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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)

OMB No. 1545-0047

2008

Open to Public
Inspection

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

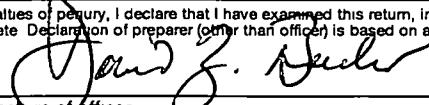
A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable		C Name of organization HILLSIDE SCHOOL, INC.		D Employer identification number 04-2111216	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type See Specific Instructions Number and street (or P O box if mail is not delivered to street address) 404 ROBIN HILL ROAD Room/suite City or town, state or country, and ZIP + 4 MARLBOROUGH, MA 01752		E Telephone number 508-485-2824 F Gross receipts \$ 8,127,499. G Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				J Website: ► WWW.HILLSIDESCHOOL.NET	
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				L Year of formation 1901 M State of legal domicile MA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO EDUCATE MIDDLE SCHOOL BOYS - ACADEMICALLY, SOCIALLY, ATHLETICALLY, AND SPIRITUALLY.			
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23	
	5 Total number of employees (Part V, line 2a)	5	94	
	6 Total number of volunteers (estimate if necessary)	6	10	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,463,430.	1,371,127.	
	9 Program service revenue (Part VIII, line 2g)	5,989,414.	6,350,237.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	203,661.	124,143.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,162.	60,731.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,704,667.	7,906,238.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	926,249.	1,103,755.	
	14 Benefits paid to other members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,226,469.	3,702,390.		
16a Professional fundraising fees (Part IX, column (A), line 11e)		39,627.		
b Total fundraising expenses (Part IX, column (D), line 25) ► 392,592.				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,044,367.	3,235,979.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,197,085.	8,081,751.		
19 Revenue less expenses. Subtract line 18 from line 12	507,582.	-175,513.		
Expenses	20 Total assets (Part X, line 16)	Beginning of Year	End of Year	
	21 Total liabilities (Part X, line 26)	25,599,912.	24,297,977.	
	22 Net assets or fund balances. Subtract line 21 from line 20	12,497,515.	12,214,229.	
		13,102,397.	12,083,748.	

Part II Signature Block

Sign Here	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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	 Signature of officer		Date 02/08/10	
	DAVID Z BEECHER, HEADMASTER			
Paid Preparer's Use Only	Preparer's signature ► F. NEIL DOHERTY, CPA/PFS	Date 01/30/10	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► ROBERT, FINNEGAN & LYNAH, PC 137 SOUTH STREET BOSTON, MASSACHUSETTS 02111	EIN ►		
		Phone no ► (617) 426-4900		

May the IRS discuss this return with the preparer shown above? (see instructions)

832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service Accomplishments (see instructions)

- | | | |
|-------|--|---|
| 1 | Briefly describe the organization's mission:
TO EDUCATE MIDDLE SCHOOL BOYS - ACADEMICALLY, SOCIAILY, ATHLETICALLY, AND SPIRITUALLY. | |
| <hr/> | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If "Yes", describe these new services on Schedule O. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes", describe these changes on Schedule O. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported | |

4a (Code:) (Expenses \$ 5,385,180. including grants of \$) (Revenue \$ 4,546,337.)
EDUCATION - PROVIDING EDUCATION TO STUDENTS.

4b (Code:) (Expenses \$ 436,268. including grants of \$) (Revenue \$ 1,603,300.)
RESIDENTIAL LIFE - PROVIDING A STABLE AND WARM COMMUNITY FOR STUDENTS
WHO RESIDE ON CAMPUS.

4c (Code:) (Expenses \$ 139,225. including grants of \$) (Revenue \$ 200,600.)
SUMMER TERM - PROVIDING A TIME OF FUN AND EXPLORATION AS WELL AS A
NURTURING INTRODUCTION TO THE SCHOOL.

4d Other program services. (Describe in Schedule O.)

4e Total program service expenses ► \$ 5,960,673. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1		
1	X	
2	X	
3		X
4	X	
5		
6		X
7		X
8		X
9		X
10	X	
11	X	
12	X	
13	X	
14a		X
b		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24a		
b		
c		
d		
25a		
b		
26		
27		

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Part IV Checklist of Required Schedules (continued)

- 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:
- a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
 - b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
 - c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV
- 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
- 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1
- 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- 36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
- 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

	Yes	No
28a		X
28b		X
28c		X
29	X	
30		X
31		X
32		X
33		X
34		X
35		X
36		X
37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

