

**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)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2003 calendar year, or tax year beginning** JUL 1, 2003 **and ending** JUN 30, 2004

- B Check if applicable**
- 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) Room/suite**  
**127 MOUNT VERNON STREET**

**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**  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  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 Group Exemption Number** ▶

**G Website:** ▶ N/A

**J Organization type** (check only one) ▶  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.

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,119,626.

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

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

SCANNED MAR 08 2005 Revenue

<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
<b>a</b>	Direct public support	<b>1a</b>	<u>253,284.</u>		
<b>b</b>	Indirect public support	<b>1b</b>			
<b>c</b>	Government contributions (grants)	<b>1c</b>			
<b>d</b>	<b>Total</b> (add lines 1a through 1c) (cash \$ <u>253,284.</u> noncash \$ _____)	<b>1d</b>		<u>253,284.</u>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
<b>3</b>	Membership dues and assessments	<b>3</b>		<u>583,734.</u>	
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		<u>963.</u>	
<b>5</b>	Dividends and interest from securities	<b>5</b>			
<b>6 a</b>	Gross rents <u>See Statement 1</u>	<b>6a</b>	<u>228,105.</u>		
<b>b</b>	Less: rental expenses <u>See Statement 2</u>	<b>6b</b>	<u>270,642.</u>		
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		<u>-42,537.</u>	
<b>7</b>	Other investment income (describe ▶ _____)	<b>7</b>			
<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>8d</b>					
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ <u>124,141.</u> of contributions reported on line 1a)	<b>9a</b>	<u>53,540.</u>		
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	<u>59,103.</u>		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	<u>See Statement 3</u>	<u>-5,563.</u>	
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less: cost of goods sold				
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<u>789,881.</u>	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		<u>289,720.</u>	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<u>327,869.</u>	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		<u>3,932.</u>	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		<u>621,521.</u>	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<u>168,360.</u>	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<u>1,857,686.</u>	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<u>See Statement 4</u>	<u>-127,780.</u>	
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<u>1,898,266.</u>	

**RECEIVED**  
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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. Page 2

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	223,184.	33,651.	189,533.	
27 Pension plan contributions				
28 Other employee benefits				
29 Payroll taxes	46,047.	4,236.	41,811.	
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	43,339.	35,901.	6,807.	631.
34 Telephone	11,245.	470.	10,755.	20.
35 Postage and shipping	6,031.	1,704.	3,159.	1,168.
36 Occupancy	5,230.	5,230.		
37 Equipment rental and maintenance	4,383.		4,383.	
38 Printing and publications	22,073.	16,835.	5,197.	41.
39 Travel	7,677.	3,863.	2,673.	1,141.
40 Conferences, conventions, and meetings	4,163.	3,964.	199.	
41 Interest	12,425.		12,261.	164.
42 Depreciation, depletion, etc (attach schedule)	11,038.	2,352.	8,686.	
43 Other expenses not covered above (itemize) a _____ b _____ c _____ d _____ e See Statement 5				
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	621,521.	289,720.	327,869.	3,932.

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? <b>See Statement 6</b>	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 <u>10316</u> MEMBERS OF BEACON HILL & SURROUNDING AREAS. ALSO USED FACILITIES AT HILL HOUSE FOR RECREATIONAL AND EDUCATIONAL PURPOSES. (Grants and allocations \$ _____)	289,720.
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)	289,720.

**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
<b>Assets</b>	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	169,620.	46 358,911.
	47 a Accounts receivable	47a 10,767.	
	b Less: allowance for doubtful accounts	47b	47c 10,767.
	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 25,860.
	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 2,113,638.		
b Less: accumulated depreciation	57b 372,748.	1,679,906.	57c 1,740,890.
58 Other assets (describe ▶ DEFERRED COSTS )		14,267.	58 14,267.
59 Total assets (add lines 45 through 58) (must equal line 74)		1,863,793.	59 2,150,695.
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60 69,670.
	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 7	6,013.	64b
	65 Other liabilities (describe ▶ See Statement 8 )	94.	65 182,759.
66 Total liabilities (add lines 60 through 65)		6,107.	66 252,429.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	1,835,136.	67 1,876,285.
	68 Temporarily restricted	22,550.	68 21,981.
	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, column (B) must equal line 21)		1,857,686.	73 1,898,266.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		1,863,793.	74 2,150,695.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 92 regarding organizational activities, financials, and compliance.

