

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2009

OMB No 1545-0052

For	alen	dar year 2009, or tax yea	r beginning		, and ending		
G C	heck	all that apply:	Initial return	Initial return of a fo	rmer public charity	Final return	
			Amended return	Address chang	je 🗀	Name change	
Use	the l	RS Name of foundation				A Employer identification	number
	abel.		DE FOUNDATI				
		se, <u>C/O MR. AI</u>	LLAN M. HOLT		T=	20-2787879	
	print r type	1	O box number if mail is not de		Room/suite	B Telephone number	E 2 E 2
	Spec	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PPLEGATE ROA	<u>D</u>		(202) 729-	
	ructio	City of town, state, at	1D 20854			C if exemption application is pe D 1. Foreign organizations	<u>-</u>
ш С	hook		X Section 501(c)(3) ex	emot private foundation		Foreign organizations med check here and attach core	eting the 85% test,
<u></u>	_	ction 4947(a)(1) nonexem		Other taxable private founda	tion		
⊥— L Fa		rket value of all assets at e			Accrual	If private foundation state under section 507(b)(1)	
		Part II, col. (c), line 16)	· —	her (specify)		F If the foundation is in a 6	•
	\$	3,952	2,373. (Part I, colu	mn (d) must be on cash b	oasis.)	under section 507(b)(1)	
Pa	ırt İ	Analysis of Revenue an	d Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amoun	its in column (a))	expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, grant	ts, etc., received	54,908.			
	2	Check Interest on savings and temporal	n is not required to attach Sch. B	40.000	40.000		
	3	cash investments		49,838.	49,838.		STATEMENT 1
	4	Dividends and interest fro	om securities	158,578.	158,578.		STATEMENT 2
		Gross rents					
		Net rental income or (loss)		7,003.			
Ë	b	Net gain or (loss) from sale of Gross sales price for all	7,003.	7,005.			
n Revenue	7	assets on line 6a Capital gain net income (from			7,003.		•
; æ	8	Net short-term capital gai					
- ∌	9	Income modifications					
<u>≈</u> 3	10a	Gross sales less returns and allowances					
၁	b	Less Cost of goods sold					
3 0₹0	C	Gross profit or (loss)					
	11	Other income		0.70	045 440		
	12	Total. Add lines 1 throug		270,327.	215,419.	0.	0.
	13	Compensation of officers, dire		0.	0.		<u> </u>
	14	Other employee salaries a Pension plans, employee	•				
es S	15	Legal fees	Delicins	-			
euse	ı	Accounting fees					
Š		Other professional fees					
Ve E	17	Interest					
and Administrative Exper	18	Taxes	STMT 3	4,276.	0.	0.	0.
nist	19	Depreciation and depletion	on				
Ē	20	Occupancy					
Ă	21	Travel, conferences, and					_
ä	22	Printing and publications	CEIVED_ \	00.061	22 061		
ing	23	Other expenses	STMT 4	22,861.	22,861.	0.	0.
Operating	24	Total operating and admesses Add lines 13 t	stynt 4	27,137.	22,861.	0.	0.
Ö	25	Contributions, gifts, gran	te naid	790,000.	22,001.	- 0.	790,000.
	1	Total expenses and disp		7507000			, , , , , , , , , , , ,
		Add lines 24 and 25	ו שיי,יישו	817,137.	22,861.	0.	790,000.
_	27	Subtract line 26 from line	12:				
	a	Excess of revenue over expen		<546,810.			
	Ь	Net investment income (if negative, enter -0-)		192,558.		
		Adjusted net income (if n				0.	- 000 57
9235 02-0	U1 2-10	LHA For Privacy Act a	and Paperwork Reduction	Act Notice, see the instruct	tions.		Form 990-PF (2009)

(2009)

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
•	(must agree with end-of-year figure reported on prior year's return)	11	4,328,369.
2	Enter amount from Part I, line 27a	2	<546,810.>
_	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	3,781,559.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	3,781,559.

