Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year period beginning JUL 1, 2001 and ending JUN 30, 2002

B Check if applicable: [X] Address change [ ] Name change [ ] Initial return [ ] Final return [ ] Amended return [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: HILL HOUSE INC.

Number and street (or P O box if mail is not delivered to street address): 127 MOUNT VERNON STREET — Room/suite:

City or town, state or country, and ZIP + 4: BOSTON, MA 02114

D Employer identification number: 04-6141765

E Telephone number: 617-227-5838

F Accounting method [X] Cash [ ] Accrual [ ] Other (specify) ▶

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? [ ] Yes [X] 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 [X] No

I Enter 4-digit GEN ▶

G Web site ▶N/A

J Organization type (check only one) ▶ [X] 501(c) (3)◀ (insert no) [ ] 4947(a)(1) or [ ] 527

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**

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

L Gross receipts Add lines 6b 8b, 9b, and 10b to line 12 ▶ 994,451.

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	352,657.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash $ 352,657. noncash $)			1d	352,657.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	421,875.
	4	Interest on savings and temporary cash investments			4	3,304.
	5	Dividends and interest from securities			5	
	6 a	Gross rents See Statement 1	6a	162,770.		
	b	Less rental expenses See Statement 2	6b	223,712.		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	-60,942.
	7	Other investment income (describe ▶)			7	
	8 a	Gross amount from sale of assets other than inventory — (A) Securities / (B) Other	8a			
	b	Less cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including $ 82,933. of contributions reported on line 1a)	9a	53,845.		
	b	Less direct expenses other than fundraising expenses	9b	53,845.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a) See Statement 3			9c	0.
	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	716,894.
Expenses	13	Program services (from line 44, column (B))			13	219,774.
	14	Management and general (from line 44, column (C))			14	241,768.
	15	Fundraising (from line 44, column (D))			15	46,689.
	16	Payments to affiliates (attach schedule)			16	
	17	Total expenses (add lines 16 and 44, column (A))			17	508,231.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	208,663.
	19	Net assets or fund balances at beginning of year (from line 73 column (A))			19	1,534,289.
	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	1,742,952.

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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 $	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	134,407.	0.	134,407.	0.
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	12,055.		12,055.	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	60,536.	36,583.	14,044.	9,909.
34 Telephone	34	12,582.		12,582.	
35 Postage and shipping	35	7,326.	4,197.	3,129.	
36 Occupancy	36	4,366.	4,166.		200.
37 Equipment rental and maintenance	37	1,988.		1,299.	689.
38 Printing and publications	38	28,592.	23,790.	2,409.	2,393.
39 Travel	39	13,756.	6,685.	3,725.	3,346.
40 Conferences, conventions and meetings	40	2,625.	130.	2,495.	
41 Interest	41	19,946.		31.	19,915.
42 Depreciation, depletion, etc (attach schedule)	42	10,413.	2,516.	7,897.	
43 Other expenses not covered above (itemize)					
a	43a				
b	43b				
c	43c				
d	43d				
e See Statement 4	43e	199,639.	141,707.	47,695.	10,237.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13 15	44	508,231.	219,774.	241,768.	46,689.

Joint Costs Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ 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 5

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)	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a PROVIDED RECREATIONAL ACTIVITIES FOR OVER 160 MEMBERS OF BEACON HILL & SURROUNDING AREAS. ALSO USED FACILITIES AT HILL HOUSE FOR RECREAT-IONAL AND EDUCATIONAL PURPOSES. (Grants and allocations $)	219,774.
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) ▶	219,774.