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

*Note: 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) Exclu- sion 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					583,734.
95 Interest on savings and temporary cash investments			14	963.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property			16	-42,537.	
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					-5,563.
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.		-41,574.	578,171.
105 Total (add line 104, columns (B), (D), and (E))					536,597.

*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 page 34 of the instructions.)

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 11

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(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 page 34 of the instructions.)

- (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

*Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Information of which preparer has knowledge.

Date: 2/9/05  
 Type or print name and title: Treasurer  
 Date: 01/31/05  
 Check if self-employed:   
 Preparer's SSN or PTIN: \_\_\_\_\_

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

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

**2003**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

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
SCOTT McCLINTOCK ----- 23 IRVING STREET #4, BOSTON, MA 02114	EXECUTIVE DIRECTOR 40/WK	61,846.	4,110.	
-----				
-----				
-----				
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-----				
-----				
Total number of other employees paid over \$50,000 ▶	1			

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

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.		X
<b>2</b>	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.)		
<b>a</b>	Sale, exchange, or leasing of property?		X
<b>b</b>	Lending of money or other extension of credit?		X
<b>c</b>	Furnishing of goods, services, or facilities?		X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
<b>e</b>	Transfer of any part of its income or assets?		X
<b>3 a</b>	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
<b>b</b>	Do you have a section 403(b) annuity plan for your employees?		X
<b>4</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

**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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	381,002.	352,657.	648,773.	226,079.	1,608,511.
<b>16</b> Membership fees received	468,593.	421,875.	193,928.	143,718.	1,228,114.
<b>17</b> 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					
<b>18</b> 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	3,469.	3,304.	11,935.	33,929.	52,637.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			See Statement 12	720.	720.
<b>23</b> Total of lines 15 through 22	853,064.	777,836.	854,636.	404,446.	2,889,982.
<b>24</b> Line 23 minus line 17	853,064.	777,836.	854,636.	404,446.	2,889,982.
<b>25</b> Enter 1% of line 23	8,531.	7,778.	8,546.	4,044.	
<b>26</b> 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 1999 through 2002 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 %
<b>27</b> 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. (2002) 162,152. (2001) 75,928. (2000) 61,840. (1999) 31,261.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 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 (2002) 0. (2001) 0. (2000) 0. (1999) 0.					
c Add Amounts from column (e) for lines 15 1,608,511. 16 1,228,114. 17 _____ 20 _____ 21 _____					27c 2,836,625.
d Add: Line 27a total 331,181. and line 27b total 0.					27d 331,181.
e Public support (line 27c total minus line 27d total)					27e 2,505,444.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			27f 2,889,982.		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 86.6941%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 1.8214%
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part 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?		
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/> <hr/>			
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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/> <hr/> <hr/>			
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/> <hr/>			
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? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
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 - 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	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	

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 )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	
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:

- 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.



Form 990	Rental Income	Statement	1
Kind and Location of Property	Activity Number	Gross Rental Income	
FACILITIES AT BEACON HILL, BOSTON, MA	1	228,105.	
Total to Form 990, Part I, line 6a		228,105.	

Form 990	Rental Expenses	Statement	2
Description	Activity Number	Amount	Total
REPAIRS & MAINTENANCE		85,402.	
TELEPHONE		3,301.	
UTILITIES		29,128.	
MANAGEMENT FEES		12,000.	
LICENSES & PERMITS		1,035.	
SECURITY		24,167.	
SUPPLIES		10,530.	
PROFESSIONAL FEES		1,488.	
INSURANCE		20,730.	
DEPRECIATION		69,886.	
SALARIES & WAGES		10,968.	
PAYROLL TAXES		1,281.	
OUTSIDE SERVICES		342.	
EQUIPMENT RENTAL		312.	
POSTAGE		66.	
ADVERTISING		6.	
- SubTotal -	1		270,642.
Total to Form 990, Part I, line 6b			270,642.

