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Form 990

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)

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2011 calendar year, or tax year beginning Jul 1. 2011. and ending Jun 2012 D Employer Identification Number Check if applicable C Name of organization Blue Hills Civic Association Doing Business As 06-0876558 Address change Number and street (or P O box if mail is not delivered to street addr) E Telephone number Room/suite Name change (860) 769-3846 120 Holcomb Street Initial return City, town or country ZIP code + 4 Terminated CT Hartford 06112 Amended return G Gross receipts \$ 1,711,264. H(a) Is this a group return for affiliates? Application pending F Name and address of principal officer. Yes Nο H(b) Are all affiliates included? Lee Hunt '120 Holcomb Street Hartford CT 06112 Yes If 'No,' attach a list, (see instructions) Tax-exempt status 501(c) () ◀ (insert no) 4947(a)(1) or Website: ► www.bluehillscivic.org H(c) Group exemption number Form of organization X Corporation Trust Association L Year of Formation 1962 M State of legal domicile CT Rart M Summary 1 Briefly describe the organization's mission or most significant activities: Community Service Activities & Governance I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) . 4 437 Total number of individuals employed in calendar year 2011 (Part V, line 2a) ... 5 6 Total number of volunteers (estimate if necessary) . . . 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7 a 7b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 1,196,245. 1,710,862. 396. 9 Program service revenue (Part VIII, line 2g) 340 218 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,196,803 1,711,264. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 881,244 960,311. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,809. 17 Other expenses (Part IX, column (A), lines 11a-11d; 11f-24e) 350,182. 779,345. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,231,426. 1,739,656. Revenue less expenses. Subtract line 18 from line 12 -34,623.-28,392.S O **Beginning of Current Year** End of Year 5 8 APR 3 9 2013 Total assets (Part X, line 16) 194,024. 229,649. Ġ 21 Total liabilities (Part X, line 26) 50,372. 114,389. 143,652. Part'II ∖. Signature Block Under penalties of perjury I declare that bave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of office Here Lee Hunt Type or print name and title Print/Type preparer's name Check m 4-13213 Paid O'Connell, Pace, & Company self-employed ≥ Preparer ►O'Connell, Pace, & Company, P.C. Use Only Firm's EIN - 06-1053627 Firm's address ▶ 609 Farmington Avenue, Suite 201 (860) 247-3917 Hartford 06105 Phone no



No

Form 990 (2011)

May the IRS discuss this return with the preparer shown above? (see instructions)

ΙXΙ Yes

Forn	n 990 (2011) Blue Hills Civic Association	06-0876	558	F	age 2
Pa	Statement of Program Service Accomplishments				
	Check if Schedule O contains a response to any question in this Part III	<u> </u>			
1	Briefly describe the organization's mission:				
	Community Service				
					
2	Did the organization undertake any significant program services during the year which were not listed on the	ne prior	_	_	
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O		_		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces?	Yes	X	No
	If 'Yes,' describe these changes on Schedule O.				
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measur	ed by exp	enses	S
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amo others, the total expenses, and revenue, if any, for each program service reported.	ount of grants	and alloc	ations	το
	the solution of the solution o				
4.	a (Code) (Expenses \$ 1,553,249. including grants of \$ 0.) (Re	overue \$	-		0.)
7	The agency's mission is accomplished through the following	evenue 7			
	The agency's mission is accomplished through the following				
	services and solutions (1) Employment services				
	(2) Housing assistance (3) Summer jobs and (4)				
	community organizing				
					
41	b (Code:) (Expenses \$ including grants of \$) (R	evenue \$)
	Coole				—′
		. – – – – –			
4	c (Code:) (Expenses \$ including grants of \$) (Re	evenue \$)
					
40	d Other program services. (Describe in Schedule O)				
	(Expenses \$ including grants of \$) (Revenue \$)	
46	e Total program service expenses ► 1,553,249.	 			

