

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2000 calendar year, OR tax year period beginning **JUL 1, 2000** and ending **JUN 30, 2001**

B Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (use also for state reporting)	Please use IRS label or print or type. See Specific Instructions.	C Name of organization HILL HOUSE INC.		D Employer identification number 04-6141765
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 74 JOY STREET		E Telephone number 617-227-1922
		City or town, state or country, and ZIP BOSTON, MA 02114		F Check <input type="checkbox"/> if application pending

G Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 527
 OR 4947(a)(1)

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

J Accounting method Cash Accrual Other (specify) ▶

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H (H and I are not applicable to section 527 orgs.)
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? N/A Yes No (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit group exemption no. (GEN) ▶
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a	654481.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 654481. noncash \$ _____)	1d		654481.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		193928.
	4 Interest on savings and temporary cash investments	4		25938.
	5 Dividends and interest from securities	5		
	6 a Gross rents See Statement 1	6a	107164.	
	b Less rental expenses See Statement 2	6b	121167.	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		-14003.
7 Other investment income (describe _____)	7			
a Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
b Less cost of the basis and sales expenses	8a			
c Gain or (loss) (attach schedule)	8b			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
8d				
9 Special events and activities (attach schedule)				
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b Less direct expenses other than fundraising expenses	9b	5708.		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		-5708.	
10 a Gross sales of inventory, less returns and allowances	10a			
b Less cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		854636.	
Expenses	13 Program services (from line 44, column (B))	13	100067.	
	14 Management and general (from line 44, column (C))	14	184056.	
	15 Fundraising (from line 44, column (D))	15	23391.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17		307514.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	547122.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	987167.	
	20 Other changes in net assets or fund balances (attach explanation)	20	0.	
	21 Net assets or fund balances at end of year (combine lines 18, 19 and 20)	21		1534289.

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

* Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	0.	0.	0.	0.
26	Other salaries and wages	77384.		77384.	
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes	6370.		6370.	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	52466.	32733.	11475.	8258.
34	Telephone	7748.		7748.	
35	Postage and shipping	4323.	73.	3917.	333.
36	Occupancy	670.		670.	
37	Equipment rental and maintenance	1344.		1344.	
38	Printing and publications	14597.	550.	11564.	2483.
39	Travel	8855.	3780.	5075.	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	23840.	1187.	22653.	
43	Other expenses (itemize)				
a					
b					
c					
d					
e	See Statement 3	109917.	61744.	35856.	12317.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	307514.	100067.	184056.	23391.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ (ii) the amount allocated to Program services \$ _____ (iii) the amount allocated to Management and general \$ _____ and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? See Statement 4		Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	PROVIDED RECREATIONAL ACTIVITIES FOR OVER 160 YOUNGSTERS OF BEACON HILL & SURROUNDING AREAS. ALSO USED FACILITIES AT HILL HOUSE FOR RECREATIONAL AND EDUCATIONAL PURPOSES. (Grants and allocations \$ _____)	100067.
b	_____ (Grants and allocations \$ _____)	
c	_____ (Grants and allocations \$ _____)	
d	_____ (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	100067.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	56030.	45	
	46 Savings and temporary cash investments	685834.	46	107026.
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a 1853198.			
b Less accumulated depreciation	57b 135449.	161176.	57c	1717749.
58 Other assets (describe ▶ DEFERRED COSTS)		84127.	58	9514.
59 Total assets (add lines 45 through 58) (must equal line 74)		987167.	59	1834289.
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable Stmt 5		64b	300000.
65 Other liabilities (describe ▶)		65		
66 Total liabilities (add lines 60 through 65)		0.	66	300000.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	421888.	67	1519151.
	68 Temporarily restricted	565279.	68	15138.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		987167.	73	1534289.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		987167.	74	1834289.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Part VI Other Information		N/A	Yes	No	
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity			X	
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes			X	
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A			
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			X	
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			X	
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt				
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0.		
b	Did the organization file Form 1120-POL for this year?	81b		X	
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X		
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b			
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?				
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year				
c	Dues, assessments, and similar amounts from members	85c	N/A		
d	Section 162(e) lobbying and political expenditures	85d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g			
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h			
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X	
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 _____ 0., section 4912 _____ 0., section 4955 _____ 0.				
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X	
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.		
90 a	List the states with which a copy of this return is filed		MASSACHUSETTS		
b	Number of employees employed in the pay period that includes March 12, 2000	90b		2	
91	The books are in care of		TREASURER	Telephone no	(617) 227-5838
	Located at		74 JOY ST., BOSTON, MA	ZIP code	02114
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A	

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					193928.
95 Interest on savings and temporary cash investments			14	25938.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property			16	-14003.	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					-5708.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		11935.	188220.
105 Total (add line 104, columns (B), (D), and (E))					200155.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	See Statement 8

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Accompanying schedules and statements, and to the best of my knowledge and belief it is true, information of which preparer has any knowledge (Important: See General Instruction M.)

