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A For the 2011 calendar year, or tax year beginning 07-01-2011

As Filed Data -

DLN: 93492135010773

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

, and ending 06-30-2012

Open to Public Inspection

		applicable	C Name of organization		D Empl	oyer id	entification number
_		change	Hiland Hall School Inc		03-03	31765	
	ame ch iitial ret		Number and street (or P O box, if mail is not delivered to street address) Room/s 2096 Harwood Hill Road	uıte	E Teleph	none nu	mber
_	ınıaı ret eminat		2090 Halifood Hill Hoda			(802)	442-3868
_		d return	City or town, state or country, and ZIP + 4		F Group	Exemp	tion
_		on pending	Bennington, VT 05201		Numb	er	•
I We	ebsite -Exem	www.hilandhal	Cash Accrual Other (specify)	require (Form	d to atta 990, 990	ch Scl	or 990-PF)
norm	nally n	not more than	\$50,000 A Form 990-EZ or Form 990 return is not required though organization chooses to file a return, be sure to file a complete return	Form 990-N (
L Add	lines 5	5b, 6c, and 7b, to	o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total of of Form 990-EZ		e 25, colur	nn (B)	below) are \$500,000 or
	rt I		e, Expenses, and Changes in Net Assets or Fund Balance	ces (See the	nstructio	ns for	
			ne organization used Schedule O to respond to any question in this Par	I	<u> </u>	<u> </u>	<u></u>
	1		s, gifts, grants, and similar amounts received		.	1	11,296
	2	-	vice revenue including government fees and contracts		.	2	146,860
	3	•	dues and assessments		.	3	
	4	Investment			·	4	147
	5a		nt from sale of assets other than inventory				
Revenue	Ь		r other basis and sales expenses		0	5c	
eve	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events					
ď	6	Gaming and Gross income fi					
	a b						
	В	reported on I	ne from fundraising events (not including \$ _of contributions from fundra line 1) (attach Schedule G if the sum of such gross income and contrib		s		
		\$15,000)	6I	. 1	0		
	_	Loca direct	<u> </u>	- 			
	_		expenses from gaming and fundraising events 6 or (loss) from gaming and fundraising events (Add lines 6a and 6b and			ا د	
	d 70		of inventory, less returns and allowances	1	,'c') -	6d	
	7a b	Less cost o			0		
	c		or (loss) from sales of inventory (Subtract line 7b from line 7a)	<u>' </u>	-	7c	
	8		ue (describe in Schedule O)		·	8	6,661
	9		ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		-	9	164,964
	10		similar amounts paid (list in Schedule O)			10	558
	11		to or for members		. Ի	11	
	12	Salaries, oth	er compensation, and employee benefits		.	12	129,165
8	13	Professional	fees and other payments to independent contractors		.	13	1,420
Expenses	14	Occupancy,	rent, utilities, and maintenance		. [14	
Exp	15	Printing, pub	olications, postage, and shipping		. [15	176
_	16	Other expen	ses (describe in Schedule O)			16	47,079
	17	Total expens	ses. Add lines 10 through 16	<u> </u>		17	178,398
<u>ب</u>	18	Excess or (d	leficit) for the year (Subtract line 17 from line 9)			18	-13,434
Net.Assets	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (must a	gree with		T	
et.A		end-of-year	figure reported on prior year's return)		. [19	147,194
Ž	20		es in net assets or fund balances (explain in Schedule O)		· [20	14,074
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20		▶	21	147,834

Cat No 10642I

Check if the organization used	Schedule O to respond to	any question in this P	art II		
(See the instruc	tions for Part II)) Reginning of year		(B) End of year
	cions for Parciff)	(A	Beginning of year	22	(B) End of year
22 Cash, savings, and investments .			36,951	+ +	36,995
23 Land and buildings		· · ·	210,170	+ +	206,921
24 Other assets (describe in Schedule O)	•	3,146	-	7,260
25 Total assets		· · ·	250,267	+ +	251,176
26 Total liabilities (describe in Schedule			103,073	+ +	103,342
27 Net assets or fund balances (line 27 o			147,194	27	147,834
Part III Statement of Program Check if the organization used	_		art III . 🖵		Expenses equired for section 501 (3) and 501(c)(4)
The purpose of the Hiland Hall School is to capacity of the students entrusted to it in consider the involvement of parents to be context of the child's life. Without the ongo an educational institution is largely ineffect because we believe that both individuals a a school's task to serve both the individual.	tellectually, socially, aesth critical because the family ing participation, understal tive It is our purpose to de nd society are best served I and society	etically, physically an - its hopes, values and nding and support of the evelop the full capaciti when individuals reac	d morally We d ways - is the major ne family, the work of es of our students h full potential It is	494 opt	anizations and section 47(a)(1) trusts, ional for others)
Describe the organization's program service measured by expenses. In a clear and conbenefited, and other relevant information for	cise manner, describe the s	- ·	- · · · · · · · · · · · · · · · · · · ·		
28 Provided elementary and middle school (Grants \$ 142,718) If thi	program during the 2011-, s amount includes foreign	•		28a	
29					
	s amount includes foreign	grants, check here .	▶┌	29a	
30					
(Grants \$) If the	s amount includes foreign	grants, check here .	▶┌	30a	
31 Other program services (describe in Sc (Grants \$) If thi	hedule O) s amount includes foreign	grants, check here		31a	
32 Total program service expenses (add lin			<u>.</u>	32	142,718
Part IV List of Officers, Directors, Tru					
Check if the organization used					
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit p	lans &	
	devoted to position	enter -0)	deferred compens	ation	other allowances
See Additional Data Table					

Pa	Check if the organization used Schedule O to respond to any question in this Part V.			
	Check if the organization used Schedule O to respond to any question in this Part V		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35	If the organization had income from business activities, such as those reported on lines 2,6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b		No
c	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
Ь	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911			
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
		40b		No
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed 📂			
42a	The organization's books are in care of ▶ Ethan Richman Telephone no	<u>(80</u>	12)442	-3868
	2096 Harwood Hill Road Located at ▶ Bennington, VT ZIP + 4	▶ 0!	5201	
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S $^\circ$	42c	<u> </u>	No
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check here			► F
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		163	110
	Form 990-EZ.	44a		Νo
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?			
		44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			
A E-		44d		No
45 a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	AE-		NI -
∕ EL	Did the organization receive any nayment from or ongogo in any transaction with a controlled entity within the	45a		No
4 3 D	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,' Form 990 and Schedule R may need to be completed instead of Form990-EZ (see instructions)	45b		No