Form 990	Special Events and Activities	Statement	3		
Description of Event	Gross Receipts	Contribut. Included	Gross Revenue	Direct Expenses	Net Income
Auction	113,440.	97,915.	15,525.	15,525.	0.
Golf Tournament	46,080.	20,982.	25,098.	25,098.	0.
Christmas Tree Sales	13,564.	5,244.	8,320.	8,320.	0.
Other	4,597.		4,597.	10,160.	-5,563.
To Fm 990, Part I, line 9	177,681.	124,141.	53,540.	59,103.	-5,563.

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Form 990      Other Changes in Net Assets or Fund Balances      Statement      4

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Description	Amount
CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING PRINCIPLE (CASH TO ACCRUAL BASIS)	-127,780.
Total to Form 990, Part I, line 20	-127,780.

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Form 990      Other Expenses      Statement      5

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Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
ADVERTISING	18,282.	11,817.	6,465.	
REPAIRS & MAINTENANCE	5,733.	646.	4,992.	95.
MISCELLANEOUS	1,227.	39.	1,041.	147.
LICENSES & PERMITS	4,080.	4,080.		
CONTRACT LABOR	162,961.	162,811.	150.	
DONATIONS	1,015.		1,015.	
INSURANCE	5,633.	37.	5,596.	
PROFESSIONAL FEES	17,594.		17,594.	
OUTSIDE SERVICES	7,365.	2,084.	4,756.	525.
RECEPTIONS/FOOD	796.		796.	
Total to Fm 990, ln 43	224,686.	181,514.	42,405.	767.

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Form 990      Statement of Organization's Primary Exempt Purpose      Statement      6  
Part III

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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	7
<u>Description</u>		<u>Balance Due</u>	
BROOKLINE SAVINGS BANK			0.
Total included on Form 990, Part IV, line 64b, Column B			

Form 990	Other Liabilities	Statement	8
<u>Description</u>		<u>Amount</u>	
PAYROLL WITHOLDING LIABILITIES			0.
RENT DEPOSITS			23,419.
MEMBERSHIP DEPOSITS			49,340.
PROGRAM AND OTHER DEPOSITS			110,000.
Total to Form 990, Part IV, line 65, Column B			182,759.

Form 990	Other Revenue Not Included on Form 990	Statement	9
<u>Description</u>		<u>Amount</u>	
EXPENSES DEDUCTED FROM RENTAL INCOME			270,642.
EXPENSES DEDUCTED FROM SPECIAL EVENTS			59,103.
Total to Form 990, Part IV-A			329,745.

Form 990	Other Expenses Not Included on Form 990	Statement	10
<u>Description</u>		<u>Amount</u>	
EXPENSES DEDUCTED FROM RENTAL INCOME			269,988.
EXPENSES DEDUCTED FROM SPECIAL EVENTS			59,757.
Total to Form 990, Part IV-B			329,745.

Form 990 . Part VIII - Relationship of Activities to Statement 11  
 Accomplishment of Exempt Purposes

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 12

Description	2002 Amount	2001 Amount	2000 Amount	1999 Amount
MISCELANEOUS	0.	0.	0.	720.
Total to Schedule A, line 22	0.	0.	0.	720.