- 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable
- | | | | |
|----|----|-----|----|
| 1a | 26 | Yes | No |
| 1b | 0 | | |
- 1c
- 1b X
- 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return
- | | | | |
|----|----|-----|----|
| 2a | 94 | Yes | No |
|----|----|-----|----|
- 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)
- 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
- 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O
- 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
- 4b If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
- 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
- 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
- 5c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?
- 6a Did the organization solicit any contributions that were not tax deductible?
- 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
- 7 **Organizations that may receive deductible contributions under section 170(c).**
- 7a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?
- 7b If "Yes," did the organization notify the donor of the value of the goods or services provided?
- 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?
- 7d If "Yes," indicate the number of Forms 8282 filed during the year
- 7e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
- 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
- 7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?
- 7h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?
- 8 **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
- 9 **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**
- 9a Did the organization make any taxable distributions under section 4966?
- 9b Did the organization make a distribution to a donor, donor advisor, or related person?
- 10 **Section 501(c)(7) organizations.** Enter: N/A
- 10a Initiation fees and capital contributions included on Part VIII, line 12
- 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities
- 11 **Section 501(c)(12) organizations.** Enter: N/A
- 11a Gross income from members or shareholders
- 11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)
- 12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?
- 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

- | | Yes | No |
|----|-----|----|
| 1a | 23 | |
| 1b | 23 | |
| 2 | | X |
| 3 | | X |
| 4 | | X |
| 5 | | X |
| 6 | | X |
| 7a | | X |
| 7b | | X |
| 8a | X | |
| 8b | X | |
| 9a | | X |
| 9b | | |
| 10 | X | |
| 11 | | X |
- 1a Enter the number of voting members of the governing body
- 1b Enter the number of voting members that are independent
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
- 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?
- 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?
- 5 Did the organization become aware during the year of a material diversion of the organization's assets?
- 6 Does the organization have members or stockholders?
- 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?
- 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
- a The governing body?
- b Each committee with authority to act on behalf of the governing body?
- 9a Does the organization have local chapters, branches, or affiliates?
- b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?
- 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990
- 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

Section B. Policies

- | | Yes | No |
|-----|-----|----|
| 12a | X | |
| b | | |
| c | | |
| 13 | | |
| 14 | | |
| 15 | | |
| a | X | |
| b | X | |
| 16a | | X |
| b | | |
- 12a Does the organization have a written conflict of interest policy? If "No," go to line 13
- b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done
- 13 Does the organization have a written whistleblower policy?
- 14 Does the organization have a written document retention and destruction policy?
- 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:
- a The organization's CEO, Executive Director, or top management official?
- b Other officers or key employees of the organization?
- Describe the process in Schedule O. (see instructions)
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
- b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ►MA
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
- Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
- DAVID Z. BEECHER C/O HILLSIDE SCHOOL - 508-485-2824
- ROBIN HILL ROAD, MARLBOROUGH, MA 01752

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter **0** in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
HARVEY ALLEN TRUSTEE	1.00	X					0.	0.	0.
BLAKE ALLISON TRUSTEE	1.00	X					0.	0.	0.
BETSY CARROLL TRUSTEE	1.00	X					0.	0.	0.
MYUNG-SUK CHOI TRUSTEE	1.00	X					0.	0.	0.
JOHN DORAN TRUSTEE	1.00	X					0.	0.	0.
JOSE FIGUEROA TRUSTEE	1.00	X					0.	0.	0.
ELIZABETH GARNER TRUSTEE	1.00	X					0.	0.	0.
ORIT GOLDSTEIN TRUSTEE	1.00	X					0.	0.	0.
JAMES KARMAN TRUSTEE	1.00	X					0.	0.	0.
CHRISTOPHER KEATING TRUSTEE	1.00	X					0.	0.	0.
MICHAEL LEBOVITZ TRUSTEE	1.00	X					0.	0.	0.
RODERICK MACDONALD TRUSTEE	1.00	X					0.	0.	0.
GEORGANNE MARTY TRUSTEE	1.00	X					0.	0.	0.
MICHAEL MCCORD TRUSTEE	1.00	X					0.	0.	0.
DENNIS McDONNELL TRUSTEE	1.00	X					0.	0.	0.
CHARLES REDEPENNING TRUSTEE	1.00	X					0.	0.	0.
TOM STEMBURG TRUSTEE	1.00	X					0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	
ANNE URBACZEWSKI TRUSTEE	1.00	X					0.	0.
K. BRYANT WICK TRUSTEE	1.00	X					0.	0.
EDWARD CHASE PRESIDENT	1.00		X				0.	0.
JOSH GROSS VICE PRESIDENT	1.00		X				0.	0.
THOMAS MAHER TREASURER	1.00		X				0.	0.
CAROL MELAUGH SECRETARY	1.00		X				0.	0.
DAVID Z. BEECHER HEADMASTER	40.00			X		290,460.	0.	45,706.
ARTHUR GOODEARL JR ASST HEADMASTER	40.00				X	125,000.	0.	17,083.
1b Total						► 415,460.	0.	62,789.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 2