Condides for public order? If Yes, Complete Schedule C, Part II All Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions. Check if the organization used Schedule O to respond to any question in this Part VI To dithe organization assed as Schedule O to respond to any question in this Part VI To dithe organization assed as Schedule O to respond to any question in effect during the tax year? If Yes, Complete Schedule C, Part II Is the organization as school described in section 170(b)(1)(A)(0)? If Yes, complete Schedule E Schedule E Schedule E Schedule C Sched	Total number of other employees paid oversition, and average paid more than \$100,000 No. 20 Complete this table for the organization is five highest compensated independent contractors with early and address of each independent contractors paid more than \$100,000 No. 20 Complete this table for the organization is five highest compensated independent contractors with early and address of each independent contractors paid more than \$100,000 No. 20 Complete this table for the organization is five highest compensated independent contractors and address of each employees paid oversition. The second of contractors are second organization as each organization and address of each employees paid oversition. The second organization is five highest compensated in the organization of the independent contractors are second organization. The second organization is second organization. The organization is second organization. The organization is five highest compensated inform the organization if the second organization is second organization. The second organization is second organization. The organization is second organization. The organization is five highest compensated independent contractors who each received more than \$100,000. No. 20 Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000. No. 20 Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000. No. 20 Complete this table for the organization is five highest compensated independent contractors and each received organization or second organization organization. The second organization organization organization organization organization organization organization. The second organization organization organization organization organization organization organization organi								Yes	No
All section 50(c)(2) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49 and 52. Check if the organization used Schedule O to respond to any question in this Part VI To the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 17 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 18 Each comparize the state of section 527 (b)(1)(A)(A)(a)? If Yes, *complete Schedule & \$1.000 and \$1.00	All section 501(c)(3) organizations and section 4947(a)(1) nonexempt chantable trusts must answer question 47490 and 52. Check if the organization used Schedule 0 to respond to any question in this Part VI The section 502(c) and 502 are section 572 (c)(1)(A)(i)(7) if Yes, 'complete Schedule 6 11Yes, 'complete Schedule C, Part II Is the arganization a school described in section 170(c)(1)(A)(i)(7) if Yes, 'complete Schedule 6 10 the organization make any transfers to an exemption-chantable related organization of the part of the related organization in a school described note that \$1.00 and					ehalf of or ır	n opposition to	46		No
Chack if the organization used Schedule Q to respond to any question in this Pert VI Vest No.	Check if the organization used Schedule O to respond to any question in this Part VI Visit No. 11 (**Yes*) Did the organization angage in liabilitying activities or have a section 501(n) election in effect during the tax year? 47 No. 48 Yes* 18 the organization a school described in section 170(b)(1)(A)(n)? If *Yes*, complete Schedule E** 39 but the organization make any transfers to an exempt non-chantable related organization? 49 No. 48 Yes* 190 No. 11 (**Yes*)* was the related organization a section 527 organization? Complete this table for the organization is fee highest compensated employees (other than officers, directors, trustees and exemptions of the organization of from the organization is fee highest compensated employees (other than officers, directors, trustees and exemptions of the organization of the organization of the organization of from the organization of the organi	Part VI	All section 501(c)(3) organ			_			_	stions
17 Did the organization ergage in lobbying activities or have a section \$01(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 18 Is the organization a school described in section \$70(b)(1)(A)(a)? If "Yes," complete Schedule B 19 Did the organization make any transfers to an exempt non-charitable related organization? 10 Complete this table for the organization a Section \$27 organization? 11 Complete this table for the organization as each or \$27 organization? 12 Did the organization as five highest compensated employees (other than officers, directive) and the employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None" 13 Complete this table for the organizations as five highest compensated employees (ct) Contributions to different describing the second of the organization. If there is none, enter "None" 14 Total number of other employees paid over \$100,000 15 Complete this table for the organization. If there is none, enter "None" 16 Complete this table for the organization. If there is none, enter "None" 17 Total number of other employees paid over \$100,000 18 Complete this table for the organization. If there is none, enter "None" 19 Office of the organization of the organizat	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "res," complete Schedule C, Part II Is the organization a school described in section 170(b)(1)(A)(ii)? If "res," complete Schedule S Jot the organization make any transfers to an exempt non-chantable related organization? Jot (F' res," was the related organization a section 527 organization? Complete this table for the organization as section 527 organization? Hame and address of each employee put more than \$10,000 of compensation from the organization II there is none, enter "None" (G) Compensation from the organization of the relation			d Schedule O to respond	to any question in this F	art VI .				Γ
If Yes, complete Schedule C, Part II Is the organization a school described in section 170(b)(1)(A)(n)? If Yes, "complete Schedule E** If Is the organization make any transfers to an exempt non-charitable related organization? If Yes, "was the related organization as section 527 organization? If Yes, "was the related organization is five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and address of each employee point more than \$100,000 of compensation from the organization if there is none, enter "None" (b) Title and average horse prevek devoted to position (c) Compensation (d) Compensation (e) Expense employees plans as deferred compensation of the enter and enter allowances (e) Expense employees plan over \$100,000 (f) Total number of other employees plan over \$100,000 (g) Name and address of each independent contractor paid more than \$100,000 (h) Type of service (g) Name and address of each independent contractor paid more than \$100,000 (h) Type of service (g) Compensation (g) Compensation (g) Compensation (g) Compensation (g) Co	15 "Yes," complete Schedule C, Part II Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E® AB								Yes	No
So the organization as achool described in section 170(b)(1)(A)(n)? If Yes,* complete Schedule 5 DV Do the forganization make any transfers to an exempt non-chantable related organization? Do Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees and key employees), who each received more than \$100,000 of compensation from the organization from the	As the organization according to the companization is extino 170(b)(1)(4)(ii)? if "ex", "complete Schedule 20 B (If Yes," was the related organization as section 527 organization? Complete this table for the organization is section 527 organization? Name and address of each employee paid over \$100,000 of compensation from the organization. If there is none, enter "None." Total number of other employees paid over \$100,000 Complete this table for the organization is not the organization in the orga				ection 501(h) election in	effect durin	g the tax year?	47		No
16 16 17 17 18 17 18 17 18 18	Total number of other employees paid over \$100,000	18 Isthe	organization a school describe	d ın section 170(b)(1)(A)(II)? If "Yes," complete S	Schedule E 🕏	3	48	Yes	İ
DIT Yes, "was the related organization is section \$2 / organization from the sequence of the property of the p	Omplete this table for the organization of section \$2.7 organization? NE Total number of other independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 (b) Type of service Total number of other independent contractors each receiving over \$100,000 (c) Type of service Total number of other independent contractors each receiving over \$100,000 (c) Type of service Total number of other independent contractors each receiving over \$100,000 (c) Type of service Total number of other independent contractors each receiving over \$100,000 (c) Type of service Total number of other independent contractors each receiving over \$100,000 (c) Type of service Total number of other independent contractors each receiving over \$100,000 (c) Type of service Total number of other independent contractors each receiving over \$100,000 (c) Type of service Total number of other independent contractors each receiving over \$100,000 (c) Type of service Total number of other independent contractors each receiving over \$100,000 (c) Type of service Total number of other independent contractors each receiving over \$100,000 (c) Type of service Total number of other independent contractors each receiving over \$100,000 (c) Type of service Total number of other independent contractors each receiving over \$100,000 (c) Type of service Total number of other independent contractors each receiving over \$100,000 (c) Type of service Total number of other independent contractors each receiving over \$100,000 (c) Type of service Total number of other independent contractors each receiving over \$100,000 (c) Type of service Total number of other independent contractors each receiving over \$100,000 (c) Type of service Total number of other independent contractors each receiving over \$100,000 (c) Type of service Total number of other independent contractors each receiving over \$100,000 (c) Type of service Total number of other independent	19a Did the	e organization make any transfe	ers to an exempt non-ch	arıtable related organıza	tion?		49a		No
(a) Name and address of each employee paid over \$100,000 of compensation from the organization. If there is not employee bother independent contractors and received more than \$100,000 of compensation of the organization. If the analyse week devoted to position of the organization organiza	mplayees) who each received more than \$100,000 (c) Expense pland address of each employee pland more than \$100,000 (c) Compensation from the organization. If there is none, enter "None" (e) Expense pland more than \$100,000 (e) Expense pland more than \$100,000 (f) Compensation (b If"Yes	s," was the related organization	a section 527 organizat	tion?			49b		No
(a) Name and address of each employee paid more than \$100,000 Total number of other employees paid over \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of other independent contractor paid more than \$100,000 Total number of o	On mane and address of each employee paid more than \$100,000 Compensation Com									
Total number of other employees paid over \$100,000	Total number of other employees paid over \$100,000	(a) Name a	and address of each employee	(b) Title and average hours per week		(d) Con employee	tributions to benefit plans &	(e	Exper	and
Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation. ONE 1. Total number of other independent contractors each receiving over \$100,000 2. Did the organization complete Schedule A? NOTE: All Section \$51(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A. NOTE: All Section \$51(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A. NOTE: All Section \$51(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A. NOTE: All Section \$51(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A. NOTE: All Section \$51(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A. NOTE: All Section \$51(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A. NOTE: All Section \$51(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A. NOTE: All Section \$51(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a complete Schedule A. NOTE: All Section \$51(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a complete Schedule A. NOTE: All Section \$51(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a complete Schedule A. NOTE: All Section \$51(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a complete Schedule A. NOTE: All Section \$51(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a complete Schedule A. NOTE: All Section \$51(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a complete Schedule A. NOTE: All Section \$51(c)(3) organizations a	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation. NE Total number of other independent contractors each receiving over \$100,000. Did the organization complete Schedule A? NOTE: All Section \$501(c)(3) organizations and \$4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? NOTE: All Section \$501(c)(3) organizations and \$4947(a)(1) nonexempt charitable trusts in the properties of perpury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my whedge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a wiedge. Preparer's Signature of officer Date Check if self-employed Preparer's taxpayer identification number (See instructions) Preparer's taxpay	ONE								
1 Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation ONE Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? NOTE: All Section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Note: All Section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Note: All Section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Note: All Section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Note: All Section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Note: All Section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Note: All Section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. Note: All Section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. Note: All Section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. Note: All Section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts and the section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts and the section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts and the section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts and the section \$01(c)(3) organization and 4947(a)(1) nonexempt charitable trusts and 4947(a)(1) nonexempt charitable trusts and 4947(a)(1) nonexempt charitable trusts and 4947(a)(1) no	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation. NE Total number of other independent contractors each receiving over \$100,000. Did the organization complete Schedule A? NOTE: All Section \$501(c)(3) organizations and \$4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? NOTE: All Section \$501(c)(3) organizations and \$4947(a)(1) nonexempt charitable trusts in the properties of perpury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my whedge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a wiedge. Preparer's Signature of officer Date Check if self-employed Preparer's taxpayer identification number (See instructions) Preparer's taxpay									
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Signature of officer Ethan Richman Principal Type or print name and title Preparer's signature Stephen C Love CPA Date Check if self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 Date Check if self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 Po Box 319 Date Check if self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 Po Box 319	Signature of officer Ethan Richman Principal Type or print name and title Preparer's signature Stephen C Love CPA Date Check if self-employed	nowledge ar								
Ethan Richman Principal Type or print name and title Preparer's signature Stephen C Love CPA Preparer's taxpayer identification number (See instructions) Firm's name (or yours if self-employed), address, and ZIP + 4 Po Box 319 Date Check if self-employed Preparer's taxpayer identification number (See instructions) EIN Phone no (802) 442-5552	Ethan Richman Principal Type or print name and title Preparer's signature Stephen C Love CPA Date Check if self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 Date Check if self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 Po Box 319 Bennington, VT 052010319 Date Check if self-employed Firm's taxpayer identification number (See instructions) EIN Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no Firm's name (802) 442-5552									
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Phone no • (802) 442-5552	Bennington, VT 052010319 Phone no • (802) 442-5552	lea Only	ıf self-employed),	. ,	I	<u>'</u>	EIN Þ			
			,				Phone no F (80	02) 442-	5552	

