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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

20 **10**

Open to Public Inspection

Form 990 (2010)

A F	or the	2010 calendar year, or tax year beginning	07/01, 2010,	ana enaing		06/30, 20 11
R a		C Name of organization				ntification number
D Cr	eck (fapp	ACADEMI HILL SCHOOL, INC.			04-3016	860
	Addres change	Doing Business As				
	Name	Number and street (or P O box if mail is not delivered to street	address) R	Room/suite	E Telephone nun	
	Initial r	eturn 1190 LIBERTY STREET			(413) 788	-0300
	Termin	City or town, state or country, and ZIP + 4				
	Amend	od SPRINGFIELD, MA 01104			G Gross receipts	\$ 1,441,458.
	Applica	F Name and address of principal officer DANIEL M	CLAUGHLIN		H(a) Is this a group affiliates?	return for Yes X No
L	_ pendin	1190 LIBERTY STREET SPRINGFIELD	, MA 01104		H(b) Are all affiliate:	s included? Yes No
ī	Tax-exe	mpt status	4947(a)(1) or	527	If "No," attach	a list (see instructions)
		www.ACADEMYHILL.ORG	<u> </u>		H(c) Group exempts	on number
			her ▶	L Year of f	ormation 1988 M s	tate of legal domicile MA
	rt I	Summary				
			etuation			
	1	Briefly describe the organization's mission or most significant ac TO PROVIDE EDUCATIONAL SERVICES AND I	PROGRAMS FOR	CHILDR	EN. TO PROV	IDE
e)		ENRICHED AND INTELLECTUALLY CHALLENG	- <i></i>			
nar						
Activities & Governance	2	Check this box ▶ If the organization discontinued its ope	rations or disposed	of more than	25% of its not assets	
ő					ı	3 10.
8		Number of voting members of the governing body (Part VI, line				3 10.
itie	4	Number of independent voting members of the governing body	(Part VI, line 10)			5 28.
ct.		Total number of individuals employed in calendar year 2010 (Pa				-
Ă		Total number of volunteers (estimate if necessary)				0.21
	/a	Total gross unrelated business revenue from Part VIII, column (C	,), line 12			
	Ь	Net unrelated business taxable income from Form 990-T, line 34		· · · · · · ·	Prior Year	Current Year
	_			-	87,962	
e	8	Contributions and grants (Part VIII, line 1h)		}	1,315,108	· · · · · · · · · · · · · · · · · · ·
Revenue	9	Program service revenue (Part VIII) line 29 VFD				
Re	10	investment income (Part Viii-Column (A), lines 3, 4, and 70)		L	5,231	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, an	^{d 11e)}		3,582	
		Total revenue - add lines hrough Ali (கிபதீt விச்PPart VII), col	umn (A), line 12)		1,411,883	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			106,862	
	14	Benefits paid to or for member (Partrix column (A) line 4)				0. 0.
8			n (A), lines 5-10)		842,293	
Sue:	16a	Salaries, other compensation, employee-benefits*(<u>Part IX, c</u> olum Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)				0. 0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	28,145	·		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<i></i>		341,110	
		Total expenses Add lines 13-17 (must equal Part IX, column (A)			1,290,265	
	19	Revenue less expenses Subtract line 18 from line 12	· · · · · · · · · · · · · · · · · · ·		121,618	
Assets or d Balances				<u> </u>	Beginning of Current Ye	
alar		Total assets (Part X, line 16)			1,506,072	
A A	21	Total liabilities (Part X, line 26)			1,047,814	
Net Fund	22	Net assets or fund balances Subtract line 21 from line 20			458,258	8. 495,712.
	rt II	Signature Block				
Und	ier pen:	alties of perjury, I declare that I have examined this return, including acco d complete. Declaration of preparer (other than officer) is based on all info	mpanying schedules ai	nd statements, narer has anv k	and to the best of my knowledge	owledge and belief, it is true,
		0 :000 (10			-/ - /	
	ign	Danis Jary			217/	<u>12</u>
Н	ere	Signature of officer	_		Date	
		Daniel S. McLaughlin	Treasure	er		
		Type or print name and title				
		Print/Type preparer's name Preparer's stagature	12 -	Date	Check if self-	PTIN
Paid		Thomas Telly		2/22/	employed ►	P00062479
•	oarer Only	Firm's name LESTER HALPERN & COMPANY P	.C.		Firm's EIN ▶ 0	4-2653334
use	Unity		01040		Phone no 4	13-536-3970
May	the IF	RS discuss this return with the preparer shown above? (see instri	uctions)			. X Yes No

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization required to complete or indirect political campaign activities on behalf of or in opposition to	_		
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	·			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	ا ہا		Х
_	Part III	5		Λ
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,"			Х
	complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х
	complete Schedule D, Part III	8		
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,"			v
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		х	
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	^	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		х	
	Schedule D, Part VI	11a		
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	446		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		21
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44-		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	اممما		Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
1 Z a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	420	x	
_	complete Schedule D, Parts XI, XII, and XIII	12a		
D	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section $170(b)(1)(A)(ii)^2$ if "Yes," complete Schedule E	13	X	
		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	170		
D		14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1,7,5	-	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
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, Parts III and IV	16		Х
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 (see instructions)	17		X
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	18		X
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	19		X
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form		I	
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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
24 a	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, 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		Х
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		
	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		Х
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?	ŀ		
	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part N	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	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		Х
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	ŀ	!	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			١,,
	IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2 X No			
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		<u> X</u>
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			l .
	Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		x	
	19? Note. All Form 990 filers are required to complete Schedule O	38	^	L