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 0		

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f	1a 1b 1c 1d 1e 1f 1371127. 27,952. ► 1,371,127.			
Program Service Revenue	2 a TUITION AND FEES b RESIDENT STUDENT BOARD c SUMMER PROGRAM d e f All other program service revenue g Total. Add lines 2a-2f	Business Code 900099 4,546,330. 900099 1,603,300. 900099 200,607. ► 6,350,237.	4,546,330. 1,603,300. 200,607.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a MISCELLANEOUS b c d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	(i) Real 217,400. (ii) Other 207,105. 10,295. ► 21,955. 14,156. 7,799. a b ► 52,932. 52,932. ► 52,932. ► 7,906,238. 6,421,263. 0. 113,848.	113,848. 113,848. 10,295. 10,295. 7,799. 7,799.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,103,755.	1,103,755.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	339,176.		339,176.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,710,877.	2,131,097.	363,261.	216,519.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	90,681.	73,693.	12,569.	4,419.
9 Other employee benefits	328,057.	250,024.	68,670.	9,363.
10 Payroll taxes	233,599.	175,679.	41,601.	16,319.
11 Fees for services (non-employees):				
a Management	37,500.		37,500.	
b Legal	25,722.		25,722.	
c Accounting	15,000.		15,000.	
d Lobbying				
e Professional fundraising services See Part IV, line 17	39,627.			39,627.
f Investment management fees	18,113.		18,113.	
g Other	145,275.	46,239.	99,036.	
12 Advertising and promotion	51,903.		38,263.	13,640.
13 Office expenses	236,944.	161,857.	52,931.	22,156.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	159,375.	1,427.	119,812.	38,136.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	43,591.	2,449.	35,348.	5,794.
20 Interest	421,543.	421,047.	496.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	870,802.	764,903.	88,472.	17,427.
23 Insurance	63,524.	63,524.		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a UTILITIES	273,125.	194,583.	69,790.	8,752.
b FOOD	268,554.	268,554.		
c EQUIPMENT RENTAL AND MA	173,610.	173,610.		
d INVESTMENT FEES	121,550.		121,550.	
e DONATIONS	97,258.		97,258.	
f All other expenses	212,590.	128,232.	83,918.	440.
25 Total functional expenses. Add lines 1 through 24f	8,081,751.	5,960,673.	1,728,486.	392,592.
26 Joint Costs. Check here ► <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	500.	1	500.
	2 Savings and temporary cash investments	2,086,856.	2	1,583,382.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	17,237.	4	34,973.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	16,383.	8	41,982.
	9 Prepaid expenses and deferred charges	385,930.	9	281,664.
	10a Land, buildings, and equipment: cost basis	24,754,832.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	5,044,158.	10c	19,710,674.
	11 Investments - publicly traded securities	19,532,223.	11	2,630,762.
	12 Investments - other securities. See Part IV, line 11	3,560,783.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	14,040.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	25,599,912.	16	24,297,977.
Liabilities	17 Accounts payable and accrued expenses	302,296.	17	351,816.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	10,000,000.	20	9,870,000.
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	2,195,219.	25	1,992,413.
	26 Total liabilities. Add lines 17 through 25	12,497,515.	26	12,214,229.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,875,764.	27	10,253,700.
	28 Temporarily restricted net assets	253,394.	28	256,471.
	29 Permanently restricted net assets	1,973,239.	29	1,573,577.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	13,102,397.	33	12,083,748.
	34 Total liabilities and net assets/fund balances	25,599,912.	34	24,297,977.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
b Were the organization's financial statements audited by an independent accountant?
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

HILLSIDE SCHOOL, INC.

Employer identification number
04-2111216

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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 exempt 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). (Complete the Part III.)

- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support**Calendar year (or fiscal year beginning in) ►**

- 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")
- 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
- 3 The value of services or facilities furnished by a governmental unit to the organization without charge
- 4 **Total.** Add lines 1 - 3
- 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)

6 Public Support. Subtract line 5 from line 4

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1						
2						
3						
4						
5						
6						

Section B. Total Support**Calendar year (or fiscal year beginning in) ►**

- 7 Amounts from line 4
- 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources
- 9 Net income from unrelated business activities, whether or not the business is regularly carried on
- 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)
- 11 **Total support.** Add lines 7 through 10

12 Gross receipts from related activities, etc. (see instructions)**12**

- 13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage****14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))****14****%****15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f****15****%****16a 33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization**b 33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization**17a 10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization**b 10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section C. Computation of Public Support Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

HILLSIDE SCHOOL, INC.Employer identification number
04-2111216**Part I** **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____	
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____
- (ii) Assets included in Form 990, Part X ► \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
- b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
 b Scholarly research
 c Preservation for future generations

- d Loan or exchange programs
 e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,226,633.				
b Contributions	114,206.				
c Investment earnings or losses	99,044.				
d Grants or scholarships	1,025.				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,240,770.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► 18.32 %
 b Permanent endowment ► 70.23 %
 c Term endowment ► 11.45 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

- (i) unrelated organizations
 (ii) related organizations
 b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Yes	No
3a(i)	X
3a(ii)	X
3b	

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		300,164.		300,164.
b Buildings		21,534,206.	3,443,197.	18,091,009.
c Leasehold improvements				
d Equipment		1,633,333.	1,116,632.	516,701.
e Other		1,287,129.	484,329.	802,800.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)			►	19,710,674.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Col (b) should equal Form 990, Part X, col (B) line 12) ►

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Total (Col (b) should equal Form 990, Part X, col (B) line 13) ►

Part IX **Other Assets.** See Form 990, Part X, line 15.

Total. (Column (b) should equal Form 990, Part X, col (B) line 15)

Part X **Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
PREPAID TUITION	1,802,722.
PERSONAL ACCOUNTS	97,850.
PREPAID MISCELLANEOUS	19,654.
CAPITAL LEASE OBLIGATIONS	12,187.
CONTRIBUTION PAYABLE	60,000.

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)

1,992,413.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	7,906,238.
2	8,081,751.
3	-175,513.
4	-843,136.
5	
6	
7	
8	
9	-843,136.
10	-1,018,649.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	7,077,259.
2	
2a	-843,136.
2b	
2c	
2d	14,157.
2e	-828,979.
3	7,906,238.
4	
4a	
4b	
4c	0.
5	7,906,238.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	8,095,908.
2	
2a	
2b	
2c	
2d	14,157.
2e	14,157.
3	8,081,751.
4	
4a	
4b	
4c	0.
5	8,081,751.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: THE SCHOOL INTENDS TO USE THE ENDOWMENT FUNDS FOR

SCHOLARSHIP AND TUTORIAL PROGRAMS, CAPITAL PURCHASES AND IMPROVEMENTS,

EDUCATIONAL MATERIALS, FACULTY DEVELOPMENT, ATHLETIC PROGRAMS, GENERAL

OPERATING EXPENSES, AS WELL AS TO MAINTAIN THE LONGEVITY OF THE SCHOOL.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES OF SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

Part XIV Supplemental Information (continued)

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES OF SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

OMB No 1545-0047

► To be completed by organizations that
answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.

2008
Open to Public
Inspection

Name of the organization

HILLSIDE SCHOOL, INC.

Employer identification number
04-2111216

- 1 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?
- 2 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?
- 3 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
- RACIALLY NONDISCRIMINATORY POLICY EXPLAINED IN BROCHURE
GIVEN TO PROSPECTIVE STUDENTS AND TO ORGANIZATIONS SUPPORTING
THE SCHOOL. AS STATED IN THE BROCHURE, THE SCHOOL DOES NOT
DISCRIMINATE AGAINST RACE, COLOR, RELIGION OR NATIONAL ORIGIN.**
- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

- 5 Does the organization discriminate by race in any way with respect to.

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

- 6a Does the organization receive any financial aid or assistance from a governmental agency?

- b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.

