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Form 990-EZ

OMB No 1545-1150

Short Form  
Return of Organization Exempt From Income Tax

2008

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

Open to Public  
Inspection

A For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

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

C Summer on the Hill, Inc.  
c/o John P. McIvor  
4440 Tibbett Avenue  
Riverdale, NY 10471

D Employer identification number

65-1232087

E Telephone number

(718) 432-4117

F Group Exemption Number

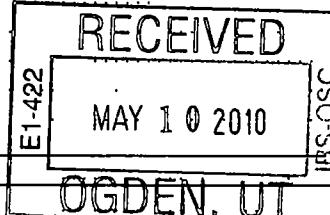
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method:  Cash  Accrual  
Other (specify) ►H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).I Website: ► [www.summeronthehill.org](http://www.summeronthehill.org)J Organization type (check only one) —  501(c) (3) (insert no.) 4947(a)(1) or 527K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 507,950.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	452,432.
	2 Program service revenue including government fees and contracts	2	24,246.
	3 Membership dues and assessments	3	
	4 Investment income	4	8,232.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less. cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	23,040.
	a Gross revenue (not including \$ 133,560. of contributions reported on line 1)	6b	23,040.
EXPENSES	b Less. direct expenses other than fundraising expenses	6c	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
	7a Gross sales of inventory, less returns and allowances	7b	
	b Less. cost of goods sold	7c	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
	8 Other revenue (describe ► )	9	484,910.
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	10	26,000.
	10 Grants and similar amounts paid (attach schedule)	11	
	11 Benefits paid to or for members	12	654,850.
ASSETS	12 Salaries, other compensation, and employee benefits	13	
	13 Professional fees and other payments to independent contractors	14	
	14 Occupancy, rent, utilities, and maintenance	15	
	15 Printing, publications, postage, and shipping	16	202,768.
	16 Other expenses (describe ► See Statement 2)	17	883,618.
	17 Total expenses (add lines 10 through 16)	18	-398,708.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	707,455.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20	
	20 Other changes in net assets or fund balances (attach explanation)	21	308,747.



## Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	751,428.22	311,630.
23 Land and buildings	23	
24 Other assets (describe ► See Statement 3 )	193,881.24	72,980.
25 Total assets	945,309.25	384,610.
26 Total liabilities (describe ► See Statement 4 )	237,854.26	75,863.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	707,455.27	308,747.



## Part V Other Information (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity  
 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes  
 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.

	Yes	No
33		X
34		X
35		

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?  
 b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

35a	X
35b	

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year?  
 If 'Yes,' complete applicable parts of Schedule N

► 37a 0.

36	X
37b	X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37b	X
38a	X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

38b	N/A
39a	N/A

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39b	N/A
40a	

39 501(c)(7) organizations Enter:

40a	
40b	X

a Initiation fees and capital contributions included on line 9

40b	X
40c	

b Gross receipts, included on line 9, for public use of club facilities

40c	
40d	

40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0. ; section 4912 ► 0. , section 4955 ► 0.

40d	
40e	X

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?  
 If 'Yes,' complete Schedule L, Part I

40e	X
41	

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

41	
42a	

d Enter amount of tax on line 40c reimbursed by the organization

42a	
42b	X

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T

42b	X
42c	X

41 List the states with which a copy of this return is filed ► NY

42c	X
43	

42a The books are in care of ► John McIvor Telephone no ► (718) 432-4117  
 Located at ► 4440 Tibbett Avenue Riverdale NY ZIP + 4 ► 10471

43	
44	

b 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)?

44	
45	

If 'Yes,' enter the name of the foreign country ►

45	
46	

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

46	
47	

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If 'Yes,' enter the name of the foreign country ►

47	
48	

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year

48	
49	

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

49	
50	

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

50	
51	

**Part VI** **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

See Statement 8

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization(s) a section 527 organization?

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

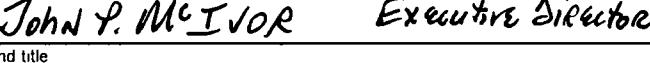
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

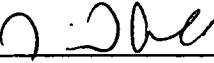
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
-----		
-----		
-----		
-----		
-----		
Total number of other independent contractors receiving over \$100,000 ►		

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.

**Sign Here** ►  4/14/10  
 Signature of officer Date  
 ►  4/14/10  
 Type or print name and title

<b>Paid Preparer's Use Only</b>	Preparer's signature ►  <span style="float: right;">Date 4/12/10</span>	Date <span style="float: right;">4/12/10</span>	Check if self-employed ► <input type="checkbox"/> <span style="float: right;">Preparer's Identifying Number (See instructions) N/A</span>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► SCHALL & ASHENFARB CPAS ► 350 5TH AVE STE 728 ► NEW YORK, NY 10118-0110	EIN ► <span style="float: right;">N/A</span>	Phone no ► (212) 268-2800

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

BAA

Form 990-EZ (2008)

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

## Public Charity Status and Public Support

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

2008

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Summer on the Hill, Inc.  
c/o John P. McIvor

Employer identification number  
65-1232087

Name of the organization **Summer on the Hill Inc**

**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 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 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 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 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?