Par				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		X	
	reportable gaming (gambling) winnings to prize winners?	1 c		
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.			
	Statements, filed for the calendar year ending with or within the year covered by this retain.		X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ	
. .	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5 c		
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 tax deductible?	6b	ļ	
7	Organizations that may receive deductible contributions under section 170(c).			٠, ,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		<u></u>	X
_	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	76	-	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u>ر ، </u>	,	7
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	,		
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	,		
11		.		
	Gross income from members or shareholders			
	against amounts due or received from them)		İ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		,	1
13			·	
а	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	'		
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans	}		
	Enter the amount of reserves on hand	4		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	1

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Part	00 (2010)	h bel		
- Cit	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, of Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management			_!!
<u> </u>	ion A. Governing Dody and management		Yes	No
4-	Enter the number of voting members of the governing body at the end of the tax year 1a 10)		
1a b	Enter the number of voting members included in line 1a, above, who are independent 1b 10	i		}
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	any other officer, director, trustee, or key employee?	2		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		İ	
	the year by the following		17	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	_8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			x
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	١	^
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	Yes	No
40	December 1 to the second section of the section of the section o	10a	163	X
	Does the organization have local chapters, branches, or affiliates?	IUa		
В	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		
11.	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		
· I a	form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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?		v	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		
4.0	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	460		х
b	with a taxable entity during the year?	16a		
D	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?	16ь		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► MASSACHUSETTS			
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 X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting the second control of the conflict of	rest		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization STEVE EDELE 1190 LIBERTY STREET SPRINGFIELD, MA 01104	ne		
	organization STEVE EDELE 1190 LIBERTY STREET SPRINGFIELD, MA 01104			
	410 100 0000			

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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 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
- 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, if any See instructions for definition of "key employee"
- 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 neither the organization nor	any related	orga	nıza	tion	CO	mpen	sate	ed any current offic	er, director, or trus	
(A) Name and Title	(B) Average			chec		that app		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) ATTORNEY BETH LOVEJOY								_	_	
PRESIDENT	1.00	X		X				0.	0	. 0
(2) DOUGLAS TREVALLION, II								_	_	
TRUSTEE	1.00	X						0.	0.	. 0
(3) ERIC BOWMAN										
TRUSTEE	1.00	Х						0.	0	. 0
(4) EVE FORBES]									
VICE PRESIDENT	1.00	X	Ш	Х	<u> </u>			0.	0.	C
(5)WILLIAM LACHENMEYERTRUSTEE	1.00	Х						0.	0.	C
(6) DANIEL MCLAUGHLIN										
TREASURER	1.00	X	İ	Х				0.	0.	C
(7)BRIDGETTE BALDWIN								·		
TRUSTEE	1.00	Х						0.	0	C
(8) CAROLYN PRICE ACTING HEAD OF SCHOOL	40.00	х		х				56,603.	0.	C
(9) DIANNA VELEZ-HARRIS TRUSTEE	1.00	х						0.	0.	. (
(10)GLENN WELCH TRUSTEE	1.00							0.	0.	
(11)										
(12)										
								, .		
(16)										

Part VII Section A. Officers, Directors, True	ustees, Ke	y En	nplo	oye	es,	and I	Hig	hest Compensat	ed Employees (continue	d)
(A)	(B)	(C) Position (check all that app						(D)	(E)		(F)
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee			Highest compensated at employee	Pormer	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	am comp fro orga and	imated ount of other oensation m the nization related nizations
(17)											
(18)											· · · · · · · · · · · · · · · · · · ·
(19)			ļ								
(20)											
(21)			-	-							
(22)											
(23)				_		ļ					
(24)										<u> </u>	
(25)											
(26)		-									
(27)			<u> </u>		<u> </u>						
(28)			ļ								
1b Sub-total			<u> </u>	l.,	<u> </u>	L	Ļ	56,603.	0	-	0.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .						>	56,603.	0		0.
Total number of individuals (including but not reportable compensation from the organization)	limited to ti	hose						<u> </u>	\$100,000 in		
					_						Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directoule J for suc	or or ch ind	tru Iividi	ıste ual	e, ! • •	key e	emp	loyee, or highest	compensated	3	X
4 For any individual listed on line 1a, is the the organization and related organizations											
<i>individual</i>									on or individual	4	X
for services rendered to the organization? If "Y	es," comple	te Sc	hedu	ule .	J foi	such	per	rson	<u> </u>	5	X
Section B. Independent Contractors 1 Complete this table for your five highest		od 15	,don		doni			tore that receives	l mare than 61	00.000	
compensation from the organization		.eu II	idep	enc	Jeni	COIII	T		more man \$1		
Name and business add	ress						\perp	(B) Description of ser	vices	(C) Compens	ation
NONE						-	-				
				-			+				
2. Total number of independent controls (.4	. I			41				,	
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				псе	u to	0 0	e II	sted above) who	received		,

Pa	rt 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 b c d e	Federated campaigns	. 1b . 1c . 1d . 1e	78,815.	A STATE OF THE STA	3 S		
သိ ၕ	h	Total. Add lines 1a-1f			78,815.			
en				Business Code		•		
Program Service Revenue	2a	TUITION		900099	1,259,426.	1,259,426.		
S.	- A	SCHOOL FEES / PROGRAMS		611710	38,943.	38,943.		
ice		LUNCH PROGRAM		611710	34,976	34,976.		
ē	٠							
S	ď							
Ia	е							
õ	f	All other program service revenue .			1 222 245		, ,	
	g	Total. Add lines 2a-2f			1,333,345.	•		
	3	Investment income (including divide			5 205			5,395.
		other similar amounts)			5,395.	· · · · · · · · · · · · · · · · · · ·		3,393.
	4	Income from investment of tax-exem	•					
	5	Royalties	 Real	(II) Personal	0.			
		(7			1			'
	6a	Gross Rents	19,578	† · · · · · · · · · · · · · · · · · · ·	ļ			}
	b	Less rental expenses	18,747					
	C	Rental income or (loss)	831					
	d			<u> ▶</u>	831.		831.	
	7 a	Gross amount from sales of (i) Se	curities	(II) Other	- - :			
		assets other than inventory			κ·'			
	b	Less cost or other basis						
		and sales expenses						
	c	Gain or (loss)			2.3.22			
	d	Net gain or (loss)			0.			
Ф	8a	Gross income from fundraisi						
n n	""	events (not including \$	_					
Š		of contributions reported on line 1c)						•
8		See Part IV, line 18	5					
er	<u> </u>	Less direct expenses						
Other Revenue	b c	Net income or (loss) from fundraising			4,187.			4,187.
U		Gross income from gaming activities	, 0.0					
) Ja	See Part IV, line 19	_	.]				
	١.				š*, ^,			
	p	Less direct expenses			0.			-
	1				V 1			
	10a	Gross sales of inventory, le returns and allowances	ss		1 30 5 w 25 5 m 2 6 7 7 8 7 7 8 7 7 8 7 8 7 8 7 8 7 8 7 8	~	, , **	!
					3.4		4	•
	b	Less cost of goods sold			0.			
	-	Net income or (loss) from sales of inv Miscellaneous Revenue	rentory.	Business Code	0.			
			····					
	11a							
	b							
	C	·		<u> </u>				
	d	All other revenue		L	-			
	е	Total. Add lines 11a-11d · · · · ·			1			
	12	Total revenue. See instructions			1,422,573.	1,333,345.	831	9,582.

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)

	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0.			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	119,290.	119,290.		
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
•	trustees, and key employees	75,000.	11,250.	63,750.	
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.			
7	Other salaries and wages	643,240.	538,558.	84,928.	19,754.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	24,179.	20,541.	2,650.	988.
9	Other employee benefits	71,596.	51,331.	16,157.	4,108.
10	Payroll taxes	54,078.	41,193.	11,374.	1,511.
11	Fees for services (non-employees)				
а	Management	0.			
b	Legal	0.			
С	Accounting	15,636.		15,636.	
d	Lobbying	0.			
е	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees	0.			
g	Other	0.		16.001	
12	Advertising and promotion	16,331.	41 140	16,331.	
13	Office expenses	57,598.	41,148.	16,450.	
14	Information technology	0.			
15	Royalties	114,182.	114,182.		
16	Occupancy	0.	114,102.		
17	Travel				
18	Payments of travel or entertainment expenses	0.			
40	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	37,888.	37,888.		
20 21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	32,556.	32,051.	505.	· - · · · · · · · · · · · · · · · · · ·
23	Insurance	14,283.	12,618.	1,665.	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O)				
_	SCHOOL LUNCH	29,815.	29,815.		
-	MISCELLANEOUS	6,054.		6,054.	
_	MEMBERSHIP & FILING FEES	3,435.	3,435.		
-	PROFESSIONAL DEVELOPMENT	10,615.	10,615.		
e	FIELD TRIPS	24,033.	24,033.		
f	All other expenses	35,310.	31,930.	1,596.	1,784.
	Total functional expenses Add lines 1 through 24f	1,385,119.	1,119,878.	237,096.	28,145.
26 JSA	Joint Costs. Check here ▶ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Ferr 990 (2010)

m 990 (1-3016860		Page
art X	Balance Sheet		· · · · · · · · · · · · · · · · · · ·	
		(A) Beginning of year		(B) End of year
1	Cash non interest hearing	566,605.	1	582,12
2	Cash - non-interest-bearing	300,0031	2	002,22
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	7,000.		9,42
5	Receivables from current and former officers, directors, trustees, key	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	
"	employees, and highest compensated employees Complete Part II of		i	
ł	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons			
"	described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of			
	section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	7,752.	9	11,59
10a	Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D 10a 1,299,337.			
b	Less accumulated depreciation	924,284.	10c	918,13
11	Investments - publicly traded securities	•	11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	431.	15	4:
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,506,072.		1,521,7
17	Accounts payable and accrued expenses	91,488.	17	93,5
18	Grants payable		18	
19	Deferred revenue	251,807.	19	262,42
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
21	Payables to current and former officers, directors, trustees, key			
	employees, highest compensated employees, and disqualified persons			
	Complete Part II of Schedule L	500 550	22	
23	Secured mortgages and notes payable to unrelated third parties	698,652.	 	668,6
24	Unsecured notes and loans payable to unrelated third parties	F 0.67	24	1 21
25	Other liabilities Complete Part X of Schedule D	5,867. 1,047,814.	25	1,35 1,025,99
26	Total liabilities. Add lines 17 through 25	1,047,014.	26	1,025,9
	Organizations that follow SFAS 117, check here ▶ △ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	444,133.	27	475,98
28	Temporarily restricted net assets	1,825.		1,82
29	Permanently restricted net assets	12,300.		17,90
-3	Organizations that do not follow SFAS 117, check here ▶ and	22,300.	-3	-1,50
27 28 29	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
30 31 32 33	Total net assets or fund balances	458,258.	33	495,73
34	Total liabilities and net assets/fund balances	1,506,072.		1,521,70

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1,4	22,	573.
2	Total expenses (must equal Part IX, column (A), line 25)	1,3	85,	119.
3	Revenue less expenses Subtract line 2 from line 1			454.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	58,	258.
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	4	95.	712.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		\perp	
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	,,,,,,,	2b	Х	
C				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	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 separate basis, consolidated basis, or both			
	X 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			١
	the Single Audit Act and OMB Circular A-133?	3a		X
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	3 b		

Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2010

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization 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.

Open to Publi Inspection

Employer identification number

ACAD	EMY	\mathtt{HILL}	SCHOOL	٠, :	INC.							04	-3016860
Part		Reasor	for Publ	lic (Charity Status	s (All organizations m	ust cor	nplete	this pa	art) Se	e instr	uctions	}
The or	ganı	zation is	not a priv	ate	foundation bed	cause it is (For lines 1 t	hrough	11, che	eck only	one bo	x)		
1	A	church,	, convention	on o	of churches, or	association of churches	describ	ed in s	ection	170(b)(1)(A)(i)		
2 2	X A	school	described	l ın s	section 170(b)	(1)(A)(ii). (Attach Sched	ule E)						
3 _	A	hospita	or a coo	pera	ative hospital s	ervice organization desc	cribed in	sectio	n 170(t	o)(1)(A)	(iii).		
4 _	A	medica	al researc	h o	rganization op	erated in conjunction v	vith a h	nospita	l descr	ibed in	sectio	n 170(l	o)(1)(A)(iii). Enter the
_	_	-	name, cit										
5		•				nefit of a college or uni	versity	ownec	l or ope	erated I	oy a go	vernme	ental unit described in
_	$\overline{}$				v). (Complete F	•							
6	—				•	or governmental unit de							
7 _	_	_			-	es a substantial part of	its supp	ort fro	m a go	vernme	ental ur	nt or fro	om the general public
	_					(Complete Part II)							
8 –	_		-			on 170(b)(1)(A)(vi). (Co							
9 _		-			•	es (1) more than 331/3							•
		-				exempt functions - sul	-						
			_			ome and unrelated bus ne 30, 1975 See sectio				-		11 511	tax) from businesses
10 [_	-				ted exclusively to test fo	-		-		•	``	
11	_	_	_	-	•	rated exclusively for th	•	•				•	or to carry out the
	_					ipported organizations of							-
	•	•				es the type of supportin				, ,,	•		` '` '
	а		уре I		b Type	·	e III - Fi					d [Type III - Other
е													
	persons other than foundation managers and other than one or more publicly supported organizations described in section												
	5	09(a)(1)	or section	n 50)9(a)(2)						_		
f	lf	the org	ganization	rec	ceived a writte	n determination from t	he IRS	that it	ıs a T	ype I, 1	Γype II,	or Typ	e III supporting
	0	rganızat	tion, check	this	s box								
g	S	ince Au	gust 17, 2	006	i, has the orga	nization accepted any g							
	fo	ollowing	persons?										
	(i				-	ectly controls, either ald		-	er with	persor	s desc	ribed in	• • — — — — — — — — — — — — — — — — — —
						dy of the supported orga	ınızatıon	?					11g(i) X
	•	•	•		•	scribed in (i) above?							11g(ii) X
					- ·	son described in (i) or (ii)							11g(ui) X
<u>h</u>				ng ir	•	ut the supported organi	T :: : :		14.3.5.1		l (n		
(I		ne of supp ganization			(ii) EIN	(iii) Type of organization (described on lines 1-9	organi	is the zation in		you notify anization		ls the zation in	(vii) Amount of support
						above or IRC section (see instructions))	your g	listed in overning		l (ı) of		rganized	.,
						(see ilisuucuolis))	Yes	Ment?	Yes	No	Yes	US?	
					-		1.00		1.00		100		
(A)													
(B)													
(C)													
(C)													
(D)													
							<u> </u>						
(E)													
							+						
Total													

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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		^~,~,	60 A	,		
5	The portion of total contributions by each		>> (,	'		
	person (other than a governmental unit or	, , ,	, ,	4.7			
	publicly supported organization) included	``	, ** ,	~~*\ '			
	on line 1 that exceeds 2% of the amount		was and the service of	intelligen and	5		
	shown on line 11, column (f)	******	** ** ******* * *		* * * * * * * * * * * * * * * * * * * *	·	.
6	Public support. Subtract line 5 from line 4	<u> </u>	<u> </u>	35-	, ,,		
	tion B. Total Support				1		
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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	\ 1,4€		9.67 5			
12	Gross receipts from related activities, etc. (see instructions) .				12	<u></u>
13	First five years. If the Form 990 is f						501(c)(3)
	organization, check this box and stop here						▶
<u>Sec</u>	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2010 (li					14	<u>%</u>
15	Public support percentage from 2009	Schedule A, Pa	art II, line 14			15	<u>%</u>
16a	331/3% support test - 2010. If the c	organization did	not check the	box on line 13,	and line 14 is	331/3 % or mor	e, check
	this box and stop here. The organizati	on qualifies as a	publicly suppo	rted organizatio	n		▶ 🛄
b	331/3% support test - 2009. If the	organization did	not check a b	ox on line 13 o	or 16a, and line	15 is 331/3%	or more,
	check this box and stop here. The org	anızatıon qualifı	es as a publicly	supported orga	nization		, . ▶ 🔲
17a	10%-facts-and-circumstances test - 2	010 . If the orga	anization did not	check a box or	n line 13, 16a or	16b, and line 1	4 is 10%
	or more, and if the organization me	eets the "facts	-and-circumstan	ces" test, chec	k this box and	stop here. E	xplaın ın
	Part IV how the organization meets	the "facts-and-c	circumstances" t	est The organi	zation qualifies	as a publicly s	upported
	organization						▶ 🔲
b	10%-facts-and-circumstances test -:						and line
	15 is 10% or more, and if the organic	anization meets	s the "facts-and	d-circumstances	" test, check tl	his box and st	op here.
	Explain in Part IV how the organization	on meets the "	facts-and-circun	nstances" test	The organizatio	n qualifies as a	publicly
	supported organization						▶ 🔲
18	Private foundation. If the organization						and see
	instructions	<u></u>	<u> </u>	<u></u>	<u> </u>	<u></u> .	▶ 🔲
		-					

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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

<u>Sec</u>	tion A. Public Support		τ		· · · · · · · · · · · · · · · · · · ·			
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e)	2010	(f) Total
1	Gifts, grants, contributions, and membership fees					Į.		
	received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise						Į.	
	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						1	
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			İ				
	organization without charge							
6	Total. Add lines 1 through 5					 		
	Amounts included on lines 1, 2, and 3					1		
	received from disqualified persons							
b	Amounts included on lines 2 and 3					1		
	received from other than disqualified persons that exceed the greater of							
	\$5,000 or 1% of the amount on line 13 for the year							
_	Add lines 7a and 7b			· · · · · · · · · · · · · · · · · · ·		1		
8	Public support (Subtract line 7c from	· · · · · · · · · · · · · · · · · · ·				1		
•	line 6)							
Sec	tion B. Total Support				I.			
$\overline{}$	alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e)	2010	(f) Total
9	Amounts from line 6						j	
	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar sources							
ь	Unrelated business taxable income (less	=						
_	section 511 taxes) from businesses							
	acquired after June 30, 1975							
_	Add lines 10a and 10b					1		
11	Net income from unrelated business	,						
• •	activities not included in line 10b,					1		
	whether or not the business is regularly					Ì		
	carried on					1		
12	Other income Do not include gain or						1	
	loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11,				<u></u>			
	and 12)							
14	First five years. If the Form 990 is for	the organization	n's first second	third fourth or	fifth tay year s	3 500	tion 501/	c)(3)
	organization, check this box and stop here.	-			•			
Sec	tion C. Computation of Public Sup							
15	Public support percentage for 2010 (line 8,			mn (f))		15		%
16	Public support percentage from 2009 Sche							<u> </u>
	tion D. Computation of Investmen					1		
17	Investment income percentage for 2010 (lin			(f)		17		%
18	Investment income percentage from 2009 S							<u>%</u>
	331/3% support tests - 2010. If the org						331/3 %. =	
	17 is not more than 331/3%, check this							
ь	331/3% support tests - 2009. If the orga							
_	line 18 is not more than 331/3%, check							
20	Private foundation. If the organization of		•	•			-	———
	-		· - · · ···				-	90 or 990-EZ) 2010

Page 4

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12 Also complete this part for any additional information (See instructions)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes." to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

04-3016860 ACADEMY HILL SCHOOL, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? 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 If the organization elected, as permitted under SFAS 116 (ASC 958), 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 If the organization elected, as permitted under SFAS 116 (ASC 958), 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 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 (ASC 958) relating to these items

Par	t Organizations Maintain	ng Colle	ections of	f Art, Histo	orical	Treasure	s, or	Other Similar A	ssets (continued)	rage _
3	Using the organization's acquisition collection items (check all that app		sion, and	other reco	rds, c	heck any o	of the	following that a	re a sigi	nificant use	of its
а	Public exhibition			d [7	Loan or ex	chan	ge programs			
b	Scholarly research			e	┪						
C	Preservation for future ge	enerations		_	_						
4	Provide a description of the organ			s and expl	ain ho	ow they fu	rther	the organization's	exemp	t purpose i	n Part
-	XIV			.o aa oxp.		,		ino organization	, c	, pa.pooo ,	
5	During the year, did the organization	n solicit (or receive	donations of	of art	historical tr	reacii	res or other simils	ar		
	assets to be sold to raise funds rath	ner than to	o be maint	tained as pa	art of t	he organiz	ation	's collection?	• • • [No
Pai	t IV Escrow and Custodial A line 9, or reported an ar						n ans	swered "Yes" to I	orm 98	90, Paπ IV,	
1 5	is the organization an agent, truste	e custadi	ian or othe	er intermed	iary fo	r contribut	ions (or other assets not			
ıa	included on Form 990, Part X?				-				-	Yes	No
h	If "Yes," explain the arrangement in								[
D	ii res, explain the arrangement ii	I Fall Alv	and comp	JIELE LITE TO	iiO wii ié	y table		Λ.	nount		
_	Beginning balance						<u> </u>		HOUHL		
	Additions during the year										
	Distributions during the year						$\overline{}$				
							-				
	Ending balance									W	1
	Did the organization include an am			Part A, line	217				[Yes	No
	If "Yes," explain the arrangement in			1		N84- F		200 D-+11/ L	40		
Par	t V Endowment Funds. Con									T	
4.	Decimal of wars belowed	(a) Curr	 	(b) Prior y		(c) Two ye	ears ba	ck (d) Three yea	rs back	(e) Four yea	rs back
_	Beginning of year balance		12,300.	8	,200.		4,10	00.			
b	Contributions		5,600.	4	,100.		4,10	00.			
С	Net investment earnings, gains,										
	and losses										
	Grants or scholarships										
е	Other expenditures for facilities .										
	and programs			 							
f	Administrative expenses										
g	End of year balance		17,900.	12	,300.	L	8,20	00.			
2	Provide the estimated percentage	of the yea	ar end bala	ance held as	5			•			
а	Board designated or quasi-endown	nent 🕨		%							
b	Permanent endowment ▶ 100.0	000 %									
c	Term endowment ▶	%									
3 a	Are there endowment funds not in	the posse	ession of t	the organiza	ation t	hat are hel	ld and	d administered for	the		
	organization by									Yes	No
	(i) unrelated organizations									3a(i)	X
	(ii) related organizations									3a(ii)	X
b	If "Yes" to 3a(II), are the related org	ganizations	s listed as	required or	n Sche	dule R?.				3 b	
4	Describe in Part XIV the intended i	uses of the	e organiza	ition's endo	wmen	t funds				· · · · · · ·	
Par	t VI Land, Buildings, and Equ	uipment.	See For	m 990, Pa	irt X,	line 10					
	Description of investment		(a) Cost o	or other basis estment)	T	cost or other ba	asıs	(c) Accumulated depreciation	(4	d) Book value	
1 a	Land					115,2	96.			115,	296.
b	Buildings				Ì	1,051,7		274,437.			276.
c	Leasehold improvements	-				,,				/	
d	Equipment	-			 	31,1	75	24,730.		6.	445.
e	Other	L			<u> </u>	101,1		82,039.			114.
	I. Add lines 1a through 1e (Column		equal For	m 990 Part	X co						131.
. J.ta	and the continue	(G) IIIGSE	oquai i Oli	000, r art	,, ou	(<i>U), III</i>	, 5 , 0(9//	Sched	ule D (Form 9	