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			45	
	46 Savings and temporary cash investments		107,026.	46	287,256.
	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 ▶ ☐ Cost ☐ 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 1,964,268.			
	b Less accumulated depreciation	57b 211,627.	1,717,749.	57c	1,752,641.
	58 Other assets (describe ▶ DEFERRED COSTS)		9,514.	58	10,267.
	59 **Total assets** (add lines 45 through 58) (must equal line 74)		1,834,289.	59	2,050,164.
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 6	300,000.	64b	307,212.
	65 Other liabilities (describe ▶)			65	
	66 **Total liabilities** (add lines 60 through 65)		300,000.	66	307,212.
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ [X] and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted		1,519,151.	67	1,719,540.
	68 Temporarily restricted		15,138.	68	23,412.
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ 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 column (B) must equal line 21)		1,534,289.	73	1,742,952.
	74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)		1,834,289.	74	2,050,164.

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	994,451.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) Stmt 7 $ 277,557.		
	Add amounts on lines (1) through (4)	b	277,557.
c	Line a minus line b	c	716,894.
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	716,894.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	785,788.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) Stmt 8 $ 277,557.		
	Add amounts on lines (1) through (4)	b	277,557.
c	Line a minus line b	c	508,231.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	508,231.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See attached listing	2	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? If "Yes," attach schedule ▶ ☐ Yes ☒ No

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Part VI Other Information

			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	76		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	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		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?	80a		X
b	If "Yes," enter the name of the organization ▶ ______ and check whether it is ☐ exempt OR ☐ nonexempt			
81 a	Enter direct or indirect political expenditures See line 81 instructions — 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 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? N/A	84b		
85	*501(c)(4), (5), or (6) organizations* a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	85b		
	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? N/A	85g		
h	If section 6033(e)(1)(A) dues notices 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? N/A	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, 2001 — 90b: 4			

91 The books are in care of ▶ TREASURER Telephone no ▶ (617) 227-5838

Located at ▶ 127 MOUNT VERNON STREET , BOSTON , MA ZIP + 4 ▶ 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 (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
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					421,875.
95 Interest on savings and temporary cash investments			14	3,304.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property			16	-60,942.	
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					
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.		-57,638.	421,875.
105 Total (add line 104, columns (B), (D), and (E)) ▶					364,237.

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 (See Specific Instructions on page 32)

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 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(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 (See Specific Instructions on page 33)

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

[redacted] on a personal benefit contract? ☐ Yes ☒ No

ccompanying schedules and statements and to the best of my knowledge and belief It is true
nformation of which preparer has any knowledge

Terry J Zick Treasurer

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-(See separate instructions.)

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

OMB No 1545-0047

2001

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 page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MATTHEW EDGERLY 88 MT VERNON ST, BOSTON, MA, 02108	EXEC DIR 40/WK	71,863.		
Total number of other employees paid over $50,000 ▶	0			

Part II **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over $50,000 for professional services ▶ 0		

Part III **Statements About Activities** (See page 2 of the instructions)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activites ▶ $ ______ $ ______ (**Must equal amounts on line 38, Part VI-A, or line I of Part VI-B**)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions)*			
	a Sale, exchange or leasing of property?	2a		X
	b Lending of money or other extension of credit?	2b		X
	c Furnishing of goods, services, or facilities?	2c		X
	d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	X	
	e Transfer of any part of its income or assets?	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3		X
4	Do you have a section 403(b) annuity plan for your employees?	4		X

Note *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*

Part IV **Reason for Non-Private Foundation Status** (See pages 3 through 6 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)

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 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts grants and contributions received (Do not include unusual grants See line 28)	648,773.	226,079.	566,373.	59,256.	1,500,481.
16 Membership fees received	193,928.	143,718.	85,484.	91,071.	514,201.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
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	11,935.	33,929.	10,822.	4,289.	60,975.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		720.	See Statement 10 2,476.	1,103.	4,299.
23 Total of lines 15 through 22	854,636.	404,446.	665,155.	155,719.	2,079,956.
24 Line 23 minus line 17	854,636.	404,446.	665,155.	155,719.	2,079,956.
25 Enter 1% of line 23	8,546.	4,044.	6,652.	1,557.	

26 **Organizations described on lines 10 or 11** a Enter 2% of amount in column (e), line 24 ▶ 26a N/A

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a **Do not file this list with your return** Enter the total 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 ______ 22 ______ 26b ______ ▶ 26d N/A

e Public support (line 26c minus line 26d total) ▶ 26e N/A

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f N/A %

27 **Organizations described on line 12** a For amounts included in lines 15, 16 and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" **Do not file this list with your return** Enter the sum of such amounts for each year

(2000) 61,840. (1999) 31,261. (1998) 166,746. (1997) 27,895.

b For any amount included in line 17 that was received from each peson (other than "disqualified persons") prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) **Do not file this list with your return** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2000) 0. (1999) 0. (1998) 0. (1997) 0.

c Add Amounts from column (e) for lines 15 1,500,481. 16 514,201. 17 ______ 20 ______ 21 ______ ▶ 27c 2,014,682.

d Add Line 27a total 287,742. and line 27b total 0. ▶ 27d 287,742.

e *Public support (line 27c total minus line 27d total)* ▶ 27e 1,726,940.

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f 2,079,956.

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g 83.0277%

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h 2.9316%

28 **Unusual Grants** For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return** Do not include these grants in line 15

None

Part V **Private School Questionnaire** (See page 7 of the instructions) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			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?	29		
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?	30		
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?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space attach a separate statement)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions) N/A

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

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

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)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

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

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 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(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) (See page 12 of the instructions) 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	Yes	No	Amount
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)			0.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

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

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Form 990	Rental Income	Statement 1

Kind and Location of Property	Activity Number	Gross Rental Income
FACILITIES AT BEACON HILL, BOSTON, MA	1	162,770.
Total to Form 990, Part I, line 6a		162,770.

Form 990	Rental Expenses	Statement 2

Description	Activity Number	Amount	Total
REPAIRS & MAINTENANCE		68,241.	
TELEPHONE		2,286.	
UTILITIES		30,722.	
MANAGEMENT FEES		12,450.	
LICENSES & PERMITS		150.	
SECURITY		23,127.	
SUPPLIES		8,059.	
PROFESSIONAL FEES		6,023.	
INSURANCE		6,446.	
DEPRECIATION		66,208.	
- SubTotal -	1		223,712.
Total to Form 990, Part I, line 6b			223,712.

Form 990	Special Events and Activities	Statement 3

Description of Event	Gross Receipts	Contribut. Included	Gross Revenue	Direct Expenses	Net Income
Auction	74,960.	60,904.	14,056.	14,056.	0.
Golf Tournament	37,377.	4,969.	32,408.	32,408.	0.
Yard Sale	5,185.	374.	4,811.	4,811.	0.
Other	19,256.	16,686.	2,570.	2,570.	0.
To Fm 990, Part I, line 9	136,778.	82,933.	53,845.	53,845.	0.

Form 990 Other Expenses Statement 4

Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
ADVERTISING	9,937.	9,697.		240.
REPAIRS & MAINTENANCE	9,364.	150.	9,214.	
MISCELLANEOUS	2,080.	385.	869.	826.
LICENSES & PERMITS	360.	360.		
CONTRACT LABOR	137,220.	131,045.	2,567.	3,608.
SECURITY	70.	70.		
INSURANCE	20,412.		20,412.	
PROFESSIONAL FEES	19,246.		14,533.	4,713.
DONATIONS	950.		100.	850.
Total to Fm 990, ln 43	199,639.	141,707.	47,695.	10,237.

Form 990 Statement of Organization's Primary Exempt Purpose Part III Statement 5

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 6

Description	Balance Due
BROOKLINE SAVINGS BANK	0.
Total included on Form 990, Part IV, line 64b, Column B	

Form 990 Other Revenue Not Included on Form 990 Statement 7

Description	Amount
EXPENSES DEDUCTED FROM RENTAL INCOME	223,712.
EXPENSES DEDUCTED FROM SPECIAL EVENTS	53,845.
Total to Form 990, Part IV-A	277,557.

Form 990	Other Expenses Not Included on Form 990	Statement 8

Description	Amount
EXPENSES DEDUCTED FROM RENTAL INCOME	223,712.
EXPENSES DEDUCTED FROM SPECIAL EVENTS	53,845.
Total to Form 990, Part IV-B	277,557.

Form 990	Part VIII - Relationship of Activities to Accomplishment of Exempt Purposes	Statement 9

Line	Explanation of Relationship of Activities
	FACILITIES WERE USED FOR THE BENEFIT OF RESIDENTS IN THE BEACON HILL AREA; EDUCATIONAL, SOCIAL AND WELFARE FACILITIES USED AS A COMMUNITY CENTER FOR HILL HOUSE INC., BEACON HILL NURSERY SCHOOL, AND FOR OTHER ORGANIZATIONS TO FURTHER ITS PURPOSE AS A COMMUNITY CENTER BY PROVIDING EDUCATIONAL ,LIBRARY , RECREATIONAL AND SOCIAL WELFARE FACILITIES AND PROGRAMS TO ALL RESIDENTS OF BEACON HILL.

Schedule A	Other Income	Statement 10

Description	2000 Amount	1999 Amount	1998 Amount	1997 Amount
MISCELANEOUS	0.	720.	2,476.	1,103.
Total to Schedule A, line 22	0.	720.	2,476.	1,103.

Hill House, Inc
04-6141765

Property - 127 Mount Vernon Street

Date		Method	Life	Cost	Acc Dep 6/30/01	Dep Exp 6/30/02	Acc Dep 6/30/02
	Land			$ 1 00			
	Building/Improvements						
3 & 4/01	Closing Costs	S/L	40	$ 6,288 00	$ 13 10	$ 157 20	$ 170 30
4/4/01	Title Insurance	S/L	40	2,150 00	13 44	53 00	66 44
11/27/00	Loan Appraisal	S/L	40	4,000 00	8 33	100 00	108 33
6/18/01	Hardware	S/L	40	428 16	0 89	10 70	11 59
6/30/01	Architecture	S/L	40	48,296 93	100 62	1,207 42	1 308 04
6/30/01	Construction	S/L	40	1,292,924 46	2,681 68	32,323 11	35,004 79
6/30/01	Engineering	S/L	40	5,533 17	11 53	138 33	149 86
6/30/00	Deferred Costs	S/L	40	77,022 82	160 46	1,925 57	2,086 03
7/13/01	**Intenet Wiring/Installation**	**S/L**	**3**	**225 00**	-	**75 00**	**75 00**
7/26/01	**Cable Installation**	**S/L**	**3**	**320 00**	-	**97 78**	**97 78**
7/31/01	**Construction**	**S/L**	**40**	**60,000 00**	-	**1,500 00**	**1,500 00**
8/14/01	**Phone Installation**	**S/L**	**3**	**275 00**	-	**84 03**	**84 03**
9/7/01	**Engineering**	**S/L**	**40**	**1,880 99**	-	**47 02**	**47 02**
9/18/01	**Architecture**	**S/L**	**40**	**11,317 19**	-	**282 93**	**282 93**
9/30/01	**Door**	**S/L**	**10**	**2,985 85**	-	**223 94**	**223 94**
10/23/01	**Phone Installation**	**S/L**	**3**	**285 50**	-	**55 51**	**55 51**
	Subtotal			1 513,934 07	2,990 05	38,281 54	41,271 59
	Building Equipment						
6/21 & 6/29/	Move & Install Phone	S/L	3	2,255 00	62 64	751 67	814 31
6/30/01	Kitchen Appliances	S/L	15	18,645 00	103 58	1,243 00	1,346 58
6/30/01	*Dishwasher*	S/L	7	*3,832 00*	*45 62*	547 43	593 05
6/30/01	China & Cutlery	S/L	3	605 63	16 82	201 88	218 70
6/30/01	Flag	S/L	3	1 350 00	37 50	450 00	487 50
6/30/01	Electronics & Shelving	S/L	3	6,165 50	171 26	2,055 17	2,226 43
6/30/01	12 Stools & 8 Tables	S/L	5	2,697 83	44 96	539 57	584 53
7/17/01	**Blinds & Computer Equipment**	**S/L**	**3**	**578 88**	-	**192 96**	**192 96**
7/24/01	**5 Tables & Chairs**	**S/L**	**3**	**2,703 38**	-	**826 03**	**826 03**
8/28/01	**Art Room Cabinet**	**S/L**	**5**	**597 50**	-	**99 58**	**99 58**
9/18/01	**Bookcases**	**S/L**	**5**	**475 00**	-	**79 17**	**79 17**
9/30/01	**Art Room Cabinet Balance**	**S/L**	**5**	**4,000 00**	-	**666 67**	**666 67**
10/23/01	**Original Painting**	**N/A**		**300 00**	-	-	-
	Subtotal			44,205 72	482 38	7,653 13	8 135 51
	Total			$ 1 558,139 79	$ 3,472 43	$ 45 934 67	$ 49,407 10

Hill House, Inc
04-6141765

Property - 74 Joy Street

Date		Method	Life	Cost	Acc Dep 6/30/01	Dep Exp 6/30/02	Acc Dep 6/30/02
	Land			37,500 00	-	-	-
	Building/Improvements						
10/1/65	Building	S/L	40	74,657 00	65,934 91	1,866 43	67,801 34
8/31/80	Improvements	S/L	40	3,738 00	1,987 58	93 45	2,081 03
8/31/83	Improvements	S/L	40	5,000 00	2,292 17	125 00	2,417 17
8/31/84	Improvements	S/L	40	2,500 00	1,088 08	62 50	1 150 58
8/34/85	Improvements	S/L	40	1,320 00	539 50	33 00	572 50
8/31/86	Improvements	S/L	40	15,438 48	5,146 41	385 96	5,532 37
8/31/91	Improvements	S/L	40	15,480 00	3,999 50	387 00	4,386 50
8/31/93	Improvements	S/L	40	23,780 60	4,954 52	594 52	5,549 04
8/31/94	Improvements	S/L	40	1,065 00	194 94	26 63	221 57
4/31/96	Improvements	S/L	40	3,000 00	400 00	75 00	475 00
12/8/97	Door	S/L	10	4,587 45	1,605 61	458 75	2,064 36
12/31/98	Yoga Studio	S/L	10	27,454 00	6,863 50	2,745 40	9,608 90
12/28/99	Yoga Studio	S/L	10	1,736 00	260 40	173 60	434 00
11/12/99	Paint Art Room	S/L	5	650 00	225 00	130 00	355 00
12/10/99	Boiler	S/L	10	5,850 00	877 50	585 00	1,462 50
11/14/00	Retaining Wall Architecture	S/L	20	725 00	-	36 25	36 25
6/21/01	Retaining Wall Construction	S/L	20	6 850 00	-	342 50	342 50
1/9/01	Gym Renovation Architecture	S/L	15	6,224 92	207 50	414 99	622 49
12/31/00	Gym Roof Renovation	S/L	15	10,075 00	333 83	671 67	1,005 50
12/31/00	Gym Construction & CA	S/L	15	56,700 55	1,890 02	3,780 04	5,670 06
12/27/00	Gym HVAC	S/L	7	9,375 00	669 64	1 339 29	2 008 93
9/26/00	Door Jamb & Striker	S/L	3	465 80	103 51	155 27	258 78
7/24/01	**Gym Electrical & Skylight**	**S/L**	**40**	**5,729 00**	-	**477 42**	**477 42**
8/28/02	**(2) Exterior Lights**	**S/L**	**3**	**414 77**	-	**126 74**	**126 74**
11/13/01	**Fire Alarm Upgrade**	**S/L**	**5**	**2,725 00**	-	**363 33**	**363 33**
