

**THE COMMONWEALTH OF MASSACHUSETTS  
OFFICE OF THE ATTORNEY GENERAL  
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION  
ONE ASHBURTON PLACE  
BOSTON, MASSACHUSETTS 02108**

(617) 727-2200, ext. 2101  
[www.mass.gov/ago/charities](http://www.mass.gov/ago/charities)

## Form PC

Report for the Fiscal Period: 07/01/19 to 06/30/20Attorney General's Account #: 004274Federal ID #: 04-6141765

Electronic Payment Confirmation #: \_\_\_\_\_

*Attach printout of electronic payment confirmation.*

When did the organization first engage in charitable work in Massachusetts?

10/31/1965

Has the organization applied for or been granted IRS tax exempt status?

 Yes  NoIf yes, date of application **OR** date of determination letter:12/29/1966

IRS Exemption under 501(c):

3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions?

 Yes  No**Check all items attached  
(if applicable)**

- Filing Fee or Printout of Electronic Payment Confirmation
- Copy of IRS Return
- Audited Financial Statements/Review
- Amended Articles/By-Laws
- Schedule A-1
- Schedule A-2
- Schedule RO
- Schedule VCO
- Probate Account

**Organization Data**Name: HILL HOUSE, INC.Mailing Address: 127 MT. VERNON STREETCity: BOSTON State: MA ZIP: 02108Phone Number: 617-227-5838 Fax Number: 617-227-9251Email: LSCHMIEG@HILLHOUSEBOSTON.ORG Website: WWW.HILLHOUSEBOSTON.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.  
Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	13	Organization Purpose Code 1	43
Type of Organization (Table 2)	23	Organization Purpose Code 2	30

Please check box if final return prior to dissolution: 

Office Use Only: Payment Received

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

- On what date was the organization created? 07/13/1966
- Where was the organization created? MASSACHUSETTS
- What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): \_\_\_\_\_

- Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14.  Yes  No
- Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	348,062.
B.	Gross support and revenue	1,172,121.
C.	Program services and similar amounts paid out	849,606.
D.	Fundraising expenses	123,721.
E.	Management and general expenses	276,965.
F.	Payments to affiliates	0.
G.	Total expenses	1,250,292.
H.	Net assets or fund balances at the end of the year	4,010,051.

- List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	LAUREN HOOPS SCHMIEG EXECUTIVE DIRECTOR	40.00	171,678.	24,453.	0.
2.	BETHANY JAMESON OFFICE MANAGER	40.00	51,404.	4,200.	0.
3.	MARSHALL CALDERA ATHLETICS COORDINATOR	40.00	61,902.	8,665.	0.
4.	RYAN FLANAGAN PROGRAM DIRECTOR	40.00	49,399.	4,423.	0.
5.	PATRICIA KENNEDY FINANCE MANAGER	17.00	46,312.	1,820.	0.

- Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet).  Yes  No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	LITTLE GROOVE	46,890.	PROGRAM INSTRUCTOR
2.	JOHN KING	6,063.	PROGRAM INSTRUCTOR
3.	DUANE LUCIA	3,000.	PROGRAM INSTRUCTOR
4.	NOAH LUCIA	23,000.	PROGRAM INSTRUCTOR
5.	JOANNE GARDINER	1,175.	PROGRAM INSTRUCTOR

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
CAMBRIDGE TRUST CO.	1336 MASS. AVE., CAMBRIDGE, MA 02139	617-523-3551
UBS FINANCIAL	200 CLARENDON ST, 24TH FLR, BOSTON, MA 02116-5021	617-247-6001

10. What is the organization's accounting method?  Cash  Accrual

Other (specify): \_\_\_\_\_

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

12. Contact Person Name: LAUREN SCHMIEG

Street Address: 127 MOUNT VERNON STREET

City: BOSTON State: MA ZIP Code: 02108

Phone Number: 617-227-5838

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?  Yes  No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?  Yes  No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

STATEMENT 1

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

STATEMENT 2

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?  Yes  No

If yes attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

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FORM PC                      OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES                      STATEMENT      1