Form 990-EZ (2011)

Page **4**

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Hıland Hall School Inc

Name of the organization

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

Pa	rt I	Reas	on for Pu	ıblic Charity Sta	tus (All ord	nanizations	must comi	nlete this n	art) See ir			
				te foundation becaus						isti detions		
1	Ī			ion of churches, or a					•			
2	Ī		•	d in section 170(b)(1			•	,,,,,,				
3	Ė			perative hospital se				n 170(b)(1)	(A)(iii).			
4	Γ	A medi	cal researc	h organızatıon opera ıty, and state						1)(A)(iii). E	nter the	
5	Γ	_	•	erated for the benefi (A)(iv). (Complete P	_	or universi	ty owned or o	perated by a	a government	cal unit desc	rıbed ın	
6	\sqcap	A feder	al, state, or	local government o	r government	tal unit desc	rıbed ın sect i	ion 170(b)(1	.)(A)(v).			
7	Γ	describ	oed in	at normally receives (A)(vi) (Complete P		al part of its	support from	a governme	ntal unit or fr	om the gene	eral public	
8	Γ	A com	munity trust	: described in sectio i	n 170(b)(1)(A)(vi) (Cor	nplete Part II	[)				
9	\sqcap	An orga	anızatıon th	at normally receives	(1) more th	an 331/3%	of its support	from contril	butions, mem	bership fees	s, and gross	
		receipt	s from activ	rities related to its e	xempt function	ons—subjec	t to certain e	xceptions, a	nd (2) no mo	re than 331,	/3% of	
		ıts sup	port from gr	oss investment inco	me and unrel	lated busine	ss taxable ın	come (less	section 511	tax) from bu	sinesses	
		acquire	ed by the or	ganızatıon after June	30,1975 S	ee section !	509(a)(2). (C	omplete Par	tIII)			
10	\sqcap	An orga	anızatıon or	ganized and operated	d exclusively	to test for p	oublic safety	Seesection	509(a)(4).			
e f g	' Г	one or the box a By che other the section of the context of the	more public that descripted Type I cking this bandon this box august 17, and persons? erson who do below, the amily memb 85% contro	ganized and operated by supported organized by Experiment of the type of supported organized by Type I ox, I certify that the ion managers and ot received a written deceived a written deceived a written deceived or indirectly or governing body of the of a person describled entity of a person gunformation about	eations descriptoring organ I c organization her than one etermination ization accept ontrols, either the support bed in (i) about	ribed in sect ization and of Type III is not controlled from the IR oted any gifter alone or toted organizations of the controlled from the IR oted organizations of the controlled from t	ion 509(a)(1) complete line complete line colled directly blicly support S that it is a or contributi ogether with ation?) or section s 11e throu ly integrated or indirectled organizat	509(a)(2) Sogh 11h d y by one or n clons describe e II or Type I	ee section 5 d	O9(a)(3). Che e III - Other lifled persons n 509(a)(1) or ng organizatio Yes No (i)	r n,
									_			
	(i) Name suppo rganiz	e of	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ted in rning	(v) Did you not organizati col (i) of suppor	ıon ın your	(vi) Is the organizat col (i) org	e ıon ın anızed	(vii) A mount o support?	
				(see (nstructions))	Yes	No	Yes	No	Yes	No	1	
Tota	ı											

	(Complete only if ye						
	ùnder Part III. If th						
	ection A. Public Support	_	_			•	
Cale	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1 (f) Total
1	in) Gifts, grants, contributions, and						
_	membership fees received (Do not	:					
	include any "unusual						
2	grants ") Tax revenues levied for the						
_	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
•	furnished by a governmental unit to						
_	the organization without charge			+			
4	Total. Add lines 1 through 3 The portion of total contributions						
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included o	n					
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from line 4	ו					
S	ection B. Total Support				<u> </u>	I	
	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	L (f) Total
_	ın)	(4) 2007	(2) 2000	(6) 2005	(4) 2010	(0) 2011	(1) 1 ocur
7 8	A mounts from line 4 Gross income from interest,						
0	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 (Explain in Part						
	IV) Do not include gain or loss						
11	from the sale of capital assets Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activit	ies, etc (See inst	cructions)			12	
13	First Five Years If the Form 990 is	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	
	check this box and stop here						▶ □
S	ection C. Computation of Pu	blic Support F	Percentage				
14	Public Support Percentage for 201	1 (line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percentage for 201	0 Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test—2011. If the				line 14 is 33 1/3%	∕or more, cl	
h	and stop here. The organization qu 33 1/3% support test—2010. If the	•	, ,,		Sa and line 15 is	33 1/3% or i	more check this
_	box and stop here. The organization				sa, ana mie 15 io	33 1,370 01 1	▶ □
17a	10%-facts-and-circumstances test						
	is 10% or more, and if the organization me						
	organization	oto the facts and	. on campanices	tost The organiz	quaimes as	a publicly 5	upported ▶厂
b	10%-facts-and-circumstances test						
	15 is 10% or more, and if the orga Explain in Part IV how the organize						
	supported organization	meets the 1	and chedills		- organization qua	ιου αυ α ρι	▶
18	Private Foundation If the organization	tion did not check	a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and see	▶ □
	ınstructions						 ₹