5/14/06 John Natch, President

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

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

OMB No 1545-0047

2000

Name of the organization **HILL HOUSE INC.**

Employer identification number
04 6141765

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MATTHEW EDGERLY ----- 88 MT VERNON ST, BOSTON, MA, 02108	EXEC DIR 40/WK	50096.		

Total number of other employees paid over \$50,000 ▶	0			

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
JAMES MCNEELY, AIA ----- BOSTON, MA	ARCHITECTURE	55782.

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?</p> <p>If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1	X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner or principal beneficiary</p> <p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p>e Transfer of any part of its income or assets?</p> <p>If the answer to any question is "Yes," attach a detailed statement explaining the transactions</p>	2e	X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc ?</p>	3	X
<p>4 a Do you have a section 403(b) annuity plan for your employees?</p>	4a	X
<p>b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)</p>		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	226079.	566373.	59256.	54409.	906117.
16 Membership fees received	143718.	85484.	91071.	90738.	411011.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	33929.	10822.	4289.	5057.	54097.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization a benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	720.	2476.	1103.	4248.	8547.
23 Total of lines 15 through 22	404446.	665155.	155719.	154452.	1379772.
24 Line 23 minus line 17	404446.	665155.	155719.	154452.	1379772.
25 Enter 1% of line 23	4044.	6652.	1557.	1545.	
26 Organizations described on lines 10 or 11					
a Enter 2% of amount in column (e), line 24					26a N/A
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c N/A
d Add Amounts from column (e) for lines 18 _____ 19 _____					26d N/A
22 _____ 26b _____					26e N/A
e Public support (line 26c minus line 26d total)					26f N/A %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year (1999) _____ (1998) _____ (1997) _____ (1996) _____	31261.	166746.	27895.	25444.	
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5 000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (1999) _____ (1998) _____ (1997) _____ (1996) _____	0.	0.	0.	0.	
c Add Amounts from column (e) for lines 15 _____ 16 _____	906117.	411011.			27c 1317128.
17 _____ 20 _____ 21 _____	251346.	0.			27d 251346.
d Add Line 27a total _____ and line 27b total _____					27e 1065782.
e Public support (line 27c total minus line 27d total)					27f 1379772.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27g 77.2433%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 3.9207%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 (See page 5 of the Instructions)

None

Part V Private School Questionnaire

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
<hr/>			
<hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here If the organization belongs to an affiliated group
- Check here If you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		
Caution If there is an amount on either line 43 or line 44, you must file Form 4720			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 9 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

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

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

Yes	No	Amount
		0.

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

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of organization
HILL HOUSE INC.

Employer identification number
04-6141765

Organization type (check one)-Section 501(c)(3) (enter number) 527 or 4947(e)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose **\$**

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule Unless the organization is covered by one of the special rules below it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

HILL HOUSE INC.

04-6141765

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 100000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
2		\$ 100000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
3		\$ 25887.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
4		\$ 15000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
5		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
6		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

12 55 PM
05/07/02
Accrual Basis

Hill House, Inc.

Income by Customer Summary

July 1999 through June 2000

Jul '99 - Jun 00

	85 00
	260 00
	90 00
*	* 80 00
	175 00
	150 00
	830 00
	90 00
	825 00
	325 00
	500 00
	175 00
	255 00
	85 00
	155 00
	190 00
	250 00
	365 00
	405 00
	250 00
	280 00
	210 00
	350 00
	20 00
	90 00
	-18 50
	90 00
	395 00
	180 00
	80 00
	500 00
	500 00
	250 00
	90 00
	100 00
	75 00
	90 00
	260 00
*	* 1 245 00
	75 00
	100 00
	85 00
	155 00
	510 00
	225 00
*	* 735 00
	90 00
	195 00
	560 00
	40 00
	90 00
	300 00
	75 00
	40 00
	650 00
	250 00
	100 00
	130 00
	260 00
	235 00
	195 00
	565 00
	250 00
	110 00
*	* 1,435 00
	90 00

Total 1

amt Σ * 31,261

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05/07/02
Accrual Basis

Hill House, Inc.

