



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



990-EZForm Department of the Treasury
Internal Revenue Service**Short Form
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)

► 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 \$500,000 and total assets less than \$1,250,000 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.

OMB No 1545-1150

2009**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning July 1, 2009, and ending June 2010**

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization The Hill School of Wilmington Inc.		D Employer identification number 26-3425156	
	Number and street (or P O box, if mail is not delivered to street address) 2331 Waverly Drive		Room/suite	
	City or town, state or country, and ZIP + 4 Wilmington NC 28403		E Telephone number 910-763-1724	
				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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►

I Website: ► hillschooolofwilmington.org**J Tax-exempt status (check only one) — 501(c) (3) ▲ (insert no.) 4947(a)(1) or 527****K 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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **13,775******Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

1	Contributions, gifts, grants, and similar amounts received	1	13225
2	Program service revenue including government fees and contracts	2	550
3	Membership dues and assessments	3	
4	Investment income	4	
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)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ► _____)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	13775
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	15083
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	627
15	Printing, publications, postage, and shipping	15	684
16	Other expenses (describe ► <u>Dues, Ins., Advertising</u>)	16	7917
17	Total expenses. Add lines 10 through 16 ►	17	24311
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(10536)
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)	19	103278
20	Other changes in net assets or fund balances (attach explanation)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	92742

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
		81761	22
22	Cash, savings, and investments	23	
23	Land and buildings	24	22283
24	Other assets (describe ► <u>Website/furniture</u>)	25	96620
25	Total assets	0	(3878)
26	Total liabilities (describe ► <u>Payroll, Prepaid Tuition</u>)	26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	92742

9-9

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **special needs education**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 _____

1. *What is the primary purpose of the study?*

(Grants \$) If this amount includes foreign grants, check here . . . ► □

28a

29

THEORY OF THE ECONOMIC SYSTEM

30

THE INFLUENCE OF CULTURE ON LANGUAGE

31 Other program services (attach schedule) _____

30a

31 Other program services (attach schedule) _____
(Grants \$ _____). If this amount includes foreign grants, check here

312

32 Total program service expenses (add lines 28a through 31a) If this amount includes foreign grants, check here . . .

31a

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
see attached list				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
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 why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	✓
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 outstanding at the end of the period covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0		
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.	40e	✓
41 List the states with which a copy of this return is filed. ► North Carolina		
42a The organization's books are in care of ► Beth Chadwick Telephone no. ► 910-763-1724 Located at ► 2331 Waverly Drive, Wilmington NC ZIP + 4 ► 28403		
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)?	42b	✓
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 .		
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: ► 	42c	✓
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 ► 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
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	45	✓

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	46	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	48	✓
b	If "Yes," was the related organization a section 527 organization?	49a	✓
50	Complete this table for the organization's 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."	49b	✓

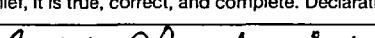
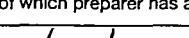
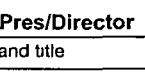
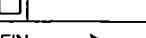
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
none				

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's 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		

d Total number of other independent contractors each receiving over \$100,000 . . ►

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			
	 Beth Chadwick		 1/12/2011	
	 Beth Chadwick Pres/Director	Signature of officer Date		
Paid Preparer's Use Only	Preparer's signature 	Date 	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 			EIN 
	May the IRS discuss this return with the preparer shown above? See instructions  <input type="checkbox"/> Yes  <input type="checkbox"/> No			

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

Form 990-EZ (2009)



SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

The Hill School of Wilmington Inc.

Employer identification number

26

3425156

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: (For lines 1 through 11, check only one box.)

- 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).
- 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).
- 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 supported organization(s).

(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		
Total							

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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 through 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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33½% support test—2009. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33½% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% 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—2009. 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—2008. 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"/>		

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests—2009. 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 ► <input type="checkbox"/>		
b 33 1/3 % support tests—2008. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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

NON-PUBLIC SCHOOL ANNUAL REPORT – 10-11 Term

Check if applicable: New School - Opened Fall 2010

- New administrator
- New e-mail address
- New location
- New mailing address
- New phone number

Complete in
ink; mail by
Nov. 1 to:

Annual Reports Section
NC Division of Non-Public Education
1309 Mail Service Center
Raleigh, NC 27699-1309

County New Hanover School Hill School of Wilmington

Mailing address P.O. Box 1769, Wilmington, 28402
P.O. Box #, Street, etc. City Zip Code

Chief administrator Dawn Hodges Phone (910) 685-3734

Type: Religious or Independent ✓

Boarding Day ✓ Owner Non-profit, 501c.3, Incorporated

Student enrollment by grades on FIRST SCHOOL DAY IN OCTOBER

Grade	5K	1	2	3	4	5	6	7	8	9	10	11	12
Boys			1	1	2			1					
Girls				1	2								

Caucasian 8 Black 0 Asian 0 Hispanic/Latino 0 Other 0

Number of teachers & administrators: Full-time 1 Part-time 1

School term dates: First day 8/19/10 Last day 6/3/11

Student holidays 9/1, 9/24, 10/11, 11/24, 11/25, 12/26, 12/20 - 1/3, 4/17, 2/14, 2/28 - 3/4, 4/22, 4/25, 5/30

Are student attendance records maintained and on file at the school? Yes

Are students immunized according to law & are records at the school? Yes

Date of most recent fire inspection form on file at school 3-3-10

Agency conducting it City of Wilmington, NC Fire drill frequency monthly
Fire Department

Date of most recent sanitation inspection form on file at school 3-17-10

Agency conducting it NC. Department of Env. & Natural Resources / Division of Env. Health / New Hanover County Health Dept. Numerical grade none given

NOTE: Fire and sanitation inspections are required at least every 12 months. If it has been longer than 12 months since your most recent inspections, please call your county health department and fire marshal to remind them to inspect your school facility as soon as possible. Conduct fire drills at least monthly.

- OVER -

* Students are enrolled for 3 hours a day. They are enrolled in other school settings for the remainder of the day.



APPLICATION FOR ADMISSION

THE HILL SCHOOL OF WILMINGTON, INC. MISSION STATEMENT

THE HILL SCHOOL OF WILMINGTON, INC.'S mission is to empower children who have learning differences and/or attention deficit disorders with the skills needed to become confident, independent learners.

P.O. Box 1769
Wilmington, NC 28402
910-763-1724
info@hillschoolofwilmington.org
www.hillschoolofwilmington.org

*The admissions policy of The Hill School of Wilmington, Inc. is non-discriminatory
with regard to race, creed, color, sex or national origin*

(corner of Castle Hayne Road and Kerr Avenue). The event is expected to run until 4 p.m.

sides of the area will make summer use of the park more enjoyable. Park personnel plan to construct exercise

Park hours are 8 a.m. to 11 p.m. every day and the tennis court lights go out at 10 p.m.

THE HILL SCHOOL OF WILMINGTON, INC. IS NOW ACCEPTING APPLICATIONS FOR ADMISSION FOR FALL 2009 CLASSES. TO OBTAIN AN APPLICATION FOR ADMISSION FORM, PLEASE MAKE REQUEST BY MAIL OR ELECTRONIC MAIL TO:

Request for Application for Admission
Beth H. Chadwick
P.O. Box 1769 Wilmington, NC 28402
info@hillschoolofwilmington.org

NOTICE OF NONDISCRIMINATORY POLICY

THE HILL SCHOOL OF WILMINGTON, INC. ADMITS STUDENTS OF ANY RACE, COLOR, NATIONAL AND ETHNIC ORIGIN TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES, GENERALLY ACCORDED OR MADE AVAILABLE, TO STUDENTS AT THE SCHOOL. IT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL AND ETHNIC ORIGIN IN ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ADMISSIONS POLICIES, SCHOLARSHIP AND LOAN PROGRAMS, AND ATHLETIC AND OTHER SCHOOL-ADMINISTERED PROGRAMS.

THE HILL SCHOOL OF WILMINGTON, INC.'S mission is to empower children who have learning differences and/or attention deficit disorders with the skills needed to become confident, independent learners.

www.hillschoolofwilmington.org

www.hsw.org

SUBMIT YOUR NEWS

E-mail community news to new.hanover@starnewsonline.com.

BIG SALE

MARCH 14th - 21st ONLY

50-85% OFF

Fabrics/Trims/Furniture
Accessories/Rugs
including

\$1.00/yd.

Fabrics and Trims

Limited Supply

VISIT OUR WEBSITE FOR MORE DETAILS

*Savings off of regular price.

PRINTERS ALLEY

Discounts from fabric, green, drapery, home, gift, and more.
1 Block North past Military Cut-off
701-B MARKET STREET • 910-638-2000
MON-SAT 10-8 • printers-alley.com

Rivermist at L
5010 Jetty Ct, S.

Canterbury B •
3 Br, 2.5 Ba + t
NOW \$27

Now for a limited time, closing costs! Ask abe*



WE PAY THE HIGHEST PRICES! COME IN TODAY!

WE BUY

Diamonds • Estate Jewelry • Rings • Bracelets • Gold Necklaces
Bangles • Dental Gold • Gold Coins • And More!

BRING IT IN TODAY FOR YOUR FREE EVALUATION! NO APPOINTMENT NECESSARY!
OUR FULL-SERVICE JEWELER CAN DO MOST REPAIRS ON THE SPOT

Precious Gems & Jewelry

The best values in town - Inside The Ivy Cottage - No Appointment Necessary
3030 MARKET STREET • 815-3455 • MON-SAT 10AM-5PM

**Call our Centex sales
consultants at 888-314-6909.**

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

The Hill School of Wilmington Inc.

Employer identification number

26 3425156

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

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. If you need more space, use Schedule O (Form 990) see attached

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, use Schedule O (Form 990).

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, use Schedule O (Form 990).

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, explain on Schedule O (Form 990).

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," explain on Schedule O (Form 990)

Part II **Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

N/A

Hill School of Wilmington
January 2010

NAME	ADDRESS	PHONE (h)	PHONE (wk)	PHONE (cell)
Beth H. Chadwick	2331 Waverly Dr. Wilmington NC 28403	763-1724		520-8542
G. Stephen Diab (Steve)	Murchison, Taylor & Gibson 16 N. 5th Ave. Wilmington NC 28401	763-2426 x119		
Dr. Denise J. Hanson	109 Maypop Ct. Wilmington NC 28412	794-1469	796-7848	352-4657
Dr. Karen Kirk	163 Olde Mariners Way Carolina Beach NC 28428	458-0377	457-0800	470-9287
Julie Lancaster	818 Forest Hills Dr. Wilmington NC 28403	251-1025		617-0298
Dr. Tom Mates	7032 Wrightsville Av. Wilmington NC 28403		258-8163	
Amy Brown North	PO Box 18 Currie NC 28435	283-5807		617-2931
James B. Sloan, Jr.	2325 Tattersalls Dr. Wilmington NC 28403	763-7357	343-3145	200-8234
Carla Whitwell	5005 Pine St. Wilmington NC 28403	540-9962	791-0287 x2031	540-9962
Porter Young	1052 Ocean Ridge Dr. Wilmington NC 28405	256-1052		287-5254
ADVISORY MEMBERS:				
Lynne Loeser	304 Garnercrest Rd. Wilmington NC 28411	686-4070	254-4309	231-1209
Dr. Karen S. Wetherill	Watson Sch of Ed. UNCW, 601 S. College Rd. Wilm 28403	395-1429	982-4174	508-2945
FACILITATOR:				
Susan Mixon Harrell				
DIRECTOR:				
Dawn Hodges	2305 Tattersalls Dr. Wilmington NC 28403	254-1020		538-6571
rev. 1.18.10		all 910 area codes		