Fixed Assets Schedule 2004

Hill House, Inc.  
04-6141765  
Fixed Assets

Date	Property - 127 Mount Vernon Street	Method	Life	Cost	Acc Dep 6/30/2003	Dep Exp 6/30/2004	Acc Dep 6/30/2004	NVB 6/30/2004
	Land			\$1.00	PY			\$1.00
	<u>Building/Improvements</u>							
3 & 4/01	Closing Costs	S/L	40	PY	\$327.50	\$157.20	\$484.70	\$5,803.30
4/4/2001	Title Insurance	S/L	40	PY	\$119.44	\$53.00	\$172.44	\$1,977.56
11/27/2000	Loan Appraisal	S/L	40	PY	\$4,000.00	\$100.00	\$308.33	\$3,691.67
6/18/2001	Hardware	S/L	40	PY	\$428.16	\$10.70	\$32.99	\$395.17
6/30/2001	Architecture	S/L	40	PY	\$48,296.93	\$1,207.42	\$3,722.88	\$44,574.05
6/30/2001	Construction	S/L	40	PY	\$1,292,924.46	\$32,323.11	\$99,651.01	\$1,193,273.45
6/30/2001	Engineering	S/L	40	PY	\$5,533.17	\$288.19	\$426.52	\$5,106.65
6/30/2000	Deferred Costs	S/L	40	PY	\$77,022.82	\$1,925.57	\$5,937.17	\$71,085.65
7/13/2001	Internet Wiring/Installation	S/L	3	PY	\$225.00	\$75.00	\$225.00	\$0.00
7/26/2001	Cable Installation	S/L	3	PY	\$320.00	\$106.67	\$311.12	\$8.88
7/31/2001	Construction	S/L	40	PY	\$60,000.00	\$1,500.00	\$4,500.00	\$55,500.00
8/14/2001	Phone Installation	S/L	3	PY	\$275.00	\$91.67	\$267.37	\$7.63
9/7/2001	Engineering	S/L	40	PY	\$1,880.99	\$47.02	\$141.06	\$1,739.93
9/18/2001	Architecture	S/L	40	PY	\$11,317.19	\$282.93	\$848.79	\$10,468.40
9/30/2001	Door	S/L	10	PY	\$2,985.85	\$298.59	\$821.12	\$2,164.73
10/23/2001	Phone Installation	S/L	3	PY	\$285.50	\$95.17	\$245.85	\$39.65
9/18/2003	AUL Engineering Report	S/L	40	I3	\$0.00	\$65.00	\$65.00	\$2,535.00
11/14/2003	Re-key Door	S/L	2	I3	\$1,519.00	\$0.00	\$506.33	\$1,012.67
1/6 & 1/13/04	Repair Heating System	S/L	5	I3	\$1,566.23	\$0.00	\$156.62	\$1,409.61
6/1 & 6/22/04	Repaint Building Interior	S/L	3	I3	\$7,810.66	\$0.00	\$162.72	\$7,647.94
6/28/2004	ABCO - Overhaul Sprinkler System	S/L	10	I3	\$2,670.00	\$2.00	\$2.00	\$2,668.00
	Subtotal Firehouse Bldg			\$1,530,099.96	\$79,683.97	\$39,305.05	\$118,989.02	\$1,411,110.94
	<u>Building Equipment</u>							
6/21 & 6/29/01	Move & Install Phone	S/L	3	PY	\$2,255.00	\$689.02	\$2,255.00	\$0.00
6/30/2001	Kitchen Appliances	S/L	15	PY	\$18,645.00	\$1,243.00	\$3,832.58	\$14,812.42
6/30/2001	Dishwasher	S/L	7	PY	\$3,832.00	\$547.43	\$1,687.91	\$2,144.09
6/30/2001	China & Cutlery	S/L	3	PY	\$605.63	\$185.05	\$605.63	\$0.00
6/30/2001	Flag	S/L	3	PY	\$1,350.00	\$412.50	\$1,350.00	\$0.00
6/30/2001	Electronics & Shelving	S/L	3	PY	\$6,165.50	\$1,883.90	\$6,165.50	\$0.00
6/30/2001	12 Stools & 8 Tables	S/L	5	PY	\$2,697.83	\$539.57	\$1,663.67	\$1,034.16
7/17/2001	Blinds & Computer Equipment	S/L	3	PY	\$578.88	\$192.96	\$578.88	\$0.00
7/24/2001	5 Tables & Chairs	S/L	3	PY	\$2,703.38	\$901.13	\$2,628.29	\$75.09
8/28/2001	Art Room Cabinet	S/L	5	PY	\$597.50	\$119.50	\$338.58	\$258.92
9/18/2001	Bookcases	S/L	5	PY	\$475.00	\$95.00	\$269.17	\$205.83
9/30/2001	Art Room Cabinet Balance	S/L	5	PY	\$4,000.00	\$800.00	\$2,266.67	\$1,733.33
10/23/2001	Original Painting	N/A	PY		\$300.00	\$0.00	\$0.00	\$300.00
12/5/2003	Diffusor	S/L	7	I3	\$2,125.00	\$177.08	\$177.08	\$1,947.92

