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Form 990

OMB No 1545-0047

2009

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

B Check if applicable	C Please use IRS label or print or type. See specific instructions.	D Employer Identification Number 65-1232087
<input type="checkbox"/> Address change	Summer on the Hill, Inc. c/o John P. McIvor 4440 Tibbett Avenue Riverdale, NY 10471	E Telephone number (718) 432-4117
<input type="checkbox"/> Name change		
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Termination		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending	F Name and address of principal officer Same As C Above	G Gross receipts \$ 696,914.

I Tax-exempt status 501(c) (3) (insert no.) 4947(a)(1) or 527H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
If 'No,' attach a list (see instructions)

J Website: ► www.summeronthehill.org

H(c) Group exemption number ►

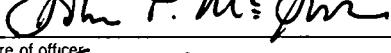
K Form of organization Corporation Trust Association Other ► L Year of Formation M State of legal domicile NY

SCANNED JUN 09 2011

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To enrich the education of promising, low-income public school students from the Bronx, Washington Heights, and Harlem, prepare them for selective schools and colleges, and offer guidance to their parents.
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.
Revenue	3 Number of voting members of the governing body (Part VI, line 1a) 3 12
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12
Expenses	5 Total number of employees (Part V, line 2a) 5 0
	6 Total number of volunteers (estimate if necessary) 6 40
Net Assets & Fund Balances	7a Total gross unrelated business revenue from Part VII, column (G), line 12 RECEIVED
	b Net unrelated business taxable income from Form 990-T, line 34 7a 0. 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 8 15 MAY 16 2011 IRS OSC
	9 Program service revenue (Part VIII, line 2g) 9 24,246. 26,630.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 8,232. 2,169.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 484,910. 683,562.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 26,000. 23,950.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 654,850. 476,613.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 14 104,257.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 202,768. 105,292.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 883,618. 605,855.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 16b 19 -398,708. 77,707.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 17 308,747. 386,454.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 308,747. 386,454.
19 Revenue less expenses Subtract line 18 from line 12 19	

Part II Signature Block

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	►  Signature of officer	May 10, 2011 Date
	► John P. McIvor Executive Director Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ► David C. Ashenfarb 7/10/11 Date 5/6/11	Check if self-employed ► <input type="checkbox"/> Reparer's identifying number (see instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► SCHALL & ASHENFARB CPAS 350 5TH AVE STE 5610 NEW YORK, NY 10118-0110	EIN ► N/A
		Phone no ► (212) 268-2800

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/29/09 Form 990 (2009)

117-21 22

Part III Statement of Program Service Accomplishments1 Briefly describe the organization's mission:
See Schedule O2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If 'Yes,' describe these new services on Schedule O Yes No3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If 'Yes,' describe these changes on Schedule O Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code [REDACTED]) (Expenses \$ 422,522. including grants of \$ [REDACTED]) (Revenue \$ [REDACTED])

See Schedule O

4b (Code. [REDACTED]) (Expenses \$ [REDACTED] including grants of \$ [REDACTED]) (Revenue \$ [REDACTED])

4c (Code: [REDACTED]) (Expenses \$ [REDACTED] including grants of \$ [REDACTED]) (Revenue \$ [REDACTED])

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

(Expenses \$ [REDACTED] including grants of \$ [REDACTED]) (Revenue \$ [REDACTED])

4e Total program service expenses ► 422,522.