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<u>NAME AND ADDRESS</u>	<u>TITLE</u>
LISA MULLAN PERKINS 127 MT. VERNON STREET BOSTON, MA 02108	DIRECTOR
JESSE BAKER 127 MT. VERNON STREET BOSTON, MA 02108	DIRECTOR
C.J. BRUCATO 127 MT. VERNON STREET BOSTON, MA 02108	TREASURER
JILL HAUFF 127 MT. VERNON STREET BOSTON, MA 02108	DIRECTOR
BILL CHRIST 127 MT. VERNON STREET BOSTON, MA 02108	DIRECTOR
WHITNEY BRUNET 127 MT. VERNON STREET BOSTON, MA 02108	DIRECTOR
CHRIS EGAN 127 MT. VERNON STREET BOSTON, MA 02108	DIRECTOR
TRACY FRIEDMAN 127 MT. VERNON STREET BOSTON, MA 02108	PRESIDENT
ELIZABETH GEORGANTAS 127 MT. VERNON STREET BOSTON, MA 02108	DIRECTOR
ELIZABETH KUMIN 127 MT. VERNON STREET BOSTON, MA 02108	DIRECTOR
ANDREW HARRIS 127 MT. VERNON STREET BOSTON, MA 02108	CLERK
BILL MORAN 127 MT. VERNON STREET BOSTON, MA 02108	VICE PRESIDENT

ELIZABETH DALY  
127 MT. VERNON STREET  
BOSTON, MA 02108

DIRECTOR

KATIE MCCULLOUGH  
127 MT. VERNON STREET  
BOSTON, MA 02108

DIRECTOR

LINDLEY MELFA  
127 MT. VERNON STREET  
BOSTON, MA 02108

DIRECTOR

SARAH DONAVAN  
127 MT. VERNON STREET  
BOSTON, MA 02108

DIRECTOR

ERIC SKELLY  
127 MT. VERNON STREET  
BOSTON, MA 02108

DIRECTOR

LISA GRABE TAFFE  
127 MT. VERNON STREET  
BOSTON, MA 02108

DIRECTOR

LAUREN CALANO  
127 MT. VERNON STREET  
BOSTON, MA 02108

DIRECTOR

CAITLIN EPPE  
127 MT. VERNON STREET  
BOSTON, MA 02108

DIRECTOR

MINESH PATEL  
127 MT. VERNON STREET  
BOSTON, MA 02108

DIRECTOR

CASEY SCANLON  
127 MT. VERNON STREET  
BOSTON, MA 02108

DIRECTOR

FORM PC

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STATEMENT 2

NAME AND ADDRESS	AREA OF RESPONSIBILITY
LAUREN SCHMIEG 127 MOUNT VERNON STREET BOSTON, MA 02108	RESPONSIBLE FOR CUSTODY OF FUNDS
BILL MORAN 75 REVERE STREET BOSTON, MA 02114	RESPONSIBLE FOR CUSTODY OF FUNDS
CHARLES BRUCATO 340 MARLBORO STREET BOSTON, MA 02115	RESPONSIBLE FOR CUSTODY OF FUNDS
LAUREN SCHMIEG 127 MOUNT VERNON STREET BOSTON, MA 02108	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
BILL MORAN 75 REVERE STREET BOSTON, MA 02114	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
CHARLES BRUCATO 340 MARLBORO STREET BOSTON, MA 02115	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
LAUREN SCHMIEG 127 MOUNT VERNON STREET BOSTON, MA 02108	RESPONSIBLE FOR FUNDRAISING
PATRICIA KENNEDY 127 MOUNT VERNON STREET BOSTON, MA 02108	CUSTODY OF FINANCIAL RECORDS
BILL MORAN 75 REVERE STREET BOSTON, MA 02114	AUTHORIZED TO SIGN CHECKS
TRACY FRIEDMAN 485 HARRISON AVE, #601 BOSTON, MA 02118	AUTHORIZED TO SIGN CHECKS
CHARLES BRUCATO 340 MARLBORO STREET BOSTON, MA 02115	AUTHORIZED TO SIGN CHECKS
TRACY FRIEDMAN 485 HARRISON AVE, #601 BOSTON, MA 02118	RESPONSIBLE FOR CUSTODY OF FUNDS

LAUREN SCHMIEG  
127 MOUNT VERNON STREET  
BOSTON, MA 02108

AUTHORIZED TO SIGN CHECKS

TRACY FRIEDMAN  
485 HARRISON AVE, #601  
BOSTON, MA 02118

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

DIANE POWERS  
127 MOUNT VERNON STREET  
BOSTON, MA 02108

RESPONSIBLE FOR FUNDRAISING

MEREDITH ADAMCZYK  
127 MOUNT VERNON STREET  
BOSTON, MA 02108

RESPONSIBLE FOR FUNDRAISING



20. Has this organization or any of its officers, directors, or employees:

*If yes, please attach an explanation.*

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?  Yes  No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?  Yes  No
- (c) Been the subject of a proceeding regarding any solicitation or registration?  Yes  No
- (d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency?  Yes  No