Part IV | Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 Х 4 Х 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, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes, complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV . 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 Х 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. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a D, Part VI b Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total 11b Х assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Х 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported ın Part X, line 16? If 'Yes,' complete Schedule D, Part IX 11 d X X 11 e e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X ... f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X . . . 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if 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)? If 'Yes,' complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. 14b Х 15 Х 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 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 Х 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 Х 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 Х Х 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . 20 20 b b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued) Yes No 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 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 Х 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 23 Х Schedule J 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 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a 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 25b Х Schedule L, Part I 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 Х 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Х 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M Х X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a **b** 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 35b Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 Note. All Form 990 filers are required to complete Schedule O 38 BAA Form 990 (2011)

-	Check if Schedule O contains a response to any question in this Part V				П
	Check it Schedule O contains a response to any question in this rare v		•	Yes	No
1.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .	1b 0			
		 L			
	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1с		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 437			
b	If at least one is reported on line 2a, did the organization file all required federal employment t	ax returns?	2b	Х	<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst	ructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a		_X
Ŀ	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other financial account.	r other authority over, a ancial account)?	4a		Х
Ė	olf '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 Fin				7,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	transaction?.	5b		<u>X</u>
•	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	• •	5 c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible?		6a		x_
Ł	• If 'Yes,' did the organization include with every solicitation an express statement that such connot tax deductible?	tributions or gifts were 	6b		
7					
ā	Did the organization receive a payment in excess of \$75 made partly as a contribution and pa services provided to the payor?	rtly for goods and	7a		X
ŀ	o If 'Yes,' did the organization notify the donor of the value of the goods or services provided? .		7b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for white Form 8282?	ch it was required to file	7с		х
•	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
•	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit contract?	7 e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene	fit contract? .	7 f		X
ć	g If the organization received a contribution of qualified intellectual property, did the organization as required?	n file Form 8899	7 g		
ŀ	this the organization received a contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, boats, airplanes, or other vehicles, did the contribution of cars, airplanes,	organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, ha holdings at any time during the year?	g organizations. Did the ve excess business	8		
9	Sponsoring organizations maintaining donor advised funds.				
	a Did the organization make any taxable distributions under section 4966?		9a	<u>L</u>	
	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		
	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:				
	a Gross income from members or shareholders	11a			
ŧ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12:	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	a 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	0.			
	Enter the amount of reserves the organization is required to maintain by the states in				
١	which the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c		<u> </u>	
	a Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
ŀ	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in So	hedule O .	14b		1000
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Form 990 (2011)

BAA

Pái	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b be	elow, a	nd f	or
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chair Schedule O. See instructions.	nges ir	1	
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
	1 1		Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	9		
ŀ	Enter the number of voting members included in line 1a, above, who are independent	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	. 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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	. 6		<u>x</u> _
7 :	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X_
1	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7ь	ha lladdi aldd	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	孤		
i	a The governing body?	8a	Χ_	
ı	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	. 9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?.	10 a		Х
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11 a	X	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X	<u>₹₹₹₹</u>
	a Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
(c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	<u></u>
14	Did the organization have a written document retention and destruction policy?	. 14	X	distant. Ad
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
ä	a The organization's CEO, Executive Director, or top management official	. 15a	<u>X</u>	ļ
ı	Other officers of key employees of the organization	. 15b	<u> X</u>	Del Carrier (
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)	N.		
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
	o If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed Connecticut			
		 vailable f		blic
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avinspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request	anable I	oi pu	.DIIC
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements avail the public during the tax year.	lable to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ			
1	▶Lee Hunt 120 Holcomb Street Hartford CT 06112 (860)7	69-	3846

TEEA0106 01/23/12

form 990 (2011)	Blue	Hills	Civic	Association

06-0876558

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1 a 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 r	elated	org	anız	atıo	n com	pen	sated any current office	er, director, or truste	e
(A) Name and title	(B) Average hours per week	unles	s per	Pos ck mo	s both	an one n an offi rustee)	box, cer	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	adividual frustee or director	institutional frustee	Officer	Key employee	Higt est connansated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Lee Hunt Executive Dir.	40.00	х			х			74,946.	0.	0.
(2)										
(3)										
(5)										
_(7)		, ,								
(10)										
(11)										
(12)										
(13)										
(14)					<u> </u>					

Part VII Section A. Officers, Directors, Trust	ees, l	(ey	Em			es,	anc	l Highest Com	pensated Em	ployees (cont)
		}		•	C)					
(A) Name and title	(B) Average hours per	box, offic	not ci unles er an	ss pe	rson i Iirecto	s both r/trust	n an lee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	week (describ e hours for related organi- zations	Indivi	instit	Officer	Кеу є	Highest compensate employee	Form	the organization (W-2/1099-MISC)	related organization (W-2/1099-MISC)	from the organization and related
	hours for	dual t	utiona	더	Key employee	st cor	er			organizations
	organi- zations	rustee	l trust		/ee	npens				
	Sch O)		e			ated				
(15)										
(16)				,					-	
(17)					-					
(18)										
(19)										
(20)										
(21)										
<u>(22)</u>										
(23)										-
(24)								~		
(25)										
1 b Sub-total	٠	<u> </u>	l					74,946.	(0.
c Total from continuation sheets to Part VII, Section Ad Total (add lines 1b and 1c)							>	74,946.		0.
2 Total number of individuals (including but not limited from the organization		se lis	sted	abo	ve) v	who	rece		<u> </u>	
non no organization										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust	ee, k	кеу е	emp	loye	e, or	hıg	hest compensated	l employee	3 X
										A PAI
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the such individual	an \$15	0,00	0? /	f 'Ye		omp		Schedule J for		. 4 X
5 Did any person listed on line 1a receive or accrue co	mpens	atioi	n fro	m a	ny u	nrela	ated	organization or in	ndıvıdual	The second with y
for services rendered to the organization? If 'Yes,' consection B. Independent Contractors	omplete	e Sci	hedu	le J	for :	such	per	rson	••	. 5 X
Complete this table for your five highest compensate compensation from the organization. Report comper	ed inde	pend for t	ent o	cont	ract	ors t	hat	received more tha	n \$100,000 of the organization	's tax vear.
(A)						<u>,</u>		(B)	(C)
Name and business addres	s 							Description	or services	Compensation
		-								
2 Total number of independent contractors (including t	out not	lımıt	ed to	the	nse l	ıster	d ah	ove) who received	more than	为于 是1000000000000000000000000000000000000
\$100,000 in compensation from the organization										

Forn	990 (2011) Blue Hills Civic Association			06-0876558	Page 9
Pa	t 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
TS S	1a Federated campaigns . 1a			-	
RAN	b Membership dues				
S, G	c Fundraising events 1c				
E &	d Related organizations 1d				
SIMI SIMI	e Government grants (contributions) 1e 1,217,579.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above . 1f 493, 283.			'	
AND	g Noncash contributions included in lns 1a-1f \$	1,710,862.			į
	h Total. Add lines 1a-1f Business Code	1,/10,002.			
PROGRAM SERVICE REVENUE	2a Dues and registration fees 611710	396.	396.	0.	0.
: RE	b				
VICE	c				
SER	d				
SAM	e				
2OG	f All other program service revenue				
- H	g Total. Add lines 2a-2f ▶	396.			
	Investment income (including dividends, interest and other similar amounts)	6.	0.	0.	6.
	4 Income from investment of tax-exempt bond proceeds	· · · · · · · · · · · · · · · · · · ·			
	5 Royalties				 -
	(i) Real (ii) Personal				
	6a Gross rents .	ļ		18	
	b Less: rental expenses	•			
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory . (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	u rice gain or (1033)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$				
REV	of contributions reported on line 1c). See Part IV, line 18 a	•			
HER	b Less: direct expenses b				
6	c Net income or (loss) from fundraising events .				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities . ▶				
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory				
}	Miscellaneous Revenue Business Code				
	11a				
l	b			~	
	d All other revenue				
	e Total. Add lines 11a-11d			·	
	12 Total revenue. See instructions	1,711,264.	396.	0.	6.

Rart X生 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).

	Check if Schedule O contains a response to any question in this Part IX											
Do l	not include amounts reported on lines 7b, 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 United States. See Part IV, line 21											
2	Grants and other assistance to individuals in the United States. See Part IV, line 22											
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16											
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	74,946.	57,034.	17,912.	0.							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		,									
7	Other salaries and wages	885,365.	822,592.	62,773.	0.							
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)											
9	Other employee benefits											
10	Payroll taxes											
11	Fees for services (non-employees)											
ē	Management											
ŀ	Legal											
•	Accounting											
(Lobbying			The state of the s	<u> </u>							
	Professional fundraising services. See Part IV, line 17		2003年7000年6023									
	Investment management fees	100,659.	92,634.	8,025.	0.							
•	Other											
	Advertising and promotion .	444 540	60.000	44.071	1 000							
13	Office expenses	114,718.	68,838.	44,071.	1,809.							
14	Information technology .											
15 16	Royalties		· · · · · · · · · · · · · · · · · · ·									
17	Occupancy											
	Payments of travel or entertainment expenses for any federal, state, or local public officials											
19	Conferences, conventions, and meetings											
20	Interest											
21	Payments to affiliates											
22	Depreciation, depletion, and amortization .	6,137.	4,602.	1,535.	0,							
23 24	Insurance	24,892.	7,114.	17,778.	O.							
24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)											
a	Equipment rent and maintenance	2,251.	1,883.	368.	0,							
t	Vocational & direct program	530,688.	498,552.	32,136.	0,							
C	; 											
C	`~											
	All other expenses											
	Total functional expenses. Add lines 1 through 24e .	1,739,656.	1,553,249.	184,598.	1,809.							
26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.											
	Check here ► if following											
	SOP 98-2 (ASC 958-720)		<u>L</u>	L	L							

RartiX Balance Sheet (A) (B) Beginning of year End of year 43,120 1 36,430. Cash - non-interest-bearing 2 379. 2 Savings and temporary cash investments. . . 10,376. 130,800. 3 Pledges and grants receivable, net 3 187,595. Accounts receivable, net ... 4 **张州林水江东西**城 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . 5 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 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . 40, 10 a 837 592 10 c **b** Less: accumulated depreciation 10b 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 15 Other assets. See Part IV, line 11. 15 229,649. 16 Total assets. Add lines 1 through 15 (must equal line 34) 194,024 16 37,372.48,542 17 Accounts payable and accrued expenses 17 18 18 Grants payable. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 13,000 23 65,847. Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . 114,389 26 Total liabilities. Add lines 17 through 25. 50 372 26 X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 70,078. Unrestricted net assets 79,504. 27 28 64,148 28 45,182. Temporarily restricted net assets Permanently restricted net assets 29 P Organizations that do not follow SFAS 117, check here lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 143,652. 33 115,260. Total net assets or fund balances

BAA

Total liabilities and net assets/fund balances.

229,649. Form **990** (2011)

194,024.

34

Form	990 (2011) Blue Hills Civic Association	06-0876558		Pag	ge 12
Par	Reconciliation of Net Assets	-			
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>			
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12)	1 2 3 4 5	1,73 -2	11,2 39,6 28,3	56. 92.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	. 6	1:	15,2	60.
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	· · · · · · · · · · · · · · · · · · ·		Ш
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			Yes	No
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
t	Were the organization's financial statements audited by an independent accountant?		2b	Х	
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain	of the audit,	2c	х	
	ın Schedule O			1	
(If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ssued on a			
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a	х	
	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3b	х	
BAA			Form	990 (2011)

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SCHEDULE`A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047