Form **990-PF** (2009)

2-story brick w	cribe the kind(s) of property solo arehouse; or common stock, 20			(b) How a P - Pur D - Do	acquired chase nation	(c) Date acqu (mo., day, y		(d) Date sold (mo., day, yr.)
a CAPITAL GAINS	DIVIDENDS							
						-		
<u> </u>				_		_		
<u> </u>								
<u> </u>	(f) Depreciation allowed	(=) Coo	t or other basis			(h) Gain c	or (loce)	
(e) Gross sales price	(i) Depreciation allowed (or allowable)		xpense of sale			(e) plus (f)	minus (i	g)
7,003.			<u> </u>					7,003
)								
)								
					<u>.</u>			
Complete only for assets show	1	T			(I)	Gains (Col. ((k), but not le	(h) gain i	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any		coi.	Losses (fro	m col. (f	1-0-) 0 (1))
	23 01 12/3 1/03	0461	coi. (j), ii aiiy					7,003
<u> </u>				-				7,003
·	· · · · · · · · · · · · · · · · · · ·			+				
<u></u>				\dashv				
	(If pain also	enter in Part I, line	7	1				·
Capital gain net income or (net c		ter -0- in Part I, line		2				7,00
Net short-term capital gain or (lo								
If gain, also enter in Part I, line 8		(0) 4.14 (0).		}				
If (loss), enter -0- in Part I, line 8	Inder Section 4940(e)			<u> </u>	<u> </u>		N/A	
ection 4940(d)(2) applies, leave	this part blank.							
section 4940(d)(2) applies, leave as the foundation liable for the se "Yes," the foundation does not qua	ction 4942 tax on the distributat alify under section 4940(e). Do i	not complete this pa	rt.					Yes X N
as the foundation liable for the se	ction 4942 tax on the distributat alify under section 4940(e). Do i	not complete this pa	rt.	s.				
as the foundation liable for the set Yes," the foundation does not que Enter the appropriate amount in (a) Base period years	ction 4942 tax on the distributate alify under section 4940(e). Do it each column for each year; see	not complete this pa e instructions before)	rt. making any entrie	s. (c)	p-1150 255pts	(col	Distrib	(d)
as the foundation liable for the set Yes," the foundation does not qua Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn	ction 4942 tax on the distributate alify under section 4940(e). Do it each column for each year; see	not complete this pa e instructions before) ng distributions	rt.	s. (c) icharitabl			Distrib I. (b) divi	(d) ution ratio ided by col. (c))
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as the foundation liable for the set Yes," the foundation does not qua Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn 2008 2007 2006	ction 4942 tax on the distributate alify under section 4940(e). Do it each column for each year; see	not complete this part instructions before instructions distributions $\frac{521,754}{979,003}$	rt. making any entrie	(c) scharitable 4,4 1,6	31,665 74,588 21,760	•	Distrib I. (b) divi	(d) ution ratio ided by col. (c)) .1177: .58462 .4567
ss the foundation liable for the set Yes," the foundation does not quate Enter the appropriate amount in Base period years Calendar year (or tax year beginn 2008	ction 4942 tax on the distributate alify under section 4940(e). Do it each column for each year; see	not complete this part instructions before instructions before in graph of the second	rt. making any entrie	(c) scharitable 4,4 1,6	31,665 74,588	•	Distrib I. (b) divi	(d) ution ratio ided by col. (c)) .1177: .58462 .4567
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Is the foundation liable for the set Yes," the foundation does not quate an appropriate amount in (a) Base period years Calendar year (or tax year beginn 2008 2007 2006 2005 2004 Total of line 1, column (d) Average distribution ratio for the the foundation has been in exist. Enter the net value of noncharitat. Multiply line 4 by line 3	each column for each year; see each column for each year; see (b) Adjusted qualifying in) Adjusted qualifying in the ence if less than 5 years ble-use assets for 2009 from Page 19 to 10 t	not complete this pare instructions before) ng distributions 521,754. 979,003. 375,362. 0.	rt. making any entrie Net value of nor	(c) (charitable 4,4,4,1,6,6,6,4,4,4,4,4,4,4,4,4,4,4,4,4,	31,665 74,588 21,760	2 3 4 5	l. (b) divi	(d) ution ratio ided by col. (c)) .1177 .5846 .4567 .0000 1.1591 .28978 3,911,728
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as the foundation liable for the set Yes," the foundation does not quate Enter the appropriate amount in Base period years Calendar year (or tax year beginn 2008 2007 2006 2005 2004 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existing Enter the net value of noncharitation will be set in the foundation of the set in the foundation has been in existing the foundation has been in existence the foundation has b	each column for each year; see each column for each year; see (b) Adjusted qualifying in) Adjusted qualifying in the ence if less than 5 years ble-use assets for 2009 from Page 19 to 10 t	not complete this pare instructions before) ng distributions 521,754. 979,003. 375,362. 0.	rt. making any entrie Net value of nor	(c) (charitable 4,4,4,1,6,6,6,4,4,4,4,4,4,4,4,4,4,4,4,4,	31,665 74,588 21,760	2 3 4 5	l. (b) divi	(d) ution ratio ided by col. (c)) .11773 .58467 .4567 .00000 1.15913 .28978 3,911,728
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	THE HILLSIDE FOUNDATION, INC.				
_		20-2	78787	<u>J</u>	Page 4
_		940 - 8	ee insu	uctio	ns)
18	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			2 0	E 1
D	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	_1_		<u> </u>	51.
	of Part I, line 27b	}			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)				^
_	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2		2 0	51.
3	Add lines 1 and 2	3		3,0	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		2 0	51.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		3,0	<u> </u>
6	Credits/Payments: 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 2,640.	1			
	Exempt foreign organizations - tax withheld at source Toy and with application for extension of time to file (Form 8969)				
	Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld 6d	- }			
		7		2 6	40.
	Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8		<u> </u>	40.
-	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9		1 2	11.
9 10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			<u> </u>
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	11			
	rt VII-A Statements Regarding Activities	!-	······································		
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ID.		Yes	No
	any political campaign?		1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b	1	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe	d or	<u></u> -	1	 -
	distributed by the foundation in connection with the activities.	,	ļ		
c	Did the foundation file Form 1120-POL for this year?		10		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1-13-		1
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ▶ \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, of	r			1
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/.	A 4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5_		X
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or		ł	1	1
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law	ļ		
	remain in the governing instrument?		6	<u> </u>	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7_	X	<u> </u>
	If "Yes," complete Part II, col. (c), and Part XV.			1	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	MD				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for cale	ndar			
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	1	X

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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

Page 7

Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	-	
	 	
	1	
	4	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	cal information such as the	· · · · · · · · · · · · · · · · · · ·
number of organizations and other beneficiaries served, conferences convened, research papers produ	iced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	2,336,353.
b	Average of monthly cash balances	1b	2,336,353. 1,634,944.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	3,971,297.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,971,297.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	59,569.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,911,728.
6	Minimum investment return. Enter 5% of line 5	6	195,586.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	195,586.
2a	Tax on investment income for 2009 from Part VI, line 5 2a 3,851.		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	3,851.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	191,735.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	191,735.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	191,735.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	790,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<u> </u>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	790,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	790,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for	the section

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4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

THE	HIL	LSIDE :	FOU	NDATION,	INC.
C/0	MR.	ALLAN	М.	HOLT	

	•				
		(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1	Distributable amount for 2009 from Part XI,		<u></u>		
	line 7				191,735.
2	Undistributed income, if any, as of the end of 2009				
i	a Enter amount for 2008 only			0.	
- 1	b Total for prior years:				
			0.		
	Excess distributions carryover, if any, to 2009:				
	a From 2004				
	b From 2005				
	c From 2006 335,050.				
	d From 2007 897,268. e From 2008 302,807.				
		1,535,125.			
	f Total of lines 3a through e Qualifying distributions for 2009 from	1,000,120.			
4	Part XII, line 4: ► \$ 790,000.				
	a Applied to 2008, but not more than line 2a			0.	
	b Applied to undistributed income of prior				······································
	years (Election required - see instructions)		0.		
	c Treated as distributions out of corpus				
	(Election required - see instructions)	0.			
	d Applied to 2009 distributable amount				191,735.
	e Remaining amount distributed out of corpus	598,265.			
5	Excess distributions carryover applied to 2009	0.			0.
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
	2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,133,390.			
	b Prior years' undistributed income. Subtract				
	line 4b from line 2b		0.		
	c Enter the amount of prior years'				
	undistributed income for which a notice of				
	deficiency has been issued, or on which the section 4942(a) tax has been previously				
	assessed		0.		
	d Subtract line 6c from line 6b. Taxable				
	amount - see instructions		0.		
	e Undistributed income for 2008. Subtract line				
	4a from line 2a. Taxable amount - see instr.			0.	
	f Undistributed income for 2009. Subtract				
	lines 4d and 5 from line 1. This amount must				^
_	be distributed in 2010				0.
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by	0.			
	section 170(b)(1)(F) or 4942(g)(3)	U •			
ö	Excess distributions carryover from 2004	0.			
	not applied on line 5 or line 7 Excess distributions carryover to 2010.	U.	· - · · · · · · · · · · · · · · · · · ·		······································
y	-	2,133,390.			
	Subtract lines 7 and 8 from line 6a Analysis of line 9:	4,133,350.			
	a Excess from 2005				
	b Excess from 2006 335,050.				
	c Excess from 2007 897, 268.				
	d Excess from 2008 302,807.				
	e Excess from 2009 598, 265.				

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d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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	ear or Approved for Future		1	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year MARTHA'S VINEYARD COMMUNITY HOSPITAL P.O. BOX 1477 OAK BLUFFS, MA 02557	NONE	501(C)(3)& 170(B)(1)(125,000
NATIONAL CHILDREN'S MUSEUM 955 L'ENFANT PLAZA NORTH, SW, SUITE 5100	NONE	501(C)(3)& 170(B)(1)(265,000
THE BARKER FOUNDATION 7979 OLD GEORGETOWN ROAD BETHESDA, MD 20814	NONE	501(C)(3)& 170(B)(1)(200,000
B'NAI TZEDEK 10621 SOUTH GLEN ROAD POTOMAC, MD 20854	NONE	501(C)(3)& 170(B)(1)(50,000
MAPENDO INTERNATIONAL 689 MASSACHUSETTS AVENUE, 2ND FLOOR CAMBRIDGE, MA 02139	NONE	501(C)(3)& 170(B)(1)(I i	50,000
THE JEWISH FEDERATION OF GREATER WASHINGTON 6101 MONTROSE ROAD ROCKVILLE, MD 20852	NONE	501(C)(3)& 170(B)(1)(100,000
Total			<u> </u>	790,000
b Approved for future payment MARTHA'S VINEYARD COMMUNITY HOSPITAL P.O. BOX 1477 OAK BLUFFS, MA 02557	NONE	501(C)(3)& 170(B)(1)(GENERAL	125,000
NATIONAL CHILDREN'S MUSEUM 955 L'ENFANT PLAZA NORTH, SW, SUITE 5100	NONE	501(C)(3)8 170(B)(1)(500,000
THE BARKER FOUNDATION 7979 OLD GEORGETOWN ROAD BETHESDA, MD 20814	NONE	501(C)(3)& 170(B)(1)(600,000
Tabel			▶ 3h	1,225,000
Total 923811 02-02-10				orm 990-PF (20

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C/O MR. ALLAN M. HOLT

iter gross amounts unless otherwise indicated.	Unrelated I	ousiness income		section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exemp
Program service revenue:	code	741104111	code		- Idribitori income
1	_ _				
·			+		
	_	 	 -	· · · - · · · -	
<u></u>	_				
·					· · · · · · · · · · · · · · · · · · ·
					
Fees and contracts from government agencies			 -		
Membership dues and assessments			 		
nterest on savings and temporary cash					
nvestments			14	49,838.	
Dividends and interest from securities		_ _	14	158,578.	
Net rental income or (loss) from real estate:					
Debt-financed property					
Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory			18	7,003.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:		~			
a					
b		· · · · · · · · · · · · · · · · · · ·			
<u> </u>	 				
C	1	· · · · · · · · · · · · · · · · · · ·	1 1		
d	1	-			
c d	1			215.419.	
c d E Subtotal. Add columns (b), (d), and (e)	1	0	•	215,419.	215,4
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0	•		215,4
c d E Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations	s.)			13	215,4
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	s.) es to the Accon	nplishment of E	Exempt P	13	
c d d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie	s.) es to the Accon	nplishment of E	Exempt P	13	
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Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which the foundation's exempt purposes (other the subtractions)	s.) es to the Accon	nplishment of E	Exempt P	13	
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Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations Total Add line 12, columns (b), (d), and (e) Explain belowns to verify calculations Total Add line 12, columns (b), (d), and (e) Explain belowns to verify calculations Total Add line 12, columns (b), (d), and (e) Explain below how each activity for which the foundation's exempt purposes (other the columns of the columns (b), (d), and (e)	s.) es to the Accon	nplishment of E	Exempt P	13	
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c d d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which the foundation's exempt purposes (other temporary columns).	s.) es to the Accon	nplishment of E	Exempt P	13	
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c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculations Eart XVI-B Relationship of Activities ne No. Explain below how each activity for which the foundation's exempt purposes (other the	s.) es to the Accon	nplishment of E	Exempt P	13	

923621 02-02-10

	000 r		HILLSIDE FOUNDA	•			20	2707070	_	
	m 990-F art X\		MR. ALLAN M. HO			d Dal		<u>-2787879</u>		age 13
	art	Exempt Orga	Regarding Transfers To	and Transaction	is an	iu nei	ationships with N	oncharitable	€	
_				was with one other organ		dagasıba	ud in another EO(/a) of	· · · · · · · · · · · ·	Vos	No
1			directly engage in any of the follow				o in section 50 i(c) of		162	140
		•	c)(3) organizations) or in section		rganiz	ations?				
ě		, -	dation to a noncharitable exempt of	organization or:						٠,,
	(1) 0							1a(1)	<u> </u>	X
		Other assets						1a(2)		X
t	-	transactions:							1	l
		Sales of assets to a nonchard	· •					1b(1)	ļ	X
			oncharitable exempt organization					1b(2)	<u> </u>	X
		Rental of facilities, equipment						<u>1b(3)</u>		X
	(4) R	Reimbursement arrangement	ts					1b(4)	<u> </u>	X
		oans or loan guarantees						1b(5)		X
	(6) P	erformance of services or m	nembership or fundraising solicitat	tions				1b(6)		X
C	; Sharii	ng of facilities, equipment, m	nailing lists, other assets, or paid e	mployees				10	L	X
C	I If the	answer to any of the above I	s "Yes," complete the following scl	hedule. Column (b) shou	id alwa	ys show	the fair market value of the	e goods, other ass	ets,	
	or ser	vices given by the reporting	foundation. If the foundation rece	ived less than fair marke	t value	in any tra	ansaction or sharing arrang	gement, show in		
	colum	nn (d) the value of the goods	, other assets, or services received	d						
(a)	Line no	(b) Amount involved	(c) Name of noncharitat	ole exempt organization		(d)	Description of transfers, transac	tions, and sharing ar	rangeme	ents
			N/A							
							.,			
				·						
		-								
						ļ —				
										
			<u> </u>							
		· · · · · · · · · · · · · · · · · · ·				 				
						†				
2.	le the	foundation directly or indire	ectly affiliated with, or related to, or	ne or more tay-evemnt or		tions do	combad			
2.0		•	er than section 501(c)(3)) or in se	•	yanıza	ilions de.	Scribca	Yes	Γ¥	No.
		s," complete the following sc		SOLIOIT JET				162	L <u>43</u>	יו ואַט
	11 163	(a) Name of or		(b) Type of organizat	ion T		(c) Description of	relationshin		
		N/A	gamzation	(b) Type of organical	+		(o) addinguish of	Totalionip		-
_		N/A			-+					
_								· -		
_						· -				
										
	Undern	enalties of perjury. I declare that	The same of the same of the same		tateme	ote and to	the best of my knowledge and	belief it is true, come		
			herman taxpater or function is based of					Delici, it is the, corre	,01,	
		. //		1						
ø	<u></u>	anotum officer or tructee				7.00				
Sign Here	▼ 51	gnature of officer or trustee	- · ·	Date	The	Title		Preparer's identif	VIDO PI	mber
厉	o _	Preparer's	110, 11/2)	NAÝ	te 1021	Check if self-	I PON PC	אל ס	ر ا
ะรั่	Paid Preparer's Use Only	signature - Jul	u loughts			[,	j employed	1 1000 [<u>U 7</u>	<u> ク</u>
	Paid eparer se On	Firm's name (or yours / RSM	MCGLADREY, INC		_		EIN >			-
	_ <u>⊊</u> ည		7 WASHINGTONIAN		0					<u> </u>
		address, and ZIP code GAI	<u> THERSBURG, MD 2</u>	<u>0878-7340</u>			Phone no.	<u>(301) 29</u>	<u>6-3</u>	600

923622 02-02-10

(301) 296-3600 Form **990-PF** (2009)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Employer identification number Name of the organization THE HILLSIDE FOUNDATION, INC. 20-2787879 C/O MR. ALLAN M. HOLT Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note, Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

	ILLSIDE FOUNDATION, INC. R. ALLAN M. HOLT		20-2787879
Part'l	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) s Type of contribution
1	ALLAN M. HOLT 11005 CRIPPLEGATE ROAD POTOMAC, MD 20854	\$\$4,908	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution \$\$	(d) Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d)
		\$	Person Payroll Noncash (Complete Part II if there

is a noncash contribution)

FORM 990-PF	OTHER ASSETS	STATEMENT 8		
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
DIVIDENDS RECEIVABLE	0.	44,954.	44,954.	
TO FORM 990-PF, PART II, LINE 15	0.	44,954.	44,954.	

						
FORM 990-PF INTEREST ON SAVI	INGS AND	remporary	CASH II	NVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
MERRILL LYNCH 2SD-02000					9	17.
MERRILL LYNCH 2SD-02262					45,2	
MERRILL LYNCH 2SD-02262 - ACCRUED INTEREST PAID						85.:
MERRILL LYNCH 2SD-02262 - OII					7,0	76.
TOTAL TO FORM 990-PF, PART I,	LINE 3,	COLUMN A			49,8	38.
FORM 990-PF DIVIDENI	S AND IN	rerest fr	OM SECU	RITIES	STATEMENT	2
SOURCE	GRO	OSS AMOUN		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
MERRILL LYNCH 2SD-02000 MERRILL LYNCH 2SD-02262		18,04 147,53		0. 7,003.	18,0 140,5	
TOTAL TO FM 990-PF, PART I, I	n 4	165,58	1.	7,003.	158,5	78.
FORM 990-PF	ŗ	raxes			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOI	S NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM		
FEDERAL EXCISE TAX	4,2	76.	0.		0.	0.
TO FORM 990-PF, PG 1, LN 18	4,2	76.	0.		0.	0.
FORM 990-PF	ОТНЕ	EXPENSE			STATEMENT	<u> </u>
	(A)		В)	(C)	(D)	
DESCRIPTION	EXPENSES PER BOOK			ADJUSTED NET INCOM		
MERRILL LYNCH FEES	22,86	51.	22,861.		0.	0.
TO FORM 990-PF, PG 1, LN 23	22,80	51.	22,861.		0.	0.

FORM 990-PF U.S. AND STATE/	CITY GOV	ERNMENT	OBLIGATIONS	STATEMENT	
	U.S.	OTHER		FAIR MARKET	,
DESCRIPTION	GOV'T	GOV'T	BOOK VALUE	VALUE	
US TREASURY NOTE 100,000 SHARES US TRSY INFLATION NOTE 172,000	X X		108,000.	106,281	
SHARES			334,209.	336,231	
FNMA P745275 45,000 SHARES	X		30,336.	30,306	
FNMA P256635 190,000 SHARES	X		147,046.	144,82	
FHLMC G0 343205 232,000 SHARES	X		154,889.	154,13	
FNMA P889579 821,000 SHARES	X		616,492.	615,35	
FNMA P995018 14,000 SHARES	X		10,782.	10,90	
FNMA P889982 16,000 SHARES	X		12,137.	12,19	
FNMA P889576 50,000 SHARES	X	_	46,751.	46,75	
TOTAL U.S. GOVERNMENT OBLIGATIONS	1,460,642.	1,456,96	9.		
TOTAL STATE AND MUNICIPAL GOVERNME	NT OBLIG	ATIONS			
TOTAL TO FORM 990-PF, PART II, LINE 10A 1,460,642.				1,456,96	9.
		-			
FORM 990-PF CO	RPORATE	STOCK		STATEMENT	6
	RPORATE	STOCK	BOOK VALUE	STATEMENT FAIR MARKET	6
FORM 990-PF CO DESCRIPTION HEWLETT PACKARD 3,162 SHARES	RPORATE	STOCK	BOOK VALUE	FAIR MARKET	;
DESCRIPTION		STOCK		FAIR MARKET VALUE	75.
DESCRIPTION HEWLETT PACKARD 3,162 SHARES TOTAL TO FORM 990-PF, PART II, LIN		-	47,963.	FAIR MARKET VALUE 162,87	75.
DESCRIPTION HEWLETT PACKARD 3,162 SHARES TOTAL TO FORM 990-PF, PART II, LIN	E 10B	TMENTS	47,963.	FAIR MARKET VALUE 162,87 162,87 STATEMENT	75.
DESCRIPTION HEWLETT PACKARD 3,162 SHARES TOTAL TO FORM 990-PF, PART II, LIN	E 10B ER INVES	-	47,963.	FAIR MARKET VALUE 162,87	75.
DESCRIPTION HEWLETT PACKARD 3,162 SHARES TOTAL TO FORM 990-PF, PART II, LIN FORM 990-PF OTH DESCRIPTION BLACK ROCK GLOBAL 30,337 SHARES	E 10B ER INVES VALU MET CC	TMENTS JATION PHOD	47,963. 47,963.	FAIR MARKET VALUE 162,87 162,87 STATEMENT FAIR MARKET	75.
DESCRIPTION HEWLETT PACKARD 3,162 SHARES TOTAL TO FORM 990-PF, PART II, LIN FORM 990-PF OTH	E 10B ER INVES VALU MET CC	TMENTS JATION PHOD	47,963. 47,963. BOOK VALUE	FAIR MARKET VALUE 162,87 162,87 STATEMENT FAIR MARKET VALUE	75.

FORM 990-PF	OTHER ASSETS		STATEMENT	8
DESCRIPTION	BEGINNING OF END OF YEAR YR BOOK VALUE BOOK VALUE		FAIR MARKET VALUE	
DIVIDENDS RECEIVABLE	0.	44,954.	44,95	4.
TO FORM 990-PF, PART II, LINE 15	0. 44,954.		44,954	
	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10			
NAME OF CONTRIBUTOR	ADDRESS			
ALLAN M. HOLT	11005 00000	EGATE ROAD		