21. Have any restrictions been removed during the year from donor-restricted funds?

*If yes, please attach an explanation.*

Yes  No

22. Have donor-restricted funds been loaned to unrestricted funds?

*If yes, please attach an explanation.*

Yes  No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?  Yes  No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?  Yes  No

*If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**STATEMENT 3**

NAME AND ADDRESS

BEACON HILL CIVIC ASSOCIATION (BHCA)  
74 JOY STREET  
BOSTON, MA 02108

NATURE OF TRANSACTION

LEASED OFFICE SPACE

AMOUNT INVOLVED

11,348.

PROCEDURE FOLLOWED

BOARD APPROVED

**Signature Required**

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: CHARLES BRUCATO

Title: TREASURER

Name of Preparer: DANIEL DENNIS & COMPANY LLP

Address 990 WASHINGTON ST., STE. 308A

City DEDHAM State MA ZIP Code 02026

Phone Number (617) 262-9898

**Schedule A-1  
Solicitation Activities During Fiscal Year Covered By This Report**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

NONE

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input checked="" type="checkbox"/>
Telemarketing without sale of goods or ads	<input checked="" type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Schedule A-1 ctd.  
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

LAUREN SCHMIEG

Name and Title: EXECUTIVE DIRECTOR

Address 127 MOUNT VERNON STREET

City BOSTON State MA ZIP Code 02108

CHARLES BRUCATO

Name and Title: TREASURER

Address 447 BEACON STREET, UNIT 2

City BOSTON State MA ZIP Code 02115

TRACY FRIEDMAN

Name and Title: PRESIDENT

Address 127 MOUNT VERNON STREET

City BOSTON State MA ZIP Code 02108

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

LAUREN SCHMIEG

Name and Title: EXECUTIVE DIRECTOR

Address 127 MOUNT VERNON STREET

City BOSTON State MA ZIP Code 02108

CHARLES BRUCATO

Name and Title: TREASURER

Address 447 BEACON STREET, UNIT 2

City BOSTON State MA ZIP Code 02115

TRACY FRIEDMAN

Name and Title: PRESIDENT

Address 127 MOUNT VERNON STREET

City BOSTON State MA ZIP Code 02108

**Schedule A-2  
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

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Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input checked="" type="checkbox"/>
Telemarketing without sale of goods or ads	<input checked="" type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Schedule A-2 ctd.  
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

LAUREN SCHMIEG

Name and Title: EXECUTIVE DIRECTOR

Address 127 MOUNT VERNON STREET

City BOSTON

State MA

ZIP Code 02108

CHARLES BRUCATO

Name and Title: TREASURER

Address 447 BEACON STREET, UNIT 2

City BOSTON

State MA

ZIP Code 02115

TRACY FRIEDMAN

Name and Title: PRESIDENT

Address 127 MOUNT VERNON STREET

City BOSTON

State MA

ZIP Code 02108

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

LAUREN SCHMIEG

Name and Title: EXECUTIVE DIRECTOR

Address 127 MOUNT VERNON STREET

City BOSTON

State MA

ZIP Code 02108

CHARLES BRUCATO

Name and Title: TREASURER

Address 447 BEACON STREET, UNIT 2

City BOSTON

State MA

ZIP Code 02115

TRACY FRIEDMAN

Name and Title: PRESIDENT

Address 127 MOUNT VERNON STREET

City BOSTON

State MA

ZIP Code 02108



**Certification by Organization**

*Two different signatures required.* Signers must be organization president or other authorized officer or trustee.

**Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: CHARLES BRUCATO

Title: TREASURER

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Schedule RO**

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

Name: <b>BEACON HILL CIV. ASS. INC.</b>		Primary purpose or activity: <b>PRESERVE AND PROTECT BEACON HILL</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
06/30/20	86,455.		1,283,961.	1,370,416.

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

**Schedule RO ctd.**

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (see instructions). Use additional lines below to itemize by compensation source.

Name: <b>LAUREN HOOPS SCHMIEG</b>		Title: <b>EXECUTIVE DIRECTOR</b>	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
HILL HOUSE, INC,	171,678.	24,453.	0.