Income by Customer Summary

July 1999 through June 2000

Jul '99 - Jun 00

	180 00
	470 00
	565 00
	-3 034 75
	250 00
	500 00
	125 00
	300 00
	140 00
	1 035 00
	1,000 00
	70 00
	85 00
	7,020 00
	320 00
	1,000 00
	380 00
	150 00
	40 00
	80 00
	150 00
	116 67
	175 00
	750 00
	505 00
	155 00
	325 00
✓	* 820 00
	160 00
✓	* 5,985 00
	730 00
	125 00
	550 00
	440 00
	180 00
	155 00
	180 00
	0 00
	115 00
✓	* 60 00
	450 00
	325 00
	150 00
	150 00
	135 00
	90 00
	645 00
	560 00
	640 00
	235 00
	65 00
	1,160 00
	250 00
	155 00
	240 00
	100 00
	300 00
	425 00
	90 00
	150 00
✓	* 1,895 00
	75 00
	190 00
	100 00
	1,370 00
	115 00

12 55 PM
05/07/02
Accrual Basis

Hill House, Inc.
Income by Customer Summary
July 1999 through June 2000

Jul '99 - Jun 00

40 00
150 00
545 00
1,215 00
400 00
210 00
695 00
100 00
850 00
525 00
115 00
75 00
520 00
40 00
0 00
1,335 00
355 00
960 00
200 00
595 00
190 00
125 00
220 00
270 00
215 00
90 00
40 00
100 00
2 550 00
150 00
-45 00
375 00
285 00
90 00
90 00
25 00
745 00
75 00
395 00
50 00
75 00
315 00
125 00
* 220 00
660 00
150 00
-142 00
220 00
610 00
100 00
90 00
130 00
190 00
310 00
290 00
490 00
* 610 00
190 00
185 00
75 00
90 00
75 00
80 00
230 00
345 00
750 00

*

*

*

12 55 PM
05/07/02
Accrual Basis

Hill House, Inc. Income by Customer Summary July 1999 through June 2000

'ul '99 - Jun 00

25 00
125 00
1,000 00
95 00
120 00
185 00
1,000 00
750 00
250 00
330 00
240 00
155 00
230 00
305 00
40 00
585 00
300 00
345 00
215 00
110 00
250 00
105 00
345 00
75 00
130 00
160 00
240 00
155 00
90 00
745 00
230 00
273 00
40 00
85 00
385 00
320 00
380 00
135 00
175 00
20 00
1,000 00
525 00
20 00
275 00
120 00
445 00
* 290 00
* 350 00
230 00
90 00
415 00
275 00
200 00
20 00
200 00
190 00
20 00
275 00
100 00
1,335 00
205 00
135 00
220 00
560 00
675 00
150 00

12 55 PM
05/07/02
Accrual Basis

Hill House, Inc.
Income by Customer Summary
July 1999 through June 2000

Jul '99 - Jun 00

80 00
615 00
345 00
670 00
-115 00
500 00
365 00
95 00
65 00
55 00
295 00
2,000 00
90 00
415 00
685 00
230 00
275 00
75 00
130 00
150 00
235 00
250 00
80 00
285 00
100 00
715 00
455 00
145 00
90 00
45 00
325 00
430 00
150 00
150 00
500 00
180 00
250 00
-175 00
250 00
20 00
80 00
1 420 00
440 00
350 00
255 00
100 00
140 00
20 00
225 00
85 00
435 00
500 00
90 00
260 00
160 00
540 00
40 00
125 00
315 00
85 00
270 00
320 00
1,285 00
* 415 00
190 00
90 00

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05/07/02
Accrual Basis

Hill House, Inc.
Income by Customer Summary
July 1999 through June 2000

Jul '99 - Jun 00

	90 00
	90 00
	75 00
	2,060 00
	500 00
	195 00
	195 00
	80 00
	20 00
	25 00
	615 00
	40 00
	25 00
	100 00
	75 00
	125 00
	1 495 00
	75 00
	65 00
*	885 00
	292 01
	545 00
	65 00
	80 00
	90 00
	870 00
	210 00
	75 00
	445 00
	180 00
	150 00
	230 00
	270 00
	595 00
	25 00
	45 00
	485 00
	225 00
	260 00
	285 00
	85 00
	1,705 00
	0 00
	640 00
	400 00
	125 00
	90 00
	165 00
*	* 1,150 00
	250 00
	80 00
	50 00
	175 00
	40 00
	1,235 00
	100 00
	500 00
	640 00
	75 00
	400 00
	310 00
	215 00
	100 00
	155 00
	125 00
	250 00