Name of	the	organ	ization												Employer	dentificat	ion number		
Blue	lue Hills Civic Association 06-0876558 Partis Reason for Public Charity Status (All organizations must complete this part.) See instructions.																		
Part	勝	Rea	son for	Publ	ic Cha	rity Sta	atus	(All c	rgani	izations	must o	comple	te this	part.)	See ii	nstructi	ions.		
The or	gar	ıızatı	on is not a	privat	e founda	ation bec	ause	ıt ıs: (f	or line	es 1 throu	gh 11, cl	neck onl	y one bo	ox.)					
1	٦	A ch	urch, conv	ention	of churc	ches or a	SSOCI	ation o	f churc	ches descr	ribed in s	section	170(b)(1)(A)(i).					
2	7	A sc	hool descr	ibed in	section	170(b)(1)(A)(ii). (At	tach S	chedule E	.)								
3	_		spital or a								-	ion 1 70 (ъх1)(A)	(iii).					
4	_		=			-		_							b)(1)(A)(iii) Ente	r the hosp	ital's	
,			e, city, an		-									•	~ ~ ~				
5	\neg	An o		n opera	ated for	the bene Part II)	fit of	a colle	ge or u	university	owned o	r operat	ed by a	governn	nental u	nit descr	ibed in sec	tion	
6			deral, state																
ï	=	ın se	ction 170	(b)(1)(<i>l</i>	4)(vi). ((Complete	Part	: II.)	,			_	ernment	al unit d	or from t	he gener	al public d	escrib	ed
8	_		mmunity t																
9	from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)																		
10	_		rganızatıo	•		•			-			-			-				
11	_	more	rganizatio publicly s ribes the l	support	ted orga	nizations	desc	ribed i	n secti	on 509(a)	 or se 	ection 50	he funct 19(a)(2)	ions of, See se	or carry ction 50	out the 19(a)(3).	purposes of Check the	of one box th	or iat
		a 🗌	Туре І		b	Туре	:		c [Type II	I – Fund	tionally	ıntegrate	ed		d 🗌	Type III -	- Othe	r
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).																		
f																			
g		Sinc	e August	17, 200	6, has ti	he organ	ızatıo	n acce	pted a	ny gift or	contribu	tion fror	n any of	the foll	owing pe	ersons?			
																		Yes	No
		(i)	A person below, th	who d	irectly o	or indirect	tly cor	ntrols,	either	alone or t	ogether	with per	sons des	scribed	ın (II) an	id (III)	11 g (i)		
		(ii)	A family	_	-	-			_		•	•	••		•	• •	11 g (ii)		\vdash
		(iii)	_		•				•	o.) or (II) ab	 .ove?	•	•	•	• •	•	11 g (iii)	$\overline{}$	
h		٠,	ide the fol		•	•			• • •			• •		•	• •		119()		<u> </u>
		(i) Na	me of suppor organization		l .	(ii) EIN		(III) Ty (desc	ype of or	ganization lines 1-9 C section	(IV) organiz column (your go	Is the zation in in listed in overning ment?	the organ	ou notify nization in n (i) of upport?	organiz colur organize	is the sation in no (i) ed in the S ?	(vII) Amou	nt of sup	pport
											Yes	No	Yes	No	Yes	No			
(A)					L						l		_						
]]]				
(B)			_									}			i 				
(C)																			
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					是为	ALTER S			Adv	NAME OF	250	SERVICE SERVICE		4		400			
Total							经验			74.16	经验	经报	建	机型	30.0				
_	or	Pape	rwork Re	duction	n Act No	otice, see	the l	Instruc	tions f	or Form 9	90 or 99	0-EZ.		·	Schedul	e A (For	m 990 or 9	90-EZ	2011

. Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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 begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')	588,364.	490,776.	535,952.	1,196,585.	1,711,258.	4,522,935.
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	588,364.	490,776.	535,952.	1,196,585.	1,711,258.	4,522,935.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						4,522,935.
Sec	tion B. Total Support					,	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	588,364.	490,776.	535,952.	1,196,585.	1,711,258.	4,522,935.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	43.	13.	13.	218.	6.	293.
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						4,523,228.
12	Gross receipts from related activi	ities, etc (see instr	uctions) .			12	
13	First five years. If the Form 990 organization, check this box and	stop here	<u> </u>	, third, fourth, or	fifth tax year as a	section 501(c)(3)	. ▶∏
Sec	tion C. Computation of Pu	<u>blic Support P</u>	ercentage			- ·	
	Public support percentage for 20	•	• •	11, column (f))	• •	14	99.99%
15	Public support percentage from 2	2010 Schedule A, F	Part II, line 14			15	99.99%
16 a	33-1/3% support test — 2011. If t and stop here. The organization	he organization di qualifies as a publ	d not check the bo icly supported org	x on line 13, and anization	I the line 14 is 33-	1/3% or more, che	eck this box ► X
k	33-1/3% support test – 2010. If t and stop here. The organization	he organization die qualifies as a publ	d not check a box icly supported org	on line 13 or 16a anization			heck this box . ►
17 a	10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts-	neets the 'facts-ar	id-circumstances'	test, check this b	oox and stop here	, Explain in Part I\	/ how
	o 10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	meets the 'facts-ar I-circumstances' te	id-circumstances' est. The organizati	test, check this to on qualifies as a	oox and stop here publicly supporte	. Explain in Part I\ d organization .	/ how the
	Private foundation. If the organiz	ration did not chec	k a box on line 13	, 16a, 16b, 17a,			uctions P 90 or 990-EZ) 2011
BAA					3	Circuite A (FUIII) 3	20 01 220°LZ) 2011