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete *Schedule A*

	Yes	No
1	X	
2	X	
3		X
4		X
5		
6		X
7		X
8		X
9		X
10		X
11	X	
12		X
12A		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18	X	
19		X
20		X
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 3 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*
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If 'Yes,' complete *Schedule C, Part II*
- 5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete *Schedule C, Part III*
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete *Schedule D, Part I*
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete *Schedule D, Part II*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete *Schedule D, Part III*
- 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete *Schedule D, Part IV*
- 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete *Schedule D, Part V*
- 11 Is the organization's answer to any of the following questions 'Yes'? If so, complete *Schedule D, Parts VI, VII, VIII, IX, or X as applicable*
 - Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete *Schedule D, Part VI*
 - Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete *Schedule D, Part VII*
 - Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete *Schedule D, Part VIII*
 - Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete *Schedule D, Part IX*
 - Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete *Schedule D, Part X*
 - Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete *Schedule D, Part X*
- 12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete *Schedule D, Parts XI, XII, and XIII*
- 12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing *Schedule D, Parts XI, XII, and XIII* is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete *Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete *Schedule F, Part I*
 - 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete *Schedule F, Part II*
 - 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete *Schedule F, Part III*
 - 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete *Schedule G, Part I*
 - 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete *Schedule G, Part II*
 - 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete *Schedule G, Part III*
 - 20 Did the organization operate one or more hospitals? If 'Yes,' complete *Schedule H*

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	X
b Is the organization 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	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

BAA

Form 990 (2009)

Part V. Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a	0
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b 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	4b	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).	7a	X
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7c	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7e	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9 Sponsoring organizations maintaining donor advised funds.	9b	
a Did the organization make any taxable distributions under section 4966?	10a	
b Did the organization make any distribution to a donor, donor advisor, or related person?	10b	
10 Section 501(c)(7) organizations. Enter	11a	
a Initiation fees and capital contributions included on Part VIII, line 12	11b	
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11 Section 501(c)(12) organizations. Enter	12b	
a Gross income from other members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI. Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

- 1a Enter the number of voting members of the governing body **1a** **12**
1b **12**
- 1b Enter the number of voting members that are independent
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?
- 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?
- 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?
- 5 Did the organization become aware during the year of a material diversion of the organization's assets?
- 6 Does the organization have members or stockholders?
- 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
 a The governing body?
 b Each committee with authority to act on behalf of the governing body?
- 9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O

	Yes	No
2	X	
3	X	
4	X	
5	X	
6	X	
7a	X	
7b	X	
8a	X	
8b	X	
9	X	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

- 10a Does the organization have local chapters, branches, or affiliates?
 b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?
- 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?
- 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O
- 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. See Schedule O
- 13 Does the organization have a written whistleblower policy?
- 14 Does the organization have a written document retention and destruction policy?
- 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
 a The organization's CEO, Executive Director, or top management official
 b Other officers of key employees of the organization
 If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
 b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a	X	
10b		
11	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a	X	
16b		

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed ► NY
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ► John McIvor 4440 Tibbett Avenue Riverdale NY 10471 (718) 432-4117

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of 'key employees'.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
Bruce Brickman									
Chairman	2	X		X			0.	0.	0.
Gary Miller									
Vice Chairman	2	X		X			0.	0.	0.
Richard Barasch									
Treasurer	2	X		X			0.	0.	0.
Brother Brian Carty, F.S.C									
Trustee	2	X					0.	0.	0.
Walter Harris									
Trustee	2	X					0.	0.	0.
Irvin Goldman									
Trustee	2	X					0.	0.	0.
Robin Ingram									
Trustee	2	X					0.	0.	0.
Lewis Jones									
Trustee	2	X					0.	0.	0.
Jonathan Meltzer									
Trustee	2	X					0.	0.	0.
Andrew Levander, Esq.									
Trustee	2	X					0.	0.	0.
Edward Levy									
Trustee	2	X					0.	0.	0.
Bill Lukashok									
Trustee	2	X					0.	0.	0.
John P. McIvor									
Executive Direc	40		X	X			0.	139,064.	35,189.

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

1 b Total

0. 139,064.

35,189.