12/7/01	**(2) Balasts**	**S/L**	**10**	**300 95**	-	**58 52**	**58 52**
1/11/02	**Wiring upgarde**	**S/L**	**10**	**1,085 21**	-	**54 26**	**54 26**
3/12/02	**Electrical Work on Door**	**S/L**	**3**	**390 29**	-	**43 37**	**43 37**
	Subtotal			324,818 02	99,574 12	15,605 89	115,180 01
	Building Equipment						
8/31/91	Microwave	S/L	5	319 96	319 96	-	319 96
8/31/91	Alarm	S/L	5	3,070 00	3,070 00	-	3,070 00
2/14/91	Gym Mirrors	S/L	5	2 169 00	2,169 00	-	2,169 00
3/12/92	Intercom	S/L	5	2,175 00	2,175 00	-	2,175 00
7/9/92	Fire Warning	S/L	5	2 490 00	2,490 00	-	2 490 00
93-94	Carpeting	S/L	7	1 641 45	1,641 45	-	1,641 45
12/15/98	Wall Pad	S/L	5	1,221 00	610 50	244 20	854 70
1/22/99	Alarm Repair	S/L	5	1,690 00	676 36	338 18	1,014 54
2/22/99	Alarm Repair	S/L	5	1 449 00	579 60	289 80	869 40
5/17/99	Exit Signs	S/L	5	1 855 00	742 00	371 00	1,113 00
12/28/99	Intercom	S/L	5	1,832 00	549 60	366 40	916 00
2/18/99	Fire Alarm	S/L	5	1,250 00	375 00	250 00	625 00
4/4/00	(2) DR Tables & (2) DR Chairs	S/L	5	1,112 00	333 60	222 40	556 00
4/7/00	Carpeting	S/L	5	1,483 00	446 90	298 60	745 50
4/14/00	DR Tables & Chairs	S/L	5	1,354 00	406 20	270 80	677 00
6/9/00	60 Chairs & 2 Chair	S/L	5	1 304 00	391 20	260 80	652 00
7/11/00	2 Air Conditioners & Carpet	S/L	3	1 564 09	521 70	521 70	1,043 40
5/31/01	Fire Alarm Radio	S/L	3	595 00	16 53	198 33	214 86
5/22/01	4 Tables	S/L	5	965 80	16 10	193 16	209 26
1/31/02	**Computer - 74 Joy Office**	**S/L**	**3**	**1,086 85**	-	**452 85**	**452 85**
2/26/02	**(2) Duralite Tables**	**S/L**	**3**	**619 60**	-	**68 84**	**68 84**
3/30/02	**(2) Duralite Tables**	**S/L**	**3**	**619 60**	-	**51 63**	**51 63**
	Subtotal			31,866 35	17 530 70	4 398 69	21 929 39
	Total			$ 356 684 37	$ 117 104 82	$ 20,004 58	$ 137 109 40