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05/07/02
Accrual Basis

Hill House, Inc.
Income by Customer Summary
July 1999 through June 2000

Jul '99 - Jun 00

270 00
180 00
75 00
170 00
165 00
80 00
225 00
400 00
400 00
200 00
90 00
125 00
* 275 00
620 00
155 00
480 00
525 00
6,000 00
20 00
350 00
130 00
90 00
95 00
350 00
75 00
7,512 00
170 00
180 00
200 00
90 00
90 00
1,000 00
1,055 00
45 00
70 00
40 00
790 00
375 00
20 00
290 00
140 00
90 00
165 00
150 00
80 00
325 00
620 00
* 2,915 00
340 00
330 00
150 00
175 00
90 00
2,075 00
150 00
175 00
250 00
290 00
2,250 00
150 00
165 00
250 00
75 00
150 00
440 00
190 00

12 55 PM
05/07/02
Accrual Basis

Hill House, Inc.
Income by Customer Summary
July 1999 through June 2000

	<u>Jul '99 - Jun 00</u>
	110 00
*	* 1,920 00
	75 00
	1,125 00
	1,065 00
	735 00
	250 00
	305 00
	0 00
	110 00
	555 00
	500 00
	75 00
	200 00
	225 00
	1 560 00
	350 00
*	* 1,885 00
	125 00
	335 00
	45 00
	75 00
	10 00
	75 00
	70 00
	70 00
	477 00
	255 00
	325 00
	100 00
	230 00
	75 00
	135 00
	300 00
	125 00
	230 00
	1 00
	250 00
	195 00
	430 00
	610 00
	75 00
	40 00
	500 00
	760 00
	500 00
	505 00
	405 00
	90 00
	2,000 00
	-31 20
	255 00
	165 00
	-737 50
	100 00
	10 00
	425 00
	160 00
	125 00
	1,005 00
	190 00
	90 00
	315 00
	125 00
	-75 00

12 55 PM

05/07/02

Accrual Basis

Hill House, Inc.
Income by Customer Summary
 July 1999 through June 2000

Jul '99 - Jun 00

245 00
 700 00
 195 00
 45 00
 100 00
 150 00
 50 00
 45 00
 545 00
 245 00
 100 00
 440 00
 290 00
 -110 00
 565 00
 20 00
 125 00
 350 00
 205 00
 740 00
 361 11
 185 00
 425 00
 950 00
 90 00
 45 00
 75 00
 360 00
 200 00
 465 00
 90 00
 115 00
 -295 00
 155 00
 325 00
 485 00
 155 00
 140 00
 150 00
 * 1 730 00
 720 00
 1,000 00
 125 00
 250 00
 795 00
 75 00
 870 00
 90 00
 125 00
 150 00
 85 00
 450 00
 150 00
 150 00
 300 00
 355 00
 315 00
 140 00
 320 00
 75 00
 75 00
 255 00
 125 00
 295 00
 1,058 00
 -466 20

*

*

12 55 PM
05/07/02
Accrual Basis

Hill House, Inc.
Income by Customer Summary
July 1999 through June 2000

	<u>Jul '99 - Jun 00</u>
	250 00
*	* 1,060 00
	190 00
	818 98
	65 00
	75 00
	250 00
	40 00
	465 00
	1,005 00
	225 00
	20 00
	180 00
	165 00
	75 00
	180 00
	50 00
	405 00
	230 00
	300 00
A	* 340 00
	450 00
	150 00
	75 00
*	* -247 25
	150 00
	180 00
	265 00
	250 00
	75 00
	90 00
	150 00
	135 00
	585 00
	50 00
	915 00
	340 00
	1,895 00
	750 00
	1,275 00
	1,260 00
	390 00
	180 00
	100 00
	150 00
	270 00
	130 00
	560 00
	250 00
	90 00
	90 00
	35 00
	1,350 00
	180 00
	1,220 00
	1,330 00
	150 00
	165 00
	350 00
	125 00
	610 00
	75 00
	175 00
	195 00
	295 00
	355 00

12 55 PM
05/07/02
Accrual Basis

Hill House, Inc.
Income by Customer Summary
July 1999 through June 2000

	<u>Jul '99 - Jun 00</u>
	325 00
	150 00
	325 00
TOTAL	<u><u>233,728 35</u></u>

*
*

* 2,500
* 3,000

Form 990 Statement of Organization's Primary Exempt Purpose Statement 4
Part III

Explanation

PROVISION OF EDUCATIONAL, SOCIAL AND WELFARE FACILITIES AND PROGRAMS FOR THE BENEFIT OF RESIDENTS OF BEACON HILL AND SURROUNDING AREAS.