- 7 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

	YES	NO
1	X	
2	X	
3	X	
4a	X	
4b	X	
4c	X	
4d	X	
5a	X	
5b	X	
5c	X	
5d	X	
5e	X	
5f	X	
5g	X	
5h	X	
6a	X	
6b	X	
7	X	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule E (Form 990 or 990-EZ) 2008

832061
03-23-09

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008
Open To Public
Inspection

Name of the organization

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Employer identification number
04-2111216

Name of the organization **HILLSIDE SCHOOL, INC.**

Employer identification number
04-2111216

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
 - b** Email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Total

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

MA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2	(c) Other Events NONE	(d) Total Events (Add col. (a) through col. (c))
Revenue	21,955.			21,955.
1 Gross receipts	21,955.			21,955.
2 Less: Charitable contributions	13,093.			13,093.
3 Gross revenue (line 1 minus line 2)	8,862.			8,862.
Direct Expenses				
4 Cash prizes				
5 Non-cash prizes	399.			399.
6 Rent/facility costs	8,351.			8,351.
7 Other direct expenses	5,406.			5,406.
8 Direct expense summary. Add lines 4 through 7 in column (d)			►	(14,156.)
9 Net income summary. Combine lines 3 and 8 in column (d)			►	-5,294.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)			►	()
8 Net gaming income summary. Combine lines 1 and 7 in column (d)			►	

9 Enter the state(s) in which the organization operates gaming activities _____

Yes	No
9a	
10a	
11	
12	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain: _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

13 Indicate the percentage of gaming activity operated in:

	Yes	No
13a	%	
13b	%	

- a The organization's facility
 b An outside facility
- 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a		

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

- c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

 _____ Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

17a

Schedule I (Form 330) 2008

Grants and Other Assistance to Individuals in the United States Schedule 11-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS PROVIDED TO STUDENTS	40	0.	1,103,755.	STUDENT TUITION	FAIR MARKET VALUE OF TUITION THE STUDENT IS REQUIRED TO PAY THE SCHOOL

תְּמִימָנָה תְּמִימָנָה תְּמִימָנָה תְּמִימָנָה תְּמִימָנָה תְּמִימָנָה

111

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

HILLSIDE SCHOOL, INC.

Employer identification number
04-2111216**Part I Questions Regarding Compensation**

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a Receive a severance payment or change of control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

- 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

- 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

- 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

- 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)
 Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DAVID Z. BEECHER	(i) 220,000.	0.	70,460.	11,625.	34,081.	336,166.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii)						
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SCHEDULE K
 (Form 990)
 Department of the Treasury
 Internal Revenue Service

OMB No 1545-0047
 2008
 Open to Public
 Inspection

Supplemental Information on Tax-Exempt Bonds

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a
 Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Name of the organization

HILLSIDE SCHOOL, INC.

Part I Bond Issues (Required for 2008)		SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS					
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased	(h) On behalf of issuer
MASSACHUSETTS					TO FINANCE CONSTRUCTION FOR RE	Yes	No
A DEVELOPMENT FINANCE AGEN	04-343181457583RTD7	7	12/01/07	10000000.00		X	X
B							
C							
D							
E							

Part II Proceeds (Optional for 2008)

	A	B	C	D	E
1 Total proceeds of issue	10,000,000.				
2 Gross proceeds in reserve funds					
3 Proceeds in refunding or defeasance escrows					
4 Other unspent proceeds					
5 Issuance costs from proceeds					
6 Working capital expenditures from proceeds					
7 Capital expenditures from proceeds					
8 Year of substantial completion					

Part III Private Business Use (Optional for 2008)

	A	B	C	D	E
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes
2 Are there any lease arrangements with respect to the financed property which may result in private business use?					

832127
 12-19-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2008

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**NonCash Contributions**

OMB No 1545-0047

2008
Open to Public
Inspection

- To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization

HILLSIDE SCHOOL, INC.Employer identification number
04-2111216**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	27,952.	FMV ON DATE OF CONTRIB
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment		29		

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

832141
03-11-09

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

HILLSIDE SCHOOL, INC.

Employer identification number
04-2111216

FORM 990, PART VI, SECTION A, LINE 10: THE SCHOOL'S HEADMASTER, BUSINESS
MANAGER, AND THE TREASURER OF THE BOARD OF TRUSTEES REVIEW THE FORM 990
PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, ALL MEMBERS OF THE BOARD
OF TRUSTEES, THE HEADMASTER, ADMINISTRATORS, AND EMPLOYEES WITH PURCHASING
AND/OR HIRING RESPONSIBILITIES OR AUTHORITY RECEIVE A LIST OF VENDORS WITH
WHOM THE SCHOOL HAS TRANSACTED BUSINESS WITH DURING THE PRECEDING YEAR.