Part VII	Investments - Other Securities. See F	orm 990, Part X, line	2 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1) Financ	al derivatives			
	-held equity interests			
				
(C)				
(D)				
<u>(E)</u>				
(F) (G)				
(H)				
(l)				
	nn (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII		Form 990, Part X, line	e 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value
(1)				
(2)		ļ		
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets. See Form 990, Part X,	line 15		
	(6	i) Description		(b) Book value
(1)				
(2)		·		
(3)				
(4)			· · · · · · · · · · · · · · · · · · ·	
(6)				
(7)				
(8)				
(9)				
(10)				
Total (Colum	onn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part		· · · · · · · · · · · · · · · · · · ·	
1.	(a) Description of liability	(b) Amount		
(1) Fede	eral income taxes			
	URITY DEPOSITS	1,:	350.	
(3)			一	× / / /
_(4)				,
(5)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(6)				
(7)			,	,
(8)			- ta,	ş 84.4\$
<u>(9)</u> (10)			· in	*
(11)			· · · · · ·	•
	ımn (b) must equal Form 990, Part X, col (B) line 25	5) > 1,:	350.	

2. FIN 48 (ASC 740) 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 (ASC 740)

Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Amounts included on Form 990. Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIV) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). . . . 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 SEE PAGE 5

Amounts included on line 1 but not on Form 990, Part IX, line 25

1,385,119.

Schedule D (Form 990) 2010

Part XI

1

2

3

4

5

6

7

8

2

2

990 SCHEDULE D, PART XII, LINE 2D

OTHER AMOUNTS INCLUDED ON LINE 1, BUT NOT ON FORM 990 PART VIII, LINE 12 RENTAL PROPERTY EXPENSES \$18,747 SPECIAL EVENT EXPENSES \$138 TUITION DISCOUNTS (\$119,290)

990 SCHEDULE D, PART XIII, LINE 2D OTHER AMOUNTS INCLUDED ON LINE 1, BUT NOT ON FORM 990, PART IX, LINE 25 RENTAL PROPERTY EXPENSES \$18,747 SPECIAL EVENT EXPENSES \$138 TUITION DISCOUNTS (\$119,290)

990 SCHEDULE D, PART X, LN 2

THE SCHOOL IS A NOT-FOR-PROFIT CORPORATION AND HAS BEEN RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND ACCORDINGLY DOES NOT RECORD A PROVISION FOR INCOME TAXES ON ITS RELATED EARNINGS. THE SCHOOL FOLLOWS THE ACCOUNTING INTERPRETATION REGARDING ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES WHICH PRESCRIBES HOW AN ENTITY SHOULD MEASURE, RECOGNIZE, PRESENT AND DISCLOSE POSITIONS THAT IT HAS TAKEN OR EXPECTS TO TAKE ON ITS TAX OR INFORMATION RETURNS.

THE SCHOOL BELIEVES THAT IN THE EVENT OF AN EXAMINATION BY TAXING AUTHORITIES, ITS TAX POSITIONS TAKEN IN PREVIOUSLY FILED INFORMATION RETURNS AND AS REFLECTED IN ITS FINANCIAL STATEMENTS, WITH REGARD TO ISSUES AFFECTING ITS TAX EXEMPT STATUS, UNRELATED BUSINESS INCOME, AND RELATED MATTERS, WOULD PREVAIL BASED ON THE TECHNICAL MERITS OF SUCH POSITIONS. THEREFORE, THE SCHOOL HAS CONCLUDED THAT NO TAX BENEFITS OR Part XIV Supplemental Information (continued)

LIABILITIES ARE REQUIRED TO BE RECOGNIZED. THE SCHOOL'S OPEN TAX PERIODS

ARE 2007 THROUGH 2010. PENALTIES AND INTEREST, IF ANY, ASSESSED BY TAXING

AUTHORITIES WILL BE INCLUDED IN EXPENSES.

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

▶ Attach to Form 990 or Form 990-EZ.