Name: <b>BETHANY JAMESON</b>		Title: <b>OFFICE MANAGER</b>	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
HILL HOUSE, INC,	51,404.	4,200.	0.

Name: <b>MARSHALL CALDERA</b>		Title: <b>ATHLETICS COORDINATOR</b>	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
HILL HOUSE, INC,	61,902.	8,665.	0.

Name: <b>RYAN FLANAGAN</b>		Title: <b>PROGRAM DIRECTOR</b>	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
HILL HOUSE, INC,	49,399.	4,423.	0.

Name: <b>PATRICIA KENNEDY</b>		Title: <b>FINANCE MANAGER</b>	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
HILL HOUSE, INC,	46,312.	1,820.	0.

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?  Yes  No

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HILL HOUSE, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>127 MT. VERNON STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>BOSTON, MA 02108</b> <b>F</b> Name and address of principal officer: <b>CHARLES BRUCATO</b> <b>447 BEACON STREET, UNIT 2, BOSTON, MA 02115</b>	<b>D</b> Employer identification number <b>04-6141765</b> <b>E</b> Telephone number <b>617-227-5838</b> <b>G</b> Gross receipts \$ <b>1,774,361.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.HILLHOUSEBOSTON.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1966</b>		<b>M</b> State of legal domicile: <b>MA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>HILL HOUSE IS A BOSTON-BASED COMMUNITY CENTER THAT SEEKS TO CREATE A STRONGER URBAN COMMUNITY IN</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>22</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>22</b>
<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a) .....	<b>5</b>	<b>66</b>
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>145</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39 .....	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	<b>326,465.</b>	<b>348,062.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>1,216,727.</b>	<b>1,127,978.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>3,802.</b>	<b>1,844.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>-320,210.</b>	<b>-305,763.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>1,226,784.</b>	<b>1,172,121.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>39,597.</b>	<b>13,331.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>762,478.</b>	<b>831,543.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>123,721.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>423,670.</b>	<b>405,418.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>1,225,745.</b>	<b>1,250,292.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	<b>1,039.</b>	<b>-78,171.</b>
<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26) .....	<b>4,678,737.</b>	<b>4,517,946.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	<b>590,515.</b>	<b>507,895.</b>
		<b>4,088,222.</b>	<b>4,010,051.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>CHARLES BRUCATO, TREASURER</b> Type or print name and title	Date _____
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KENNETH LUND, CPA</b>	Preparer's signature _____
	Firm's name ▶ <b>DANIEL DENNIS &amp; COMPANY LLP</b>	Date <b>06/24/21</b>
	Firm's address ▶ <b>990 WASHINGTON ST., STE. 308A DEDHAM, MA 02026</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01430775</b>
		Firm's EIN ▶ <b>04-2734675</b>
		Phone no. (617) <b>262-9898</b>

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [ ]

1 Briefly describe the organization's mission: TO CREATE A LOCAL URBAN COMMUNITY IN BOSTON THAT CONNECTS KIDS AND THEIR FAMILIES THROUGH HIGH QUALITY PROGRAMS, EVENTS AND OUTREACH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 849,606. including grants of \$ 13,331. ) (Revenue \$ 822,215. ) DURING FISCAL YEAR 2020, HILL HOUSE OFFERED 110 CLASSES, ONE-DAY WORKSHOPS, AND SPORTS PROGRAMS. HILL HOUSE ALSO OFFERS AN 11 WEEK SUMMER PROGRAM TO FAMILIES IN THE CITY OF BOSTON WHICH INCLUDES WEEKLY THEMES, ADVENTUROUS ACTIVITIES, FIELD TRIPS, ACTION PACKED SPORTS AND GAMES. SUMMER CAMP OPTIONS INCLUDE DAY CAMP (AGES 5-12) AND KIDDIE KAMP (AGES 3-5). DURING FISCAL YEAR 2020, THERE WERE MORE THAN 5500 REGISTRANTS FOR THESE PROGRAMS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 212,414. ) PROVIDE RENTAL SPACE TO OTHER NEIGHBORHOOD NON-PROFIT ORGANIZATIONS (BEACON HILL NURSERY SCHOOL, BEACON HILL CIVIC ASSOCIATION AND BEACON HILL VILLAGE), AND PROVIDE MORE AD HOC USE OF SPACE FOR PARTIES, EVENTS, SCