administer	red for the	e organiza	tion	r		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of thet VILand, Buildings, and Equipm		wment 1	funds.							
Fai											
	Complete if the organization answered								()) =		
	Description of property	(a) Cost or o			t or other	.,	cumulate	d	(d) Boo	k valu	е
	Land	basis (investi	nenty	Dasis	(other)	uep	preciation				
	Land										
	Buildings										
	Leasehold improvements			27	6,815.	1	.21,85	3	1 ⊑	1 0	62.
	Equipment			<u> </u>	0,010.		.41,03	•••	TO	±,9	04.
	Other		. ·		0)				1 5	1 0	62.
Total	. Add lines 1a through 1e. (Column (d) must e	guai ⊢orm 990, Part	X, Colur	пп (В), Iine 1	UC.)			Soho dui-			
								Schedule	ы (гогп	1 330)	2010

Schedule D (Form 990) 2016 HILLTOP ARTISTS IN RESIDEN	CE
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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

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Sche	dule D (Form 990) 2016 HILLTOP ARTISTS IN RESI	DENCE	91-1667476 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	· · · · · · · · · · · · · · · · · · ·	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	-	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3 <u>.</u>)	
Pa	rt XIII Supplemental Information.		

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

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SCHEDULE G	lemental Infor	mation Regarding	Fund	Iraisi	ng or Gaming A	ctiv		OMB No. 1545-0047
(Form 990 or 990-F7)	e if the organizati	on answered "Yes" on	Form	990, F	Part IV, line 17, 18, o			2016
Department of the Treasury	organization	entered more than \$15 Attach to Form 990						Open to Public
Internal Revenue Service Inform	ation about Schedu	le G (Form 990 or 990-EZ)	and its	instru	ctions is at <u>www.irs.g</u>	iov/fc		Inspection entification number
HILL		TS IN RESIDE					91-166	7476
Part I Fundraising Activ required to complete th	ities. Complete i iis part.	f the organization answe	ered "Y	es" or	n Form 990, Part IV, li	ine 1	7. Form 990-E	Z filers are not
 Indicate whether the organizations Mail solicitations Internet and email solicit Phone solicitations In-person solicitations In-person solicitations Did the organization have a wirkey employees listed in Form 5 If "Yes," list the 10 highest pair compensated at least \$5,000 https://documents.com/dimensional 	tations itten or oral agreer 990, Part VII) or en d individuals or en	e Solicita f Solicita g Special ment with any individual tity in connection with p tities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?	-	Ye	
(i) Name and address of individu or entity (fundraiser)	al	(ii) Activity	fùndr have c	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser :ed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				1
Total								
3 List all states in which the orga or licensing.	nization is registere	ed or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from r	egistration
LHA For Paperwork Reduction Ac	t Notice, see the	Instructions for Form 9	990 or	990-E	Z. S	Schee	dule G (Form	990 or 990-EZ) 2016

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 Schedule G (Form 990 or 990-EZ) 2016 HILLTOP ARTISTS IN RESIDENCE
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 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 ANNUAL LUNCHEON	(b) Event #2 GARDEN GATHER	(c) Other events NONE	(d) Total events (add col. (a) through		
			(event type)	(event type)	(total number)	col. (c))		
Hevenue	1	Gross receipts	110,970.	5,074.		116,044		
	2	Less: Contributions	87,465.	1,594.		89,059		
	3	Gross income (line 1 minus line 2)	23,505.	3,480.		26,985		
	4	Cash prizes						
ر م	5	Noncash prizes						
bense	6	Rent/facility costs	5,204.			5,204		
Uirect Expenses	7	Food and beverages	12,750.	875.		13,625		
키	8	Entertainment						
	9	Other direct expenses		932.		9,241		
	-	Direct expense summary. Add lines 4 through		I	•	28,070		
	11	Net income summary. Subtract line 10 from li			•	-1,085		
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c		
-	1	Gross revenue						
ses	2	Cash prizes						
Uirect Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes %	└── Yes % └── No	Yes % No			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
	Ent	er the state(s) in which the organization condu	uto aomina optivitioo:					
		he organization licensed to conduct gaming ac		states?		Yes No		
	lf "	No," explain:						
а								
a b)a	We	re any of the organization's gaming licenses re Yes." explain:			ear?	Yes No		
a b	We	re any of the organization's gaming licenses re Yes," explain:			ear?	Yes N		