Name of the organization ACADEMY HILL SCHOOL, INC. Employer identification number 04-3016860

, α			VE0	
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,	<u></u>	YES	NO
•	bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
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?	2	X	
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 Part II	3	Х	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	x	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	x	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	X	
a	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 Part II	4d	X	
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		X
b	Admissions against 2			х
D	Admissions policies?	5 b		
С	Employment of faculty or administrative staff?	5 c		Х
d	Scholarships or other financial assistance?	5 d		X
	Educational colors 0			
е	Educational policies?	5e	ļ	<u> </u>
f	Use of facilities?	5f		х
-				
g	Athletic programs?	5g		Х
h	Other extracurricular activities?	5h		<u>X</u>
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6 a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
b	Has the organization's right to such aid ever been revoked or suspended?	6 b		X
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
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 CB 587, covering racial nondiscrimination? If "No," explain on Part II	-	Ų,	
	4 03 of Nev 1/100 73-30, 1973-2 C.B. 367, covering racial nondiscrimination / if "No," explain on Part II	7	[X]	

Schedule E (Form 990 or 990-EZ) (2010)

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)

PART 1, LINE 3

THE FOLLOWING STATEMENT IS ON THE HOMEPAGE OF THE SCHOOL'S WEB PAGE:

ACADEMY HILL SCHOOL ADMITS STUDENTS OF ANY RACE, COLOR, AND NATIONAL OR

ETHNIC ORIGIN. ACADEMY HILL SCHOOL DOES NOT DISCRIMINATE IN THE SELECTION

OF ITS GOVERNING BOARD, IN THE EMPLOYMENT OF PERSONNEL, IN THE ADMISSION

OF STUDENTS, IN THE ADMINISTRATION OF THE SCHOOL'S PROGRAMMING, OR USE OF

THE SCHOOL'S FACILITIES BECAUSE OF RACE, COLOR, RELIGION, NATIONAL

ORIGIN, SEX, VETERAN STATUS, GENDER IDENTIFICATION, AGE, SEXUAL

ORIENTATION, OR HANDICAPPED STATUS IN VIOLATION OF EXISTING STATE OR

FEDERAL LAW OR REGULATIONS. FOR OUR FULL POLICY, CONTACT THE SCHOOL BY

PHONE AT 413-788-0300 OR BY MAIL AT 1190 LIBERTY STREET, SPRINGFIELD, MA

01104. © 2010 ACADEMY HILL

SCHEDULEI (Form 990)

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

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Comp	plete if the or	ganization ans ▶ Atí	n answered "Yes" to F ▶ Attach to Form 990.	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	line 21 or 22.		Open to Public Inspection
Name of the organization						Employer identification number	on number
ACADEMY HILL SCHOOL, INC.						04-3016860	
Part I General Information on Grants and Assistance	Assistance						
1 Does the organization maintain records to substantiate the air	bstantiate the	amount of the	grants or assistan	ice, the grantees' e	mount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	s or assistance, and	
	or assistance						X Yes No
္တ	res for moni	oring the use o	of grant funds in the	United States			
Part II Grants and Other Assistance to Governments a Form 990, Part IV, line 21, for any recipient that II can be duplicated if additional space is needed	overnments recipient that se is needed	and Organiza	ations in the Unit ore than \$5,000	ted States. Com Check this box i	plete if the organiz f no one recipient r	nd Organizations in the United States. Complete if the organization answered "Yes" to received more than \$5,000. Check this box if no one recipient received more than \$5,000.	\$5,000 Part
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(d) Amount of cash grant (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)					Take		
(2)							
[9]							
(e)							
(8)							
(6)							
(10)							14 15 15 15 15
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations	overnment or	ganizations					
3 Enter total number of other organizations						A	
For Paperwork Reduction Act Notice, see the Ins	structions tor	Form 990.				Sched	Schedule I (Form 990) (2010)

0E1288 2 000

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

(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
1 FINANCIAL AID TO NEEDY STUDENTS	22.		119, 290. FMV	FMV	TUITION REDUCTION
2					
8					
4					
5					
9					
7					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	is part to prov	vide the informat	ion required in	Part I, line 2, and any	other additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Employer identification number

04-3016860

Name of the organization

ACADEMY HILL SCHOOL, INC.

PAGE 6, PART VI, SECTION B, QUESTION 11A

PROCESS TO REVIEW FORM 990

THE FORM 990 IS PRESENTED TO THE BOARD OF TRUSTEES WITH THE ANNUAL AUDITED FINANCIAL STATEMENTS. THE FORM 990 IS REVIEWED BY THE BOARD PRIOR TO ITS FILING.

PAGE 6, PART VI, SECTION B, QUESTION 12C

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY

THE HEAD OF SCHOOL MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF

INTERST POLICY ON AN ON-GOING BASIS THROUGH OUT THE YEAR. THE

ORGANIZATION DISCLOSES ANY RELATED PARTY TRANSACTIONS IN THE ANNUAL

FINANCIAL STATEMENTS.

PAGE 6, PART VI, SECTION C, QUESTION 19

DISCLOSURE OF GOVERNING DOCUMENTS

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

WRITTEN REQUEST OF THE INTERESTED PARTY.

PAGE 6, PART VI, SECTION B, QUESTION 15A & B

PROCESS FOR DETERMINING COMPENSATION OF HEAD OF SCHOOL

THE BOARD REVIEWS AND APPROVES THE HEAD OF SCHOOL'S SALARY DURING THE ANNUAL BUDGETING PROCESS.

THERE ARE NO OTHER COMPENSATED OFFICERS AND NO KEY EMPLOYEES.