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

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

**Total**

**BAA 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) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') ..	769,854.	578,995.	902,802.	1,103,386.	452,432.	3,807,469.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 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						0.
4 Total. Add lines 1-3 .	769,854.	578,995.	902,802.	1,103,386.	452,432.	3,807,469.
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)						1,333,272.
6 Public support. Subtract line 5 from line 4						2,474,197.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	769,854.	578,995.	902,802.	1,103,386.	452,432.	3,807,469.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			24,817.	19,090.	8,232.	52,139.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						0.
11 Total support. Add lines 7 through 10						3,859,608.
12 Gross receipts from related activities, etc (see instructions)					12	24,246.
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						<input checked="" type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	64.1 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	54.2 %
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

BAA

Schedule A (Form 990 or 990-EZ) 2008

**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 yr 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 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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						
<b>6 Total.</b> Add lines 1-5.						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> 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**

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 D. Computation of Investment Income 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	%
<b>19a 33-1/3 support tests – 2008.</b> 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>b 33-1/3 support tests – 2007.</b> If the organization did not check a box on line 14 or 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		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2008

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- 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.

Name of the organization Summer on the Hill, Inc.  
c/o John P. McIvor

Employer identification number  
65-1232087

**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

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government grants
<input type="checkbox"/> Email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

**2a** Did the organization have 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?

Yes  No

**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 990EZ filers are not required to complete this table.

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.

**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.

REVENUE		(a) Event #1 <u>Spring Benefit</u> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts	156,600.			156,600.
	2 Less Charitable contributions	133,560.			133,560.
	3 Gross revenue (line 1 minus line 2)	23,040.			23,040.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	23,040.			23,040.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				23,040.
	9 Net income summary Combine lines 3 and 8 in column (d)				

**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.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	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 \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? \_\_\_\_\_

b If 'No,' Explain: \_\_\_\_\_

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? \_\_\_\_\_

YES	NO
9a	
10a	
11	
12	

**13** Indicate the percentage of gaming activity operated in:

- 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 contact with a third party from whom the organization receives gaming revenue?

**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: ► \$ \_\_\_\_\_

2008

## Federal Statements

Page 1

Client SUMMER

Summer on the Hill, Inc.  
c/o John P. McIvor

65-1232087

4/06/10

07:15PM

Statement 1  
Form 990-EZ, Part I, Line 10  
Grants and Similar Amounts Paid

Donee's Name:	Fordham Prep		
Cash Amount Given:		\$	7,000.
Donee's Name:	Academy of Mount St. Ursula		
Cash Amount Given:		\$	2,250.
Donee's Name:	Mother Cabrini High School		
Cash Amount Given:		\$	3,500.
Donee's Name:	St. Agnes		
Cash Amount Given:		\$	5,000.
Donee's Name:	St. Francis Prep		
Cash Amount Given:		\$	3,000.
Donee's Name:	Cardinal Spellman High School		
Cash Amount Given:		\$	1,250.
Donee's Name:	Msgr. Scanlon High School		
Cash Amount Given:		\$	1,500.
Donee's Name:	Acquinas High School		
Cash Amount Given:		\$	2,500.

Statement 2  
Form 990-EZ, Part I, Line 16  
Other Expenses

Books		\$	3,205.
Cleaning			5,720.
Food			26,322.
Insurance			8,861.
Office Expenses			5,690.
Postage, Printing and Shipping			13,002.
Professional Fees			13,325.
Program Supplies			18,324.
Student Transportation			106,937.
Telephone			1,382.
Total		\$	<u>202,768.</u>

Statement 3  
Form 990-EZ, Part II, Line 24  
Other Assets

	Beginning	Ending
Accounts Receivable	\$ 193,881.	\$ 72,980.
Total	<u>\$ 193,881.</u>	<u>\$ 72,980.</u>

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**Statement 4**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses Due to affiliate	\$ 21,730. 216,124.	\$ 52,557. 23,306.
<b>Total</b>	<b>\$ 237,854.</b>	<b>\$ 75,863.</b>

**Statement 5**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

To enrich the education of academically talented, disadvantaged students.

**Statement 6**  
**Form 990-EZ, Part III, Line 28**  
**Statement of Program Service Accomplishments**

Summer on the Hill is a year-round educational program dedicated to nurturing academically talented students whose socio-economic status prevents them from taking advantage of New York City's varied academic resources. Summer on the Hill enriches its students' education with an intensive six-week summer session that reinforces academic material learned during the year and anticipates the coursework to come. The summer program also includes a mentor internship program for 26 selected high school students who are trained to work as mentors to the children in the Grade 3-8 program. Additionally, during the summer, Summer on the Hill holds a three-week transition-to-high school program for rising 9th graders. During the academic year, SOH holds a Saturday academic program for 195 SOH students in Grades 3-8, and a Wednesday after-school program for 60 6th and 7th graders to prepare them for high school entrance exams. Summer on the Hill recruits students from public schools in the Bronx and upper Manhattan through an extensive recruitment and admissions process at the 2nd and 5th grade levels. The program offers individual placement guidance on school choices to approximately 30 enrolled students and their families, and holds yearly workshops on topics of interest to middle school parents.