Sch	edule G (Form 990 or 990-EZ) 2016 HILLTOP ARTISTS IN RESIDENCE	91-1667476	5 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
a	I The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	3:	
	Name		
	Address 🕨		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
٢	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	unt	
	of gaming revenue retained by the third party \triangleright \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a	I is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	No No
	retain the state gaming license?		
C	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year	the	
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and (v); and (v); and (v); and (v); and (v)	art III, lines 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
_			
6320		G (Form 990 or 99	0-EZ) 2016
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Part IV	Supplemental Information (continue	d)	
			Schedule G (Form 990 or 990-EZ)

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O 16 (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. Open to Public Attach to Form 990 or 990-EZ. Department of the Treasury Inspection Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Internal Revenue Service Employer identification number Name of the organization 91-1667476 HILLTOP ARTISTS IN RESIDENCE FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INSTRUCTION FOR OVER 500 STUDENTS EACH YEAR. THROUGH THE PROGRAM YOUNG PEOPLE HAVE AN OPPORTUNITY TO LEARN THE ART OF GLASS BLOWING, MOSAICS, FUSED GLASS, AND BEADWORK. HILLTOP SERVES A DIVERSE GROUP OF YOUTH AND IS ESPECIALLY EFFECTIVE WITH YOUNG PEOPLE WHO ARE SEARCHING FOR WAYS TO CONNECT AND BELONG. HILLTOP ALSO DOES SPECIFIC OUTREACH IN COMMUNITIES THAT ARE DEALING WITH HIGH RISK FACTORS RELATED TO POVERTY, NEGLECT, HOMELESSNESS, SUBSTANCE ABUSE, AND VIOLENCE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SERVES A DIVERSE GROUP OF YOUTH AND IS ESPECIALLY EFFECTIVE WITH YOUNG PEOPLE WHO ARE SEARCHING FOR WAYS TO CONNECT AND BELONG. HILLTOP ALSO DOES SPECIFIC OUTREACH IN COMMUNITIES THAT ARE DEALING WITH HIGH RISK FACTORS RELATED TO POVERTY, NEGLECT, HOMELESSNESS, SUBSTANCE ABUSE, AND VIOLENCE.

FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD HIRED A CPA FIRM TO DRAFT THE FORM 990. THE BOARD REVIEWS THE FORM 990 PRIOR TO SUBMISSION. UPON APPROVAL OF THE BOARD, THE FORM 990 IS AUTHORIZED TO BE SIGNED BY THE EXECUTIVE DIRECTOR AND IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL MEMBERS OF THE BOARD OF TRUSTEES AND KEY STAFF OF HILLTOP ARTISTS IN

RESIDENCE SIGN A STATEMENT OF CONFLICT OF INTEREST DISCLOSURE ANNUALLY.

THE HILLTOP ARTISTS IN RESIDENCE'S GOVERNANCE COMMITTEE MONITORS AND

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ENFORCES THE CONFLICT OF INTEREST POLICY ON AN ONGOING BASIS.					
FORM 990, PART VI, SECTION B, LINE 15:					
TOP MANAGEMENT - THE FINANCE COMMITTEE USED 990 DATA AND SALARY SURVEYS TO					
DETERMINE A SALARY LEVEL AND RECOMMENDED THIS LEVEL TO THE FULL BOARD FOR					
APPROVAL. THE BOARD APPROVED THE SALARY LEVEL.					
OFFICERS AND KEY EMPLOYEES - THE EXECUTIVE DIRECTOR RESEARCHES DATA, SUCH					
AS SALARY SURVEYS AND 990 INFORMATION, MAKES RECOMMENDATIONS TO THE FINANCE					
COMMITTEE FOR COMPENSATION OF KEY POSITIONS. THE FINANCE COMMITTEE					
APPROVES A SALARY RANGE AND AUTHORIZES THE EXECUTIVE DIRECTOR TO NEGOTIATE					
WITH CANDIDATES WITHIN THE SALARY RANGE.					

FORM 990, PART VI, SECTION C, LINE 19:

HILLTOP ARTISTS IN RESIDENCE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON AN AS-REQUESTED BASIS.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

HILLTOP ARTISTS IN RESIDENCE