- 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

- Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Compensation from the organization:		
(A) Name and business address	(B) Description of Services	(C) Compensation

- 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a			
	b Membership dues ..	1b			
	c Fundraising events	1c	98,080.		
	d Related organizations	1d			
	e Government grants (contributions)	1e	9,801.		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	546,882.		
	g Noncash contribns included in lns 1a-1f.		\$		
	h Total. Add lines 1a-1f		► 654,763.		
PROGRAM SERVICE REVENUE	2a Bus Service Revenue	Business Code			
	b		26,630.	26,630.	
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		► 26,630.		
	3 Investment income (including dividends, interest and other similar amounts)		► 2,169.		2,169.
4 Income from investment of tax-exempt bond proceeds		►			
5 Royalties		►			
6a Gross Rents	(i) Real	(ii) Personal			
b Less. rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)		►			
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less. cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)		►			
8a Gross income from fundraising events (not including \$ 98,080.)					
of contributions reported on line 1c)					
See Part IV, line 18	a	13,352.			
b Less. direct expenses	b	13,352.			
c Net income or (loss) from fundraising events		►			
9a Gross income from gaming activities	a				
See Part IV, line 19	b				
b Less. direct expenses	c				
c Net income or (loss) from gaming activities		►			
10a Gross sales of inventory, less returns and allowances	a				
b Less. cost of goods sold	b				
c Net income or (loss) from sales of inventory		►			
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		►			
12 Total revenue. See instructions		► 683,562.	26,630.	0.	2,169.

Part IX | Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S See Part IV, line 22	23,950.	23,950.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	70,282.	35,141.	0.	35,141.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	324,554.	231,362.	46,314.	46,878.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	52,729.	35,590.	6,185.	10,954.
10 Payroll taxes	29,048.	19,607.	3,407.	6,034.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, In 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	5,994.	4,046.	703.	1,245.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	6,066.	4,094.	712.	1,260.
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a <u>Student Transportation</u>	36,642.	36,642.		
b <u>Food</u>	16,616.	16,616.		
c <u>Professional Fees</u>	15,525.		15,525.	
d <u>Postage and Shipping</u>	12,085.	8,157.	1,418.	2,510.
e <u>Program Supplies</u>	6,124.	6,124.		
f All other expenses	6,240.	1,193.	4,812.	235.
25 Total functional expenses. Add lines 1 through 24f	605,855.	422,522.	79,076.	104,257.
26 Joint costs. Check here □ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1 Cash – non-interest-bearing	311,630.	1	417,508.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net			72,980.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			4	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			62,382.	
	7 Notes and loans receivable, net			5	
	8 Inventories for sale or use			6	
	9 Prepaid expenses and deferred charges			7	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		8	
	b Less accumulated depreciation	10b		9	
	11 Investments – publicly-traded securities			10c	
	12 Investments – other securities See Part IV, line 11			11	
	13 Investments – program-related See Part IV, line 11.			12	
	14 Intangible assets			13	
	15 Other assets See Part IV, line 11			14	
16 Total assets Add lines 1 through 15 (must equal line 34)		384,610.	16	479,890.	
LIABILITIES	17 Accounts payable and accrued expenses	52,557.	17	31,774.	
	18 Grants payable		18		
	19 Deferred revenue			19	
	20 Tax-exempt bond liabilities			20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties			23	
	24 Unsecured notes and loans payable to unrelated third parties			24	
	25 Other liabilities. Complete Part X of Schedule D		23,306.	25	61,662.
	26 Total liabilities. Add lines 17 through 25		75,863.	26	93,436.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27 Unrestricted net assets	238,217.	27	293,624.	
	28 Temporarily restricted net assets	70,530.	28	92,830.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, and equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	308,747.	33	386,454.	
	34 Total liabilities and net assets/fund balances	384,610.	34	479,890.	

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Form 990 (2009)

Part XI. Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A
(Form 990 or 990-EZ)

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.

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Employer identification number
65-1232087

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 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 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?

Yes	No

- (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?

h Provide the following information about the supported organizations

Total

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

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 'unusual grants.')	578,995.	902,802.	1,103,386.	452,432.	654,763.	3,692,378.
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-through 3	578,995.	902,802.	1,103,386.	452,432.	654,763.	3,692,378.
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)						1,175,528.
6 Public support. Subtract line 5 from line 4						2,516,850.