0E7000 1 000

RENT AND ROYALTY INCOME

Taxpayer's Name ACADEMY HILL SCH	OOL, INC.						ı		ing Number 16860
DESCRIPTION OF PROPERTY 1180 LIBERTY STR	EET								
	tively participate in t	the operation	n of the	activity	during the tax year?				
REAL RENTAL INCO						T			
OTHER INCOME			·						
RENTAL INCOME -	RESIDENTIA	L				19	,578		
								7	
TOTAL GROSS INCOME · · · ·									19,578.
OTHER EXPENSES									- -
SEE ATTACHMENT									
								_	
								_	
								_	
								_	
								4	
								_	
			_					4	
DEPRECIATION (SHOWN BELOW	v)					64.			
LESS: Beneficiary's Portion								4	
AMORTIZATION								4	
LESS: Beneficiary's Portion					3			-	
DEPLETION					•			-	
LESS: Beneficiary's Portion						<u></u>		4	10 747
TOTAL EXPENSES			• • • •			• • • • • • • • • •		·	18,747. 831.
TOTAL RENT OR ROYALTY INCO	JME (LOSS) · · · ·		• • • •	• • •		<u> </u>	• • • •	<u>.</u>	031.
Rent or Royalty Depreciation									
Depletion								_	
Investment Interest Expense			• • • •			• • •		_	
Other Expenses									
Net Income (Loss) to Others									
Net Rent or Royalty Income (Loss									831.
Deductible Rental Loss (if Applic									
SCHEDULE FOR DEPRECI	ATION CLAIMED) 						_	
			,,,	(-)		(a) Dansanton		() 4-	
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE ATTACHMENT					_				
									<u>-</u>
		<u> </u>	<u> </u>						
	·								
									· · · · · · · · · · · · · · · · · · ·
	<u> </u>		-	 	<u> </u>				
						 			·
			<u> </u>						
		i		 					
									
									<u> </u>
ISA Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME - RESIDENTIAL	19,578. 19,578.
OTHER DEDUCTIONS	
CLEANING INSURANCE MORTGAGE INTEREST PAID TO FINANCIAL INSTITUTIONS TAXES UTILITIES	2,373. 1,542. 4,918. 3,269. 3,981.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET <u>INCOME</u>
1180 LIBERTY STREET	19,578.	2,664.	16,083.	831.
TOTALS	19,578.	2,664.	16,083.	831.

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury

OMB No 1545-1709

Internal Revenu	e Service	► File a	separate a	pplication for each return.				
• If you are	filing for an	Automatic 3-Month Extension, o	omplete o	only Part I and check this box				▶ X
• If you are	filing for an	Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part II (on page	e 2 of this f	om)	
				tomatic 3-month extension on a pre				368
Electronic fi	iling <i>(e-file</i>).	You can electronically file Form	8868 if yo	u need a 3-month automatic extens	sion of time	e to	file (6 months for
a corporatio	n required	to file Form 990-T), or an addition	nal (not aut	tomatic) 3-month extension of time	You can e	elec	tronic	ally file Form
8868 to rec	uest an ex	tension of time to file any of the	forms liste	ed in Part I or Part II with the exce	ption of Fo	m	8870	, Information
Return for	Transfers A	ssociated With Certain Persona	Benefit (Contracts, which must be sent to	the IRS	in t	aper	format (see
				sit www.irs gov/efile and click on e-f	ile for Char	ities	& No	nprofits
		-Month Extension of Time. On						
A corporation	n required t	to file Form 990-T and requesting	an automa	atic 6-month extension - check this t	oox and cor	nple	te	
Part I only .								▶∐
All other cor	porations (including 1120-C filers), partnersh	ıps, REMIC	Cs, and trusts must use Form 7004 to	request an	ext	ensioi	n of time
to file incom] F1	7.4		
Type or	Į.	kempt organization			1			ion number
print		Y HILL SCHOOL, INC.	·	<u></u>	04-	-30	1686	50
File by the	Number, st	reet, and room or suite no. If a P.O. box	x, see instruc	tions				
due date for		IBERTY STREET						
filing your return See	City, town	or post office, state, and ZIP code For	a foreign ad	dress, see instructions				
instructions	SPRING	FIELD, MA 01104						
Enter the Re	eturn code f	or the return that this application	s for (file a	a separate application for each return)			01
Application			Return	Application				Return
ls For			Code	ls For				Code
Form 990			01	Form 990-T (corporation)			-	07
Form 990-B	 L		02	Form 1041-A				08
Form 990-E			03	Form 4720				09
Form 990-Pl			04	Form 5227				10
		a) or 408(a) trust)	05	Form 6069				11
		than above)	06	Form 8870				12
1 01111 930-1	(trust other	trait above)	00	1 01111 0070				<u> </u>
		care of ▶ STEVE EDELE						
Telephon	e No ▶	413 788-0300		FAX No. ▶				
			ousiness in	the United States, check this box				▶□
• If this is for	or a Group I	Return, enter the organization's for	ur digit Gro	oup Exemption Number (GEN)			lf	this is
				art of the group, check this box			and a	attach
		d EINs of all members the extensi						
				equired to file Form 990-T) extension	of time			
•				ganization return for the organization		bove	: The	extension is
		on's return for						
▶ □		ear 20 or						
X			01 2010) , and ending	06/30,	20	11	
رین ۲	tux your bo	·9······9			, , , , , , , , , , , , , , , , , , , 		==	
		ered in line 1 is for less than 12 m ecounting period	onths, ched	ck reason Initial return	Final retur	n		
3a If this	application	is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the tentative tax	, less any	Π		
		dits. See instructions	<u>.</u>			3 a	\$	
b If this	applicatio	n is for Form 990-PF, 990-T,	4720, or	6069, enter any refundable cr	edits and			
	<u>. </u>	ments made Include any prior yea				3ь	\$	
c Balanc	e Due. Sub	tract line 3b from line 3a Include	your paym	ent with this form, if required, by us	ing EFTPS			
		l Tax Payment System) See instru				3с		
				with this Form 8868, see Form 8	3453-EO a	nd i	om	8879-EO for
payment ins	_		 					
Ear Pananya	rk Baduction	Act Notice see Instructions				For	886	8 (Pev 1-2011)