Hill House, Inc
04-6141765

Other Property

Date		Method	Life	Cost	Acc Dep 6/30/01	Dep Exp 6/30/02	Acc Dep 6/30/02
	Equipment - Office						
8/14/95	Printer	S/L	3	778 00	778 00	-	778 00
4/3/97	Computer	S/L	3	2,354 00	2,354 00	-	2,354 00
12/6/98	Computer	S/L	3	2,535 00	2,535 00	-	2,535 00
7/16/99	Phone System	S/L	5	4,960 00	1,488 00	992 00	2,480 00
7/27/99	Mobile Phone	S/L	3	315 00	157 50	105 00	262 50
9/7/99	Palm Planner	S/L	3	532 00	266 00	177 33	443 33
10/8/99	Copy Machine	S/L	5	2,576 00	772 80	515 20	1,288 00
11/12/99	Stereo	S/L	3	438 00	219 00	146 00	365 00
11/19/99	Water Cooler	S/L	3	177 00	88 50	59 00	147 50
3/10/00	Lap Top Computer	S/L	3	2,034 00	1,017 00	1,017 00	2 034 00
9/29/00	Computer	S/L	3	1,352 27	338 07	450 76	788 83
2/1/02	Printer, Headshet Zip Drive	S/L	3	1,480 98	205 69	493 66	699 35
3/20/01	Chair	S/L	3	285 95	23 83	95 32	119 15
6/29/01	Computer Hardware & Software	S/L	3	11,548 00	320 78	3,849 33	4,170 11
7/13/01	**Computer Software**	**S/L**	**3**	**698 00**	**-**	**232 67**	**232 67**
11/13/01	**Fireproof File Cabine**	**S/L**	**3**	**1,429 99**	**-**	**317 78**	**317 78**
12/18/01	**Mobile Phone**	**S/L**	**3**	**456 73**	**-**	**76 12**	**76 12**
12/28/02	**Lap Top Computer - Replace 3/10/00**	**S/L**	**3**	**1,292 00**	**-**	**215 33**	**215 33**
1/31/02	**Computer**	**S/L**	**3**	**792 00**	**-**	**110 00**	**110 00**
2/14/02	**Digital Cameral**	**S/L**	**3**	**366 44**	**-**	**50 89**	**50 89**
5/9/02	**MasNote Computer**	**S/L**	**3**	**1,785 00**	**-**	**99 17**	**99 17**
	Office Equipment Totals			38,186 36	10,564 17	9 002 56	19,566 73
	Program Equipment						
6/1/96	Pitching Machine	S/L	3	2,353 00	2,353 00	-	2,353 00
9/10/99	Soccer Goals	S/L	3	3,000 00	500 00	1,000 00	1,500 00
10/1/99	CD Player, DC's, Instruments	S/L	3	561 00	93 50	187 00	280 50
8/13/01	**HT Gym Equipment**	**S/L**	**3**	**1,332 31**	**-**	**407 09**	**407 09**
9/18/01	**Shelving**	**S/L**	**3**	**321 48**	**80 37**	**-**	**80 37**
9/30/01	**Piano**	**S/L**	**3**	**2,515 00**	**-**	**628 75**	**628 75**
9/30/01	**Guitar & Amplifying Equipment**	**S/L**	**3**	**1,175 00**	**-**	**293 75**	**293 75**
				-	-	-	-
	Program Equipment Totals			11,257 79	3,026 87	2,516 59	5 543 46
	Total			$ 49 444 15	$ 13,591 04	$ 11,519 15	$ 25 110 19
	Grand Total			$ 1,964,268 31	$ 134,168 29	$ 77,458 40	$ 211,626 69