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	578,995.	902,802.	1,103,386.	452,432.	654,763.	3,692,378.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		24,817.	19,090.	8,232.	2,169.	54,308.
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						3,746,686.
12 Gross receipts from related activities, etc (see instructions)					12	50,876.
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 type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	67.2 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	64.1 %
16a 33-1/3 support test – 2009. 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 – 2008. 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 – 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"/>

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Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the 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 yr 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 form 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 ▶

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 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.

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

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

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

Employer identification number

65-1232087

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
- Protection of natural habitat Preservation of certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
- 4 Number of states where property subject to conservation easement is located ► _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

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

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

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

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

- d** Loan or exchange programs
e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes No

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes No

b If 'Yes,' explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment > _____ %

b Permanent endowment > _____ %

c Term endowment > _____ %

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

- (i) unrelated organizations
(ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

► 0.

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Schedule D (Form 990) 2009

Part VII. Investments—Other Securities See Form 990, Part X, line 12. **N/A**

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

Total. (Column (b) must equal Form 990 Part X, col. (B) line 12)

Part VIII Investments—Program Related (See Form 990, Part X, line 13) **N/A**

Total (Column (b) must equal Form 990, Part X, Col. (B) line 13.) ►

Part IX Other Assets (See Form 990, Part X, line 15) **N/A**

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

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Due to affiliate	61,662.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►	61,662

2 FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements.

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

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	683,562.
2 Total expenses (Form 990, Part IX, column (A), line 25)	605,855.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	77,707.
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	
9 Total adjustments (net) Add lines 4 through 8	
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	77,707.

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

1	1	839,562.
2		
a	2a	
b	2b	156,000.
c	2c	
d	2d	
e	2e	156,000.
3	3	683,562.
4		
a	4a	
b	4b	
c	4c	
5	5	683,562.

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

1	Total expenses and losses per audited financial statements	1	761,855.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities	2a	156,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	156,000.
3	Subtract line 2e from line 1	3	605,855.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	605,855.

Part XIV- Supplemental Information

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

[Part XIV] Supplemental Information (continued)

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

	(a) Event #1 <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	111,432.			111,432.
2 Less Charitable contributions	98,080.			98,080.
3 Gross income (line 1 minus line 2)	13,352.			13,352.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	13,352.			13,352.
10 Direct expense summary Add lines 4- through 9 in column (d)				► 13,352.
11 Net income summary Combine lines 3, column (d) and line 10				►

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
1 Gross revenue				
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, column (d) and line 7				►

- 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

	YES	NO
13a	%	
13b	%	

14 Enter 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 of the third party.

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?

17a

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ► \$ _____

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

Name of the organization

Summer on the Hill, Inc.

111

Employer identification number

Summer on the

Dant | *Concord*

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

Part IV and Schedule I-1 (Form 930) If additional space is needed						
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)
						(g) Description of non-cash assistance
						(h) Purpose of grant or assistance

▲ **2** Enter total number of section 501(c)(3) and government organizations
▲ **3** Enter total number of other organizations

BAA For Privacy Act and Pancreatic Act Notice see the Instructions for Form 990

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.
 Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Educational Scholarship	17	23,950.			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2009

Open to Public Inspection

- Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
► Attach to Form 990. ► See separate instructions.

Name of the organization

Summer on the Hill, Inc.

Employer identification number
65-1232087

Part I Questions Regarding Compensation

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

First-class or charter travel
 Travel for companions
 Tax indemnification and gross-up payments
 Discretionary spending account

Housing allowance or residence for personal use
 Payments for business use of personal residence
 Health or social club dues or initiation fees
 Personal services (e.g., maid, chauffeur, chef)

	Yes	No
1b		
2		
3		
4a	X	
4b	X	
4c	X	
5a	X	
5b	X	
6a	X	
6b	X	
7	X	
8	X	
9	X	

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

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

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

Compensation committee
 Independent compensation consultant
 Form 990 of other organizations

Written employment contract
 Compensation survey or study
 Approval by the board or compensation committee

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

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

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

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

- a** The organization?
b Any related organization?
If 'Yes' to line 5a or 5b, describe in Part III.