Summer on the Hill's High School Program is for alumni of the Grade 3-8 Program only, and includes SAT and academic review classes, college counseling and college tours, workshops on college admissions and financial aid, trips to cultural events, and community service learning activities. All summer and academic year programs are held on the campus of the Horace Mann School in the Riverdale section of the Bronx.

SOH has an excellent school and college placement record. Many SOH students have gone on to such high schools as Bronx Science, Brooklyn Tech, HS for Math, Science, and Engineering at City College, and LaGuardia. Forty-five SOH students have been accepted to Horace Mann; SOH students have also attended Fieldston, Fordham Prep, Mt. St. Ursula, Riverdale Country, and other independent and Catholic schools.

During the 2007-2008 academic year, 110 SOH alumni from underserved areas of the Bronx and upper Manhattan were enrolled in college. In June 2008, SOH celebrated the graduation of its first group of college students, as 14 alumni received their bachelor's degrees. By the end of the 2007-2008 academic year, 25 of SOH's 27 high school graduates accepted college admissions offers and will enroll at 19 colleges and universities in the fall. Since 2004, SOH has placed 98% of its high school

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Statement 6 (continued)  
Form 990-EZ, Part III, Line 28  
Statement of Program Service Accomplishments

seniors in college.

Statement 7  
Form 990-EZ, Part IV  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri- bution to EBP & DC	Expense Account/ Other
Bruce Brickman See Face of Return	Chairman 2.00	0. \$	0. \$	0.
Gary Miller See Face of Return	Vice Chairman 2.00	0.	0.	0.
Richard Barasch See Face of Return	Treasurer 2.00	0.	0.	0.
Kelly Grayer See Face of Return	Secretary 2.00	0.	0.	0.
Brother Brian Carty, F.S.C. See Face of Return	Trustee 2.00	0.	0.	0.
Walter Harris See Face of Return	Trustee 2.00	0.	0.	0.
Cynthia Gay See Face of Return	Trustee 2.00	0.	0.	0.
John P. McIvor See Face of Return	Executive Direc 40.00	73,417.	9,936.	0.
Irvin Goldman See Face of Return	Trustee 2.00	0.	0.	0.
Robin Ingram See Face of Return	Trustee 2.00	0.	0.	0.

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Statement 7 (continued)  
Form 990-EZ, Part IV  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri- bution to EBP & DC	Expense Account/ Other
Lewis Jones See Face of Return	Trustee \$ 2.00	0. \$	0. \$	0.
Jonathan Meltzer See Face of Return	Trustee 2.00	0.	0.	0.
Andrew Levander, Esq. See Face of Return	Trustee 2.00	0.	0.	0.
Edward Levy See Face of Return	Trustee 2.00	0.	0.	0.
Bill Lukashok See Face of Return	Trustee 2.00	0.	0.	0.
Larry Wolfson See Face of Return	Trustee 2.00	0.	0.	0.
Total		\$ 73,417.	\$ 9,936.	\$ 0.

Statement 8  
Form 990-EZ, Part VI  
Regarding Transfers Associated with Personal Benefit Contracts(a) Did the organization, during the year, receive any funds, directly or  
indirectly, to pay premiums on a personal benefit contract? No(b) Did the organization, during the year, pay premiums, directly or  
indirectly, on a personal benefit contract? No

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box.  ►

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

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

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Name of Exempt Organization <b>Summer on the Hill, Inc.</b> c/o John P. McIvor	Employer identification number <b>65-1232087</b> For IRS use only
Type or print <b>SCHALL &amp; ASHENFARB CPAS</b> <b>350 5TH AVE STE 728</b>	File by the extended due date for filing the return. See instructions.
Number, street, and room or suite number. If a P.O. box, see instructions. <b>NEW YORK, NY 10118-0110</b>	City, town or post office, state, and ZIP code. For a foreign address, see instructions.

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

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

- The books are in care of. ► **John McIvor** Telephone No. ► **(718) 432-4117** FAX No. ► **(718) 432-3614**
- 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 is for.

- I request an additional 3-month extension of time until **5/15**, 20 **10**.
- For calendar year **2001**, or other tax year beginning **7/01**, 20 **08**, and ending **6/30**, 20 **09**.
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension... **Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.**

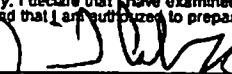
**8a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. **8a \$**

**b** If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. **8b \$**

**c** Balance Due. Subtract line 8a from line 8b. 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 instrs... **8c \$**

**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 ► 

Title ► **CPA**

Date ► **7/12/10**

**BAA**