Form 990 Mortgages Payable Statement 5

<u>Description</u>	<u>Balance Due</u>
BROOKLINE SAVINGS BANK	300000.
Total included on Form 990, Part IV, line 64b, Column B	300000.

Form 990 Other Revenue Not Included on Form 990 Statement 6

<u>Description</u>	<u>Amount</u>
EXPENSES DEDUCTED FROM RENTAL INCOME	121167.
EXPENSES DEDUCTED FROM SPECIAL EVENTS	5708.
Total to Form 990, Part IV-A	126875.

Form 990 Other Expenses Not Included on Form 990 Statement 7

<u>Description</u>	<u>Amount</u>
EXPENSES DEDUCTED FROM RENTAL INCOME	121167.
EXPENSES DEDUCTED FROM SPECIAL EVENTS	5708.
Total to Form 990, Part IV-B	126875.

Schedule A Other Income Statement 11

Description	1999 Amount	1998 Amount	1997 Amount	1996 Amount
MISCELANEOUS	720.	2476.	1103.	4248.
Total to Schedule A, line 22	720.	2476.	1103.	4248.

Hill House Board of Directors 2000-2001

Co-Presidents

Sharon Malt
20 West Cedar Street, 02108
H 723-5041 / F 227-2887
Smalt62@aol.com 6656

John Natoli 775
140 Mt. Vernon St., 02108
H 742-6582 / W 743-2166
F 723-9184

Vice President

Howard Speicher
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H 367-4675 / W 589-3829
F 305-3129
hspeicher@davismalm.com

Treasurer

M.L. Cocci
39 Hancock Street, 02114
H 227-8673
Mlc71150@aol.com

Clerk

Mark McCue
282 Beacon Street, 02116
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Mccue@ultranet.com

Executive Director

Matthew Edgerly
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Cynthia Ackerman
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Audit Depreciation Schedule 2001

Date	Property	Method	Life	Cost	Acc Dep 6/30/00	Dep Exp 6/30/01	Acc Dep 6/30/01	NVB 6/30/01	NVB Unaudited Assets	Deprec Unaudited Assets
Equipment - office										
8/14/95	Printer	S/L	3	\$778.00	\$778.00	\$0.00	\$778.00	\$0.00	\$0.00	\$0.00
4/3/97	Computer	S/L	3	\$2,354.00	\$2,354.00	\$0.00	\$2,354.00	\$0.00	\$0.00	\$0.00
12/6/98	Computer	S/L	3	\$2,535.00	\$1,690.00	\$845.00	\$2,535.00	\$0.00	\$0.00	\$0.00
7/16/99	Phone System	S/L	5	\$4,980.00	\$496.00	\$992.00	\$1,488.00	\$3,472.00	\$0.00	\$0.00
7/27/99	Mobile Phone	S/L	3	\$315.00	\$52.50	\$105.00	\$157.50	\$157.50	\$0.00	\$0.00
9/7/99	Palm Planner	S/L	3	\$532.00	\$88.67	\$177.33	\$286.00	\$266.00	\$0.00	\$0.00
10/8/99	Copy Machine	S/L	5	\$2,576.00	\$257.60	\$515.20	\$772.80	\$1,803.20	\$0.00	\$0.00
11/12/99	Stereo	S/L	3	\$438.00	\$73.00	\$146.00	\$219.00	\$219.00	\$0.00	\$0.00
11/19/99	Water Cooler	S/L	3	\$177.00	\$29.50	\$59.00	\$88.50	\$88.50	\$0.00	\$0.00
3/10/00	Lap Top Computer	S/L	3	\$2,034.00	\$339.00	\$678.00	\$1,017.00	\$1,017.00	\$0.00	\$0.00
9/29/00	Computer	S/L	3	\$1,352.27	\$0.00	\$338.07	\$338.07	\$1,014.20	\$0.00	\$0.00
2/1/02	Printer, Headset, Zip Drive	S/L	3	\$1,480.98	\$0.00	\$205.69	\$205.69	\$1,275.29	\$0.00	\$0.00
3/20/01	Chair	S/L	3	\$285.95	\$0.00	\$23.83	\$23.83	\$262.12	\$0.00	\$0.00
6/29/01	Computer Hardware & Software	S/L	3	\$11,548.00	\$0.00	\$320.78	\$320.78	\$11,227.22	\$0.00	\$0.00
	Office Equipment Totals			\$31,366.20	\$8,159.27	\$4,405.90	\$10,564.17	\$20,802.03	\$0.00	\$0.00
Program Equipment										
6/1/96	Pitching Machine	S/L	3	\$2,353.00	\$2,353.00	\$0.00	\$2,353.00	\$0.00	\$0.00	\$0.00
9/10/99	Soccer Goals	S/L	3	\$3,000.00	\$500.00	\$1,000.00	\$1,500.00	\$1,500.00	\$0.00	\$0.00
10/1/99	CD Player, CD's, Instruments	S/L	3	\$561.00	\$93.50	\$187.00	\$280.50	\$280.50	\$0.00	\$0.00
	Program Equipment Totals			\$5,914.00	\$2,946.50	\$1,187.00	\$4,133.50	\$1,780.50	\$0.00	\$0.00