. Partilli 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	ne organization failed	to qualify under Par	t II. If the organization fails
to qualify under	the tests listed below, p	olease complete Part II.))		

Sec	tion A. Public Support	<u> </u>		·		_			
Calen	dar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants.')								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
ŧ	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			ļ <u></u>					
8	Public support (Subtract line 7c from line 6)								
	tion B. Total Support				1		T		
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
-	Amounts from line 6								
	I Gross income from interest, 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								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
	Total support. (Add Ins 9, 10c, 11, and 12)					<u> </u>			
	14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here								
	Section C. Computation of Public Support Percentage								
15	Public support percentage for 20	11 (line 8, column	(f) divided by line	e 13, column (f))		15			
	Public support percentage from 2				· · · · · · · · · · · · · · · · ·	. 16	8		
Sec	ction D. Computation of Investment Income Percentage								
17	Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)								
18	Investment income percentage from 2010 Schedule A, Part III, line 17								
	a 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 more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
	b 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 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								
20	Private foundation. If the organiz	ation did not ched	k a box on line 1	4, 19a, or 19b, ch	еск this box and s	ee instructions .	<u>. </u>		

Schedule A	(Form 990	or 990-E2	2011	Blue	HITTS	CIVIC	Associa	ation		06-0	8/6558		age 4
Part IV	Supplen Part II, Ii (See ins	nental In ne 17a tructions	ı format i or 17b; s).	i on. Con and Par	nplete th rt III, lind	nis part e 12. Als	to provid so compl	e the exp ete this p	lanations art for an	required by additiona	oy Part II, al informa	, line 10; ation.	
									. 				
				. – – – -									·
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				. — — — .									 ·

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization Employer Identification number Blue Hills Civic Association Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year 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 No Yes funds are the organization's property, subject to the organization's exclusive legal control? 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 purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, 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 Preservation of a certified historic structure Protection of natural habitat 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 a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 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 violations, No and enforcement of the conservation easements it holds? Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes 170(h)(4)(B)(i) and section $170(h)(4)(B)(ii)^{2}$ 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (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 b 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: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990. Part X 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: a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