ONCE THE AFOREMENTIONED INDIVIDUALS HAVE REVIEWED THE VENDOR LIST, THEY
MUST COMPLETE A WRITTEN DISCLOSURE STATEMENT INDICATING ALL REPORTABLE
CONFLICTS OR CONFIRMING THAT THERE ARE NO CONFLICTS TO REPORT. THE
DISCLOSURE STATEMENTS ARE REVIEWED BY THE APPROPRIATE LEVEL OF AUTHORITY
WITHIN THE SCHOOL.

FORM 990, PART VI, SECTION B, LINE 15: THE SCHOOL'S EVALUATION AND
COMPENSATION COMMITTEE DETERMINES THE COMPENSATION OF THE HEADMASTER.
ADDITIONALLY, THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THE
HEADMASTER'S COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: THE SCHOOL'S GOVERNING DOCUMENTS
AND CONFLICT OF INTEREST POLICY ARE AVAILABLE THROUGH THE HEADMASTER'S
OFFICE UPON REQUEST. THE FINANCIAL STATEMENTS OF THE SCHOOL ARE NOT
DISTRIBUTED TO THE PUBLIC.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

•Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

HILLSIDE SCHOOL, INC.

Employer identification number
04-2111216

(F) DESCRIPTION OF PURPOSE:

TO FINANCE CONSTRUCTION FOR RENOVATIONS AND IMPROVEMENTS TO SCHOOL CAMPUS

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use:

	%							
	%							
	%							

27 Property used 50% or less in a qualified business use:

	%				S/L -			
	%				S/L -			
	%				S/L -			

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
		Yes	No										
31													
32													
33													
34	Was the vehicle available for personal use during off-duty hours?												
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	--	-----------------------------------

42 Amortization of costs that begins during your 2008 tax year.

--	--	--	--	--	--

43 Amortization of costs that began before your 2008 tax year

43

44 Total. Add amounts in column (f). See the instructions for where to report

44

FORM 4562 TOTALS

RESIDENTIAL RENTAL PROPERTY

STATEMENT 1

(B) MONTH & YEAR IN SERVICE	(C) DEPRECIATION BASIS	(G) DEPRECIATION DEDUCTION
08/08	6,981.	222.
07/08	34,801.	1,213.
08/08	1,502.	48.
09/08	22,204.	639.
10/08	3,075.	79.
06/09	3,015.	5.
TOTALS TO FORM 4562, LINE 19H	71,578.	2,206.

FORM 4562 TOTALS

NONRESIDENTIAL REAL PROPERTY

STATEMENT 2

(B) MONTH/YEAR	(C) BASIS	(D) RECOVERY PERIOD	(G) DEPRECIATION DEDUCTION
07/08	190,451.	39	4,680.
09/08	1,880.	39	38.
10/08	250.	39	5.
TOTALS 4562 L19I	192,581.		4,723.

HILLSIDE SCHOOL, INC
 SCHEDULE ACCOMPANYING FORM 990- YEAR ENDED JUNE 30, 2009
 PART VIII-LINES 7(A), 7(B), AND 7(C)

DESCRIPTION	BEGINNING BALANCE		PURCHASE / RECEIVED		DATE	SHS	SALE COST	PROCEEDS	GAIN/(LOSS)
	SHARES	COST	DATE	SHS	COST				
CALAMOS MARKET NEUTRAL FUND A	161,813	2,090.62	07/31/08	161,813	2,090.62	2,000.01	(90.62)		
PIMCO TOTAL RETURN FUND A	431,796	4,732.48	01/26/09	431,796	4,732.48	4,400.00	(332.48)		
TEMPLETON GLOBAL FUND A	261,324	2,882.40	01/26/09	261,324	2,882.40	3,000.00	117.60		
TEMPLETON GLOBAL FUND A	381,544	4,203.43	01/26/09	381,544	4,203.43	4,300.00	91.57		
TEMPLETON GLOBAL FUND A	17,515.047	193,190.97	01/26/09	17,515.047	193,190.97	203,700.00	10,509.03		
						<u>207,104.91</u>	<u>217,400.01</u>	<u>10,295.10</u>	

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).

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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization HILLSIDE SCHOOL, INC.	Employer identification number 04-2111216
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. 404 ROBIN HILL ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MARLBOROUGH, MA 01752	

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 |

DAVID Z. BEECHER C/O HILLSIDE SCHOOL

- The books are in the care of ► **ROBIN HILL ROAD - MARLBOROUGH, MA 01752**

Telephone No. ► **508-485-2824** FAX No. ► _____ ►

- 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-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, 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, 2008**, and ending **JUN 30, 2009**

- 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.	3a	\$
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.	3b	\$
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	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)