Σ = 14,697.67

Audit Depreciation Schedule 2001

Date	Property - 127 ML Vernon Street	Method	Life	Cost	Acc Dep 6/30/00	Dep Exp 6/30/01	Acc Dep 6/30/01	NVB 6/30/01	NVB Unaudited Assets	Deprec Unaudited Assets
	Land			\$1 00					1 00	
	Building/Improvements									
3&4/01	Closing Costs	S/L	40	\$6,288 00	\$0 00	\$13 10	\$13 10	\$6,274 90		
4/4/01	Title Insurance	S/L	40	\$2,150 00	\$0 00	\$13 44	\$13 44	\$2,136 56		
11/27/00	Loan Appraisal	S/L	40	\$4,000 00	\$0 00	\$8 33	\$8 33	\$3,991 67		
6/18/01	Hardware	S/L	40	\$428 16	\$0 00	\$0 89	\$0 89	\$427 27		
6/30/01	Architecture	S/L	40	\$46,298 93	\$0 00	\$100 62	\$100 62	\$46,196 31		
6/30/01	Construction	S/L	40	\$1,292,924 48	\$0 00	\$2,681 68	\$2,681 68	\$1,290,242 78		
6/30/01	Engineering	S/L	40	\$5,533 17	\$0 00	\$11 53	\$11 53	\$5,521 64		
6/30/00	Deferred Costs	S/L	40	\$77,022 82	\$0 00	\$160 46	\$160 46	\$76,862 36		
	Total Building/Improvements			¹²³ ① \$1,436,644 54	\$0 00	\$2,990 05	\$2,990 05	\$1,433,654 49		
	Blgd Equipment									
6/21 & 6/29/01	Move & Install Phone	S/L	3	\$2,255 00	\$0 00	\$62 64	\$62 64	\$2,192 36		
6/30/01	Kitchen Appliances	S/L	15	\$18,645 00	\$0 00	\$103 58	\$103 58	\$18,541 42		
6/30/01	Dishwasher	S/L	7	\$3,832 00	\$0 00	\$45 62	\$45 62	\$3,786 38		
6/30/01	China & cutlery	S/L	3	\$605 63	\$0 00	\$18 82	\$18 82	\$588 81		
6/30/01	Flag	S/L	3	\$1,350 00	\$0 00	\$37 50	\$37 50	\$1,312 50		
6/30/01	Electronics & shelving	S/L	3	\$6,165 50	\$0 00	\$171 26	\$171 26	\$5,994 24		
6/30/01	12 Stools, 8 Tables	S/L	5	\$2,697 83	\$0 00	\$44 96	\$44 96	\$2,652 87		
	Total			¹²³ ① \$35,550 96	\$0 00	\$482 38	② \$482 38	\$35,068 58	\$0 00	\$0 00

Σ ① = 1,472,195.50
Σ ② = 3,472.43

Audit Depreciation Schedule 2001

Date	Property - 74 Joy Street	Method	Life	Cost	Acc Dep 6/30/00	Dep Exp 6/30/01	Acc Dep 6/30/01	NVB 6/30/01	NVB Unaudited Assets	Deprec Unaudited Assets
	Land			\$37,500.00 PY				37,500.00	37,500.00	
	Building/Improvements									
10/1/65	Building	S/L	40	\$74,657.00	\$84,068.48	\$1,866.43	\$65,934.91	\$8,722.09	\$10,588.52	\$1,866.43
8/31/80	Improvements	S/L	40	\$3,738.00	\$1,894.13	\$93.45	\$1,987.58	\$1,750.42	\$1,750.42	\$93.45
8/31/83	Improvements	S/L	40	\$5,000.00	\$2,167.17	\$125.00	\$2,292.17	\$2,707.83	\$2,707.83	\$125.00
8/31/84	Improvements	S/L	40	\$2,500.00	\$1,025.58	\$62.50	\$1,088.08	\$1,411.92	\$1,411.92	\$62.50
6/31/85	Improvements	S/L	40	\$1,320.00	\$506.50	\$33.00	\$539.50	\$780.50	\$780.50	\$33.00
8/31/86	Improvements	S/L	40	\$15,438.48	\$4,760.45	\$385.96	\$5,146.41	\$10,292.07	\$10,292.07	\$385.96
8/31/91	Improvements	S/L	40	\$15,460.00	\$3,612.50	\$387.00	\$3,999.50	\$11,480.50	\$11,480.50	\$387.00
8/31/93	Improvements	S/L	40	\$23,780.60	\$4,360.00	\$594.52	\$4,954.52	\$18,826.08	\$18,825.48	\$594.52
8/31/94	Improvements	S/L	40	\$1,065.00	\$168.31	\$28.63	\$194.94	\$870.06	\$870.06	\$28.63
4/31/96	Improvements	S/L	40	\$3,000.00	\$325.00	\$75.00	\$400.00	\$2,600.00	\$2,600.00	\$75.00
12/6/97	Door	S/L	10	\$4,587.45	\$1,146.86	\$458.75	\$1,605.61	\$2,981.84	\$2,981.84	\$458.75
12/31/98	Yoga Studio	S/L	10	\$27,454.00	\$4,118.10	\$2,745.40	\$6,863.50	\$20,590.50	\$20,590.50	\$2,745.40
12/28/99	Yoga Studio	S/L	10	\$1,736.00	\$86.80	\$173.60	\$280.40	\$1,475.60	\$1,475.60	\$173.60
11/12/99	Paint Art Room	S/L	5	\$650.00	\$95.00	\$130.00	\$225.00	\$425.00	\$425.00	\$130.00
12/10/99	Boiler	S/L	10	\$5,850.00	\$292.50	\$585.00	\$877.50	\$4,972.50	\$4,972.50	\$585.00
11/14/00	Retaining Wall Architecture	S/L	20	\$725.00	\$0.00	\$0.00	\$0.00	\$725.00	\$725.00	\$0.00
6/21/01	Retaining Wall Construction	S/L	20	\$6,850.00	\$0.00	\$0.00	\$0.00	\$6,850.00	\$6,850.00	\$0.00
1/9/01	Gym Renov. Architecture	S/L	15	\$6,224.92	\$0.00	\$207.50	\$207.50	\$6,017.42	\$6,017.42	\$207.50
12/31/00	Gym Roof Renovation	S/L	15	\$10,075.00	\$0.00	\$333.83	\$333.83	\$9,741.17	\$9,741.17	\$333.83
12/31/00	Gym Construction & CA	S/L	15	\$56,700.55	\$0.00	\$1,890.02	\$1,890.02	\$54,810.53	\$54,810.53	\$1,890.02
12/27/00	Gym HVAC	S/L	7	\$9,375.00	\$0.00	\$669.64	\$669.64	\$8,705.36	\$8,705.36	\$669.64
9/26/00	Door Jamb & Striker	S/L	3	\$485.80	\$0.00	\$103.51	\$103.51	\$362.29	\$362.29	\$103.51
				\$314,172.80	\$88,627.38	\$10,946.74	\$99,574.12	\$177,098.68	\$64,289.14	\$4,108.24

T-2

T-3

Audit Depreciation Schedule 2001

Date	Property - 74 Joy Street	Method	Life	Cost	Acc Dep 6/30/00	Dep Exp 6/30/01	Acc Dep 6/30/01	NVB 6/30/01	NVB Unaudited Assets	Deprec Unaudited Assets
Building Equipment										
8/31/91	Microwave	S/L	5	\$319.96 PY	\$319.96 PY	\$0.00	\$319.96	\$0.00		
8/31/91	Alarm	S/L	5	\$3,070.00 PY	\$3,070.00 PY	\$0.00	\$3,070.00	\$0.00		
2/14/91	Gym Mirrors	S/L	5	\$2,169.00	\$2,169.00	\$0.00	\$2,169.00	\$0.00		
3/12/92	Intercom	S/L	5	\$2,175.00	\$2,175.00	\$0.00	\$2,175.00	\$0.00		
7/9/92	Fire Warning	S/L	5	\$2,490.00	\$2,490.00	\$0.00	\$2,490.00	\$0.00		
93-94	Carpeting	S/L	7	\$1,641.45	\$1,484.88	\$156.57	\$1,641.45	\$0.00	\$610.50	\$156.57
12/15/98	Wall Pad	S/L	5	\$1,221.00	\$386.30	\$244.20	\$610.50	\$610.50	\$610.50	\$244.50
1/22/99	Alarm Repair	S/L	5	\$1,690.00	\$338.18	\$338.18	\$676.36	\$1,013.64	\$1,013.64	\$338.18
2/22/99	Alarm Repair	S/L	5	\$1,449.00	\$289.80	\$289.80	\$579.60	\$869.40	\$869.40	\$289.80
5/17/99	Exit Signs	S/L	5	\$1,855.00	\$371.00	\$371.00	\$742.00	\$1,113.00	\$1,113.00	\$371.00
12/28/99	Intercom	S/L	5	\$1,832.00	\$183.20	\$366.40	\$549.60	\$1,282.40		
2/18/99	Fire Alarm	S/L	5	\$1,250.00	\$125.00	\$250.00	\$375.00	\$875.00		
4/4/00	Tables (2) & Chairs (2)	S/L	5	\$1,112.00 PY	\$111.20 PY	\$222.40	\$333.60	\$778.40		
4/7/00	Carpeting	S/L	5	\$1,483.00 PY	\$148.30 PY	\$298.60	\$448.90	\$1,036.10		
4/14/00	DR Tables & Chairs	S/L	5	\$1,354.00	\$135.40	\$270.80	\$408.20	\$947.80		
6/9/00	60 Chairs & 2 Chair	S/L	5	\$1,304.00	\$130.40	\$260.80	\$391.20	\$912.80		
7/11/00	2 Air Conditioners & Carpet	S/L	3	\$1,564.09	\$0.00	\$521.70	\$521.70	\$1,042.39		
5/31/01	Fire Alarm Radio	S/L	3	\$595.00	\$0.00	\$16.53	\$16.53	\$578.47		
5/22/01	4 Tables	S/L	5	\$965.80	\$0.00	\$16.10	\$16.10	\$949.70		
				\$29,540.30	\$13,907.62	\$3,623.08	\$17,530.70	\$12,009.60	\$3,606.54	\$1,400.05

Form **8868**
(December 2000)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

File by the due date for filing your return See instructions	Type or print	Name of Exempt Organization	Employer identification number
		HILL HOUSE INC.	04-6141765
		Number, street, and room or suite no. If a P O box, see instructions	
		74 JOY STREET	
		City, town or post office, state, and ZIP code For a foreign address, see instructions	
		BOSTON, MA 02114	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990 T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return** enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6 month, for **990-T corporation**) extension of time until February 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2000, and ending JUN 30, 2001

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ James G. Bruce Title ▶ CPA Date ▶ 1/11/01
 LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Form section for Name of Exempt Organization (HILL HOUSE INC.), Employer identification number (04-6141765), and address (74 JOY STREET, BOSTON, MA 02114).

Check type of return to be filed (File a separate application for each return) with checkboxes for various forms like Form 990, Form 990 EZ, etc.

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).

4 I request an additional 3 month extension of time until May 15, 2002. 5 For calendar year JUL 1, 2000 and ending JUN 30, 2001. 6 If this tax year is for less than 12 months, check reason.

7 State in detail why you need the extension. Additional time is necessary to compile information required to file a complete and accurate return.

8a If this application is for Form 990 BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. 8b If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made. 8c Balance Due.

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete and that I am authorized to prepare this form

Signature James G. Bruce Title CPA Date 2/14/02

Notice to Applicant - To Be Completed by the IRS

Approval checkboxes: We have approved this application. We have not approved this application. We cannot consider this application because it was filed after the due date.

Director By Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Alternate Mailing Address: DANIEL DENNIS & COMPANY LLP, 116 HUNTINGTON AVENUE, BOSTON, MA 02116. Includes stamp: EXTENSION APPROVED MAR 05 2002.