Hill House
Board of Directors
2001-02

Last Name	First Name	Email	Phone	Cell Phone	Fax	Work Phone	Work fax	Address	Zip
Berkeley	Janet L	JLBerkeley@aol com VP	(617) 536-8922	(617) 512-8067	(617) 266-7630			492 Beacon Street #25-6	02115
Bordewick	Jim	jbordewick@mfs com	(617) 367-1725	(617) 510-3352	(617) 367-1726	(617) 954-5182	(617) 954-7760	56 Pinckney Street	02114
Butler	Margie	primaryco@aol com	(617) 227-0087			(617) 227-2000	(617) 227-2001	14 Cedar Lane Way	02108
Clapp	Meredith	purdy44@aol com VP	(617) 367-6724	(617) 669 2657	(617) 367-3637			10 Charles River Square	02114
Claudy	Tricia	tricia@tclaudy com	(617) 367-7057					52 River Street	02108
Cocci	ML	mlc71150@aol com TREAS	(617) 227-8673	(617) 320-1837	(617) 720-5934			39 Hancock Street	02114
Curtin	John D	jdcurtin@earthlink net	(617) 523-5809			(617) 227-8122	(617) 227-8122	60 Chestnut Street	02108
Davis	Wayne	wcdavis48@aol com	(617) 227-1240		(617) 227-8283	(617) 261-1186	(617) 261-2505	48 West Cedar Street	02114
Edgerly	Matthew	medgerly@hillhouseboston org	(617) 523-3938	(617) 620-9356		(617) 227-5838	(617) 227-9251	72 West Cedar Street	02114
Everett	Florence	flr@everettdesign com	(617) 227-2354			(617) 227-2354	(617) 227-7838	70 Mt Vernon Street	02108
Firestein	Valerie	Vfirestein@aol com	(617) 742-1162					49 Hancock Street	02114
Fischer	Jeffrey	jefffisch@aol com	(617) 720-2559			(617) 823-2560		30 Emerson Place	02114
Plapinger	Ellen	plapfamly@aol com VP	(617) 242-3924				(617) 723-5963	25 Joy Street	02114
Leatherman	Elizabeth	EWLONTHEGO@aol com	(617) 742-0773	(617) 899-3067	(617) 742-0773			4 Charles River Square	02114
Lunder	Deborah	ezekowitz alan@mgh harvard edu	(617) 536-5386			(617) 574-4080	(617) 574-7612	180 Beacon Street	02116
Malt	Sharon H	smalt62@aol com	(617) 723-5041		(617) 723-6658			20 West Cedar Street	02108
McAuliffe	Jim	jim@abbottdev com VP	(617) 266-1004	(617) 413-1884		(617) 266-6080	(617) 266-6977	8 Gloucester Street #9	02115
McCue	Mark	Mccue@mccueandlee com CLERK	(617) 262-1750			(617) 236-0212	(617) 236-0797	282 Beacon Street	02116
Mullaney	Sue	suemullaney@aol com	(617) 236-0027	(617) 750-8511				345 Beacon Street	02116
Natoli	John	john f natoli@verizon com PRES	(617) 742-6582		(617) 723-9184	(617) 742-2166	(617) 342-8864	140 Mount Vernon Street	02108
Nolan	Sharon L	nolansl@aol com	(617) 742-6471					109 Pinckney Street	02114
Speicher	Howard	hspeicher@davismalm com VP	(617) 337-0012	(617) 838-3280		(617) 589-3829	(617) 305-3129	70 Constitution Road	02129
Thomas	David L	Dthomas@CityStateLLC com	(617) 227-0125	(617) 212-5684		(617) 723-7797	(617) 723-5722	19 Pinckney Street	02114
Ulvestad	Laura	ruelalo@msn com	(617) 227-2792					32 Lime Street	02108
Zick	Jean	cjlaw@aol com Asst TREAS	(617) 723-7329	(617) 966-1362	(617) 723-7329			1 Sentry Hill Place	02114

Hill House, Inc.
04-6141765

Form 990 Schedule A Part III #2d and MA Form PC #9(G)

Related Party Transactions

For the year ended June 30, 2002, Hill House Inc paid management fees totaling $12,450 to a real estate management company owned by a member of Board of Directors

Form **8868** (December 2000) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545 1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- 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

Type or print	Name of Exempt Organization HILL HOUSE INC.	Employer identification number 04-6141765
File by the due date for filing your return See instructions	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)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990 BL	[ ] Form 990 T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990 EZ	[ ] Form 990 T (trust other than above)	[ ] Form 6069
[ ] Form 990 PF	[ ] Form 1041 A	[ ] 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 18, 2003 to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [ ] calendar year ______ or
▶ [X] tax year beginning JUL 1, 2001 , and ending JUN 30, 2002

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 ▶ 11/15/02

LHA **For Paperwork Reduction Act Notice, see instruction** Form **8868** (12-2000)

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10201115 735621 HILL 2001 05000 HILL HOUSE INC HILL 1