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

- a** The organization?
b Any related organization?
If 'Yes' to line 6a or 6b, describe in Part III.

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

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

- If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2009

Part III: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.

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

The sum of columns (B)(i) through (E) amounts on Form 990 Part VII line 12

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Scheduale F (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

- Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

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

Employer identification number
65-1232087

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II . Loans to and/or From Interested Persons.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

Total

5

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

Part IV | Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Carole McIvor	Wife of the E.D.	3,600.	Compensation as nurse		X

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

- Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 - Attach to Form 990. ► See separate instructions.

111

111

Name of the organization _____

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990 Part IV line 333.)

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
<u>Horrace Mann School</u>					
<u>231 West 246th Street</u>					
<u>Bronx, NY 10471</u>					
<u>133-1740455</u>					

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34)

Identification of Related Organizations Taxable as a Partnership (Complete if the organization because it had one or more related organizations treated as a partnership during the tax year.)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.)

(A) Name, address and EIN of related organization

BAA

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV

- a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) Horrace Mann School	n	90,032.
(2) Horrace Mann School	o	332,251.
(3)		
(4)		
(5)		
(6)		

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

OMB No 1545-0047

2009**Open to Public
Inspection**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.Name of the organization **Summer on the Hill, Inc.**
c/o John P. McIvorEmployer identification number
65-1232087**Form 990, Part III, Line 1 - Organization Mission**

Summer on the Hill (SOH), a year-round, supplemental academic program, has a mission to enrich the education of promising, low-income public school students from the Bronx, Washington Heights, and Harlem, prepare them for selective schools and colleges, and offer guidance to their parents. SOH is a unique NYC program that enrolls promising students at the elementary level and works with them through high school -- for as long as ten years. Each year, SOH provides 250 students with accelerated academic classes, school and college test prep classes, instruction in the arts and sports, and individual guidance on school and college choices.

Since its establishment in 1994, SOH has served 875 public school students and their families. SOH has placed 97% of its 2004-2010 high school graduates (185 students) in over 90 colleges and universities. SOH encourages students to develop high expectations of themselves and a strong sense of responsibility. These aims, in addition to our enriched curriculum, superb faculty, placement record, and excellent facilities, make SOH a very attractive program. Each year, 225 families of 2nd graders apply for one of 40 seats. The number of applications received demonstrates the great, unmet need for enrichment programs in our target areas.

SOH consists of Grade 3-8 and High School Programs. The Grade 3-8 program, a six-year commitment for accepted students and their families, consists of a yearly six-week summer program bridged by an 18-Saturday academic year program. Two hundred Grade 3-8 students attend accelerated classes in core academic subjects yearly. In one program year, students will have 135 periods of language arts, 72 periods of math, and 72 periods of science. In the summer, in addition to academics, students have classes in visual and performing arts, swimming and tennis. One of SOH's

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

Employer identification number
65-1232087

Form 990, Part III, Line 1 - Organization Mission (continued)

greatest strengths is an experienced, dedicated faculty, drawn from local independent, parochial, and public schools, to teach small classes of 12-18 students. Most faculty members hold graduate degrees.

All 5th and 8th graders (and their parents) receive individual guidance on school choices. SOH's Dean of Students is available to meet with parents to resolve behavior or academic concerns.

The High School Program, open only to alumni of the Grade 3-8 program, provides 50+ students with free SAT classes in math and language arts, and a writing workshop on 18 Saturdays during the academic year. The Program Director takes students on day and overnight college trips. SOH also offers individual college counseling and holds four yearly college admissions workshops on such topics as writing the college essay and financial aid. Each year, SOH selects and trains 25+ high school students interested in working with children to participate in the Mentor Internship program, in which they serve as mentors to the children in the summer Grade 3-8 program, under supervision.

Students and families are very enthusiastic about SOH. Grade 3-8 students maintain a 90% average attendance rate during the academic year Saturday program, although Saturday is a sixth day of school. High school students volunteer to serve as mentors to younger children in the summer or to help out in the office during the school year. In addition to academics and guidance, SOH gives students the opportunity to make friendships with like-minded peers from different public schools. These friendships are important to our students, as they may not have friends with similar education goals in their schools. Indeed, students say that SOH

Name of the organization	Summer on the Hill, Inc. c/o John P. McIvor	Employer identification number 65-1232087
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Form 990, Part III, Line 1 - Organization Mission (continued)

is "like family." Students benefit from the array of academic, arts, school/college placement, and social opportunities offered by Summer on the Hill.

Form 990, Part III, Line 4a - Program Service Accomplishments

SOH students accomplish much despite facing numerous social and economic challenges:

*Attendance: Grade 3-8 students have a 90% Saturday program attendance rate; 25% or more have 100% attendance. SOH's attrition rate is approximately 6% yearly.

*Middle School Placement: SOH has placed over 100 students at such independent schools as the George Jackson Academy, the De La Salle Academy, Horace Mann, and Riverdale.

*High School Placement: SOH 8th graders regularly win acceptance to such selective schools as Bronx Science, Fordham Prep, Horace Mann, HS for American Studies, and LaGuardia.

*College Placement: 97% (185 students) of SOH's 2004-2010 high school graduates have matriculated in over 90 institutions, including six Ivy League universities and MIT.

*SOH college graduates work in education, finance, health, and insurance or are in graduate or medical school.

*Awards: Dr. John McIvor, SOH Executive Director, received the 2009 Lewis Hine Distinguished Service Award for increasing opportunities for low-income youth.

*Support: Since 1994, SOH has received \$7 million in support. Donors are listed at

Name of the organization	Summer on the Hill, Inc. c/o John P. McIvor	Employer identification number 65-1232087
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Form 990, Part III, Line 4a - Program Service Accomplishments (continued)

(www.summeronthehill.org/giving). The NYC Council, NYC Dept. of Education, and the NYS Dept. of Health support SOH.

Form 990, Part VI, Line 11 - Form 990 Review Process

Management reviewed a draft of the form 990 with the audit/finance committee and provided edits to the tax preparer.

After this process was performed, the form 990 was sent to the full board of directors prior to being filed with the IRS.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The organization has a "board approved" conflicts of interest policy. Each board member must fill out an annual declaration stating they had no conflicts or identifying the nature of their interested party transactions.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Financial Statements are available on the Summer on the Hill website.

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

Employer identification number
65-1232087

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box. X
 - If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

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

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

Type or print	Name of Exempt Organization Summer on the Hill, Inc. c/o John P. McIvor	Employer identification number 65-1232087
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. SCHALL & ASHENFARB CPAS 350 5TH AVE STE 5610	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10118-0110	

Check type of return to be filed (File a separate application for each return):

- Form 990 Form 990-PF Form 1041-A Form 6069
 Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 4720 Form 8870
 Form 990-EZ Form 990-T (trust other than above) 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.

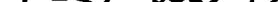
- The books are in care of. ► John McIvor -----
Telephone No. ► (718) 432-4117 ----- FAX No. ► (718) 432-3614 -----
 - If the organization does not have an office or place of business in the United States, check this box. ►
 - If this is for a Group Return, enter the organization's four digit Group Exemption 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.

- 4 I request an additional 3-month extension of time until 5/15, 20 11.
5 For calendar year , or other tax year beginning 7/01, 20 09, and ending 6/30, 20 10.
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
7 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 8b from line 8a. 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 \$

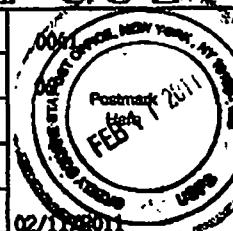
Signature and Verification

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 ► John Doe

Date ► 7/1/14

84

U.S. Postal Service CERTIFIED MAIL _{TM} RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 81.05
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$10.00
Total Postage & Fees	\$ 86.15
<i>Send To</i>	
Street, A or PO Box	
City, State	
PS Form	
 Internal Revenue Service Ogden, UT 84201-0027	