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

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As Filed Data -

DLN: 93492135010773

OMB No 1545-0047

2011

2011

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

Schools

Inspection
Employer identification number

Name of the organization Hiland Hall School Inc		loyer identification nu	ification number				
man		331765					
Pa	rt I		YES	NO			
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its chother governing instrument, or in a resolution of its governing body?	arter, bylaws,	Yes				
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in a brochures, catalogues, and other written communications with the public dealing with student admiss programs, and scholarships?		Yes				
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast the period of solicitation for students, or during the registration period if it has no solicitation program that makes the policy known to all parts of the general community it serves? If "Yes," please describe please explain. If you need more space use Part II	media during i, in a way e If "No,"					
	——————————————————————————————————————	3	Yes				
4	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes				
ı	Records documenting that scholarships and other financial assistance are awarded on a racially nond basis?	ıscrımınatory 4b	Yes				
•	Copies of all catalogues, brochures, announcements, and other written communications to the public with student admissions, programs, and scholarships?	dealing 4c	Yes				
•	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes				
5	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No			
	Admissions policies?	5b		No			
•	Employment of faculty or administrative staff?	<u>5c</u>		No			
ď	Scholarships or other financial assistance?	<u>5d</u>		No			
	Educational policies?		-	No			
	Use of facilities?	5f	1	No			
	a Other extracurricular activities?	5 <u>5</u>		No No			
•	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			110			
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b		No No			
	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 to fRev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II		Yes	140			

Part II Supplemental Information

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

Ī	ldentifier	Return Reference	Explanation
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Schedule E (Form 990 or 990-EZ) 2011

DLN: 93492135010773

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization Hıland Hall School İnc

Employer identification number

03-0331765

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 2	Total Liabilities 2	VEDA loan - Beginning \$0 VEDA loan - Ending \$15520
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	People's United Bank - Beginning \$103073 People's United Bank - Ending \$87822
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$3146 Machinery and Equipment - Ending \$7260
Form 990-EZ, Part I, Line 20 1004	Other Changes In Net Assets Or Fund Balances 1004	Prior Period Adjustments \$14074
Form 990-EZ, Part I, Line 16 18	Other Expenses 18	Miscellaneous \$170
Form 990-EZ, Part I, Line 16 17	Other Expenses 17	Housekeeping \$175
Form 990-EZ, Part I, Line 16 15	Other Expenses 15	Student activities \$247
Form 990-EZ, Part I, Line 16 14	Other Expenses 14	Travel and hospitality \$325
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	Fire alarm service \$392
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	Farewell party \$450
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	Water system testing \$677
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	Telephone \$715
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	Maintainance and repairs \$1284
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	Property Taxes \$1475
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	Classroom supplies \$2275
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Contracted services \$2682
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Building and grounds maintenan \$2747
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	Electricity \$2891
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Adjunct staff \$3652
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Insurance \$4270

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Heating \$6838
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$7627
Form 990-EZ, Part I, Line 16 1008	Other Expenses 1008	Interest \$5013
Form 990-EZ, Part I, Line 16 1003	Other Expenses 1003	Information Technology \$2216
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$958
Form 990-EZ, Part I, Line 8 3	Other Revenue 3	Tax Refund \$271
Form 990-EZ, Part I, Line 8 2	Other Revenue 2	Miscellaneous \$615
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	Rent \$5775

Additional Data

Software ID: 11000144

Software Version: 2011v1.5

EIN: 03-0331765

Name: Hiland Hall School Inc

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Jessica Howard 1357 Murphy Hill Road North Bennington, VT 05257	Ex Officio 40 00	32,512		
Fran Zubryd 32 Pageant Street Bennington, VT 05201	Director 0	0		
Jennifer Rohn 64 Wilder Avenue Hoosick Falls, NY 12090	Director 0	0		
Samantha Pitcher 116 Coulter Street Bennington, VT 05201	Director 0	0		
Elizabeth Ganger 129 Johnson Hill Road Hoosick Falls, NY 12090	Director 0	0		
Kathy Chesney 613 Hidden Valley Road Pownal,VT 05261	Director 0	0		
Avery Wood 116 McCarthy Acres North Bennington, VT 05257	Chairman 0	0		