Fixed Assets Schedule 2004

Date	Property - 74 Joy Street	Method	Life	Cost	Acc Dep 6/30/2003	Dep Exp 6/30/2004	Acc Dep 6/30/2004	NVB 6/30/2004
	Subtotal Firehouse Equipment			\$46,330.72	\$16,032.82	\$7,786.14	\$23,818.96	\$22,511.76
	Total Firehouse			\$1,576,430.68	\$95,716.79	\$47,091.19	\$142,807.98	\$1,433,622.70
	Property - 74 Joy Street							
	Land			\$37,500.00				\$37,500.00
	Building/Improvements							
10/1/1965	Building	S/L	40 PY	\$74,657.00	PY \$69,667.77	\$1,866.43	\$71,534.20	\$3,122.80
8/31/1980	Improvements	S/L	40 PY	\$3,738.00	PY \$2,174.48	\$93.45	\$2,267.93	\$1,470.07
8/31/1983	Improvements	S/L	40 PY	\$5,000.00	PY \$2,542.17	\$125.00	\$2,667.17	\$2,332.83
8/31/1984	Improvements	S/L	40 PY	\$2,500.00	PY \$1,213.08	\$62.50	\$1,275.58	\$1,224.42
8/34/85	Improvements	S/L	40 PY	\$1,320.00	PY \$605.50	\$33.00	\$638.50	\$681.50
8/31/1986	Improvements	S/L	40 PY	\$15,438.48	PY \$5,918.33	\$385.96	\$6,304.29	\$9,134.19
8/31/1991	Improvements	S/L	40 PY	\$15,480.00	PY \$4,773.50	\$387.00	\$5,160.50	\$10,319.50
8/31/1993	Improvements	S/L	40 PY	\$23,780.60	PY \$6,143.56	\$594.52	\$6,738.08	\$17,042.52
8/31/1994	Improvements	S/L	40 PY	\$1,065.00	PY \$248.20	\$26.63	\$274.83	\$790.17
4/31/96	Improvements	S/L	40 PY	\$3,000.00	PY \$550.00	\$75.00	\$625.00	\$2,375.00
12/8/1997	Door	S/L	10 PY	\$4,587.45	PY \$2,523.11	\$458.75	\$2,981.86	\$1,605.59
12/31/1998	Yoga Studio	S/L	10 PY	\$27,454.40	PY \$12,354.30	\$2,745.40	\$15,099.70	\$12,354.30
12/28/1999	Yoga Studio	S/L	10 PY	\$1,736.00	PY \$607.60	\$173.60	\$781.20	\$954.80
11/12/1999	Paint Art Room	S/L	5 PY	\$650.00	PY \$485.00	\$130.00	\$615.00	\$35.00
12/10/1999	Boiler	S/L	10 PY	\$5,850.00	PY \$2,047.50	\$585.00	\$2,632.50	\$3,217.50
11/14/2000	Retaining Wall Architecture	S/L	20 PY	\$725.00	PY \$72.50	\$36.25	\$108.75	\$616.25
6/21/2001	Retaining Wall Construction	S/L	20 PY	\$6,850.00	PY \$685.00	\$342.50	\$1,027.50	\$5,822.50
1/9/2001	Gym Renovation Architecture	S/L	15 PY	\$6,224.92	PY \$1,037.48	\$414.99	\$1,452.47	\$4,772.45
12/31/2000	Gym Roof Renovation	S/L	15 PY	\$10,075.00	PY \$1,677.17	\$671.67	\$2,348.84	\$7,726.16
12/31/2000	Gym Construction & CA	S/L	15 PY	\$6,700.55	PY \$9,450.10	\$3,780.04	\$13,230.14	\$43,470.41
12/27/2000	Gym HVAC	S/L	7 PY	\$9,375.00	PY \$3,348.22	\$1,339.29	\$4,687.51	\$4,687.49
9/26/2000	Door Jamb & Striker	S/L	3 PY	\$465.80	PY \$414.05	\$51.75	\$465.80	\$0.00
7/24/2001	Gym Electrical & Skylight	S/L	40 PY	\$5,729.00	PY \$620.65	\$143.23	\$763.88	\$4,965.12
8/28/2001	(2) Exterior Lights	S/L	3 PY	\$414.77	PY \$265.00	\$138.26	\$403.26	\$11.51
11/13/2001	Fire Alarm Upgrade	S/L	5 PY	\$2,725.00	PY \$908.33	\$545.00	\$1,453.33	\$1,271.67
12/7/2001	(2) Balasts	S/L	10 PY	\$300.95	PY \$88.62	\$30.10	\$118.72	\$182.23
1/11/2002	Wiring upgrade	S/L	10 PY	\$1,085.21	PY \$162.78	\$108.52	\$271.30	\$813.91
3/12/2002	Electrical Work on Door	S/L	3 PY	\$390.29	PY \$173.47	\$130.10	\$303.57	\$86.72
12/23/2002	Reception Office Improvements	S/L	3 PY	\$1,302.67	PY \$217.11	\$434.22	\$651.33	\$651.34
1/17/2003	Pigeon Coll	S/L	3 PY	\$1,210.00	PY \$168.08	\$403.33	\$571.39	\$638.61
4/15/2003	Retaining Wall	S/L	10 PY	\$3,555.00	PY \$88.88	\$355.50	\$444.38	\$3,110.62
6/30/2003	Auditor's Adjusting Entry	PY		\$2,968.28	PY \$0.00	\$0.00	\$2,968.28	\$0.00
7/22/2003	Masonry - Repoint Brck	S/L	40 I3	\$28,000.00	I3 \$0.00	\$700.00	\$700.00	\$27,300.00
8/26/2003	Masonry - Repoint Brck	S/L	40 I3	\$20,000.00	I3 \$0.00	\$500.00	\$500.00	\$19,500.00
9/15/2003	Masonry - Repoint Brck	S/L	40 I3	\$20,000.00	I3 \$0.00	\$500.00	\$500.00	\$19,500.00
9/29/2003	Repair Fire Escapes	S/L	10 I3	\$2,640.00	I3 \$0.00	\$198.00	\$198.00	\$2,442.00
10/20/2003	Masonry - Repoint Brck	S/L	40 I3	\$8,830.00	I3 \$0.00	\$165.56	\$165.56	\$8,664.44
10/28/2003	Masonry - Repoint Brck	S/L	40 I3	\$20,000.00	I3 \$0.00	\$333.33	\$333.33	\$19,666.67





**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, 2004, Hill House, Inc. paid management fees totaling \$12,000 to a real estate management company owned by a member of Board of Directors.

VolPositionSpecific	VolunteerArea	Last Name	First Name	Personal Email	VolPositionGen
Co-President		Heath Plapinger	Ellen	plapfamily@aol.com	Board of Directors
Co-President		McAuliffe	Jim	jim@abottdev.com	Board of Directors
Vice-President	Fundraising	Bordewick	Jim	jbordewick@msf.com	Board of Directors
Vice-President	Programming	Brown	Kathryn	kathryn_brown@fceinc.com	Board of Directors
Vice-President	Fundraising	Connolly	Maura	MJLQ2@aol.com	Board of Directors
Vice-President	Sports	Kay	Martin	mkay@nextradiosolutions.com	Board of Directors
Vice-President	Real Estate	Kurtin	Abner	abk@attwireless.blackberry.net	Board of Directors
Vice-President	Human Resources	Lunder	Deborah	DLunder@GOULSTONSTORRS.com	Board of Directors
Treasurer		Laposata	Martha	mlepasata@hotmail.com	Board of Directors
Treasurer		Zick	Jean	cjlaw@aol.com	Board of Directors
Clerk		Speicher	Howie	hspeicher@davismalm.com	Board of Directors
Executive Director		McClintock	Scott	scm77200@yahoo.com	Board of Directors
		Burgos	Cinta	cinta@cintaburgos.com	Board of Directors
		Clapp	Meredith	purdy44@aol.com	Board of Directors
		Claudy	Tricia	tricia@tclaudy.com	Board of Directors
		Cocci	ML	mlc71150@aol.com	Board of Directors
		Demoulas	Caren	cdemo@aol.com	Board of Directors
		Gleeson	Richard	GleesonCorcoran@aol.com	Board of Directors
		King	Jack		Board of Directors
		Leatherman	Elizabeth	EWLONTHEGO@aol.com	Board of Directors
		Madison	Elizabeth	bethchrismadison.jt@verizon.net	Board of Directors
		Mullaney	Sue	suemullaney@aol.com	Board of Directors
		Natoli	John	jfn777@aol.com	Board of Directors
		O'Kelly-Doyle	Kate	klokd@yahoo.com	Board of Directors
		Saylor	Georgia A.	georgiasaylor@yahoo.com	Board of Directors
		Smith	Joan	jems145@aol.com	Board of Directors
		Stevenson	Lisa	lisa@itnutrition.com	Board of Directors
		Ulvestad	Laura	ruelalo@msn.com	Board of Directors
		Walker	Amanda	amwalker@bellatlantic.net	Board of Directors
		Walsh	Ellen Takagi	Ellen.Takagi@rbcdain.com	Board of Directors

<b>HAddress   HAptNo</b>	<b>City</b>	<b>State</b>	<b>ZipCode</b>	<b>HHomePH</b>	<b>Position with Employer</b>
25 Joy Street	Boston	MA	02114-	(617) 242-3924	Community Volunteer
8 Gloucest #9	Boston	MA	02115-	(617) 266-1004	Principal
56 Pinckney Street	Boston	MA	02114-480	(617) 367-1725	Senior Vice-President / Associate General Counsel
142 Chestrl Apt #1	Boston	MA	02108-	(617) 227-2678	
321 Beacon Street	Boston	MA	02116-	(617) 262-1990	
26 Kingston Road	Newton	MA	02461-	(617) 244-7336	
34 1/2 Bea Apt. #3	Boston	MA	02108-	(617) 227-5214	
180 Beacon Street	Boston	MA	02116-	(617) 536-5386	Attorney/Director
85 E. India Apt. #19F	Boston	MA	02110-	(617) 367-2532	
1 Sentry Hill Place	Boston	MA	02114-	(617) 723-7329	CPA, Accountant
70 Constitution Road	Charlestown	MA	02129-	(617) 337-0012	Attorney/Shareholder
23 Irving St #7	Boston	MA	02114-	(617) 699-7034	
11 Hancoc #4	Boston	MA	02114-	(617) 723-5158	
10 Charles River Square	Boston	MA	02114-	(617) 367-6724	Community Volunteer
52 River Street	Boston	MA	02108-	(617) 367-7057	Community Volunteer
39 Hancock Street	Boston	MA	02114-	(617) 227-8673	Library Consultant
7 Exeter Street	Boston	MA	02116-	(617) 536-1738	
31 Lime Street	Boston	MA	02108-	(617) 742-4939	
122 Bowdoin Street	Boston	MA	02108-		
4 Charles River Square	Boston	MA	02114-	(617) 742-0773	Wardrobe Consultant
34 1/2 Bea Apt. #3 North	Boston	MA	02108-	(617) 742-8221	
345 Beacon Street	Boston	MA	02116-	(617) 236-0027	Community Volunteer
140 Mount Vernon Street	Boston	MA	02108-	(617) 742-6582	General Counsel
71 Hancock Street	Boston	MA	02114-	(617) 720-6171	
56 West Cedar Street	Boston	MA	02114-	(617) 227-8424	
145 Pinckr Unit # 329	Boston	MA	02114-	(617) 227-9213	
3 River Street Place	Boston	MA	02108-	(617) 742-6150	
32 Lime Street	Boston	MA	02108-	(617) 227-2792	Architect
43 Mt. Vernon Street	Boston	MA	02108-	(617) 557-4464	
48 South Russell Street	Boston	MA	02114-	(617) 723-7603	Vice President - Private Client Services

# Application for Extension of Time To File an Exempt Organization Return

▶ 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.

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>HILL HOUSE INC.</b>	Employer identification number <b>04-6141765</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>127 MOUNT VERNON STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02114</b>	

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, 2005 .

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, 2003 , and ending JUN 30, 2004 .

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 ▶ 11/12/04

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