▶\$

Schedule D (Form 990) 2011 Blue				06-087		Page 2	
Part III Organizations Maintai	ning Collectio	ns of Art, Histo	<u>orical Treasures, or</u>	Other Similar Ass	ets (contii	nued)	
3 Using the organization's acquisition items (check all that apply).	on, accession, and	other records, che	ck any of the following th	nat are a significant use	of its collec	tion	
a Public exhibition		d 🔲 Loan o	or exchange programs				
b Scholarly research		e 🗌 Other					
c Preservation for future genera	itions						
4 Provide a description of the organ Part XIV	ization's collection	ns and explain how	they further the organiza	ation's exempt purpose	ın		
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit or receivather than to be ma	ve donations of art,	historical treasures, or of the organization's collection	other similar	Yes	∏No	
Escrow and Custodial line 9, or reported an	l Arrangement	s. Complete if t	he organization ans	swered 'Yes' to For	m 990, Pa	art IV,	
1 a Is the organization an agent, trust included on Form 990, Part X?	ee, custodian, or o	other intermediary f	or contributions or other	assets not	Yes	No	
b If 'Yes,' explain the arrangement							
					Amount		
c Beginning balance	. •			. 1c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1f			
2a Did the organization include an ar	mount on Form 99	0, Part X, line 21?			Yes	∐ No	
b If 'Yes,' explain the arrangement				000 5 1 1 1 1	10		
Part V Endowment Funds. Co							
	(a) Current year	(b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four y	ears back	
1 a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships .							
e Other expenditures for facilities and programs							
f Administrative expenses .					_		
g End of year balance							
Provide the estimated percentage	2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:						
a Board designated or quasi-endowment ► %							
b Permanent endowment ►							
c Temporarily restricted endowmen		%					
The percentages in lines 2a, 2b, a	and 2c should equ	al 100%.					
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No							
(i) unrelated organizations					3a(i)		
(ii) related organizations				• • •	. 3a(ii)		
b If 'Yes' to 3a(II), are the related of	rganizations listed	as required on Sch	nedule R?		. 3b		
4 Describe in Part XIV the intended	uses of the organ	ization's endowmer	nt funds				
Part VII Land, Buildings, and	Equipment. Se	ee Form 990, Pa	art X, line 10.				
Description of property	(a) (Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value	
1 a Land							
b Buildings	<u> </u>						
c Leasehold improvements	<u> </u>						
d Equipment			40,837.	35,592.		5,245.	
e Other							
Total. Add lines 1a through 1e. (Column	n (d) must equal F	orm 990, Part X, c	olumn (B), line 10(c))	<u> </u>	 	5,245.	
BAA				Sched	dule D (Form	ı 990) 2011	

06-0876558

Sch	edule D (Form 990) 2011 Blue Hills Civic Association	06-0876558	Page 4
	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	,711,264.
2	Total expenses (Form 990, Part IX, column (A), line 25)		,739,656.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-28,392.
4	Net unrealized gains (losses) on investments	•	20/3321
5	Denoted convers and was of facilities	·	
			
6	Investment expenses	····	
7	Prior period adjustments	·	
8	Other (Describe in Part XIV)	· · ·	
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-28,392.
<u>IFa</u>	Reconciliation of Revenue per Audited Financial Statements With Revenue pe		
1	Total revenue, gains, and other support per audited financial statements	. 1 1	,711,264.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments		
	b Donated services and use of facilities		
	c Recoveries of prior year grants		
	d Other (Describe in Part XIV.)		
	e Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	. 3 1	,711,264.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		·
	a Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	h Other (December on Deet VIV)		
	- Add 1	4c	
			,711,264.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		, /11,204.
Fa	Reconciliation of Expenses per Audited Financial Statements With Expenses		720 656
1	Total expenses and losses per audited financial statements	1 1	,739,656.
2	1		
	a Donated services and use of facilities		
	b Prior year adjustments		
	c Other losses		
	d Other (Describe in Part XIV.)		
	e Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3 1	,739,656.
4	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		
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b	. 4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 1	.,739,656.
Pa	祝 <u>XIV</u> Supplemental Information		
Con Pari any	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; 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 compladditional information.	IV, lines 1b and 2b lete this part to pro	v; vide
<u>Pt</u>	X The Organization is unaware of any uncertain tax r	oositions.	

Schedule D (Form 990) 2011 Blue Hills Civic Association Part XIV Supplemental Information (continued)	06-0876558	Page 5
Part XIV Supplemental Information (continued)		

TEEA3305 05/25/11

Schedule **D** (Form 990) 2011

BAA

SCHEDULE'O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

open to Public noisecent

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.

Name of the organization	Employer identification number				
Blue Hills Civic Association	06-0876558				
Pt VI, Line 11a The Organization presents the Form 990 to the Board					
of Directors for approval. Upo	n_receiving_approval				
from the Board, the Form 990 i	s_filed				
Pt VI, Line 12c The Organization annually has	all Board members and				
other stakeholders certify that	t there are no conflicts				
of interest.					
Pt VI, Line 15 The Board of Directors conduct	s_comparability_studies				
as part of the salary review f	or key employees.				
Pt_VI, Line 19 Documents are available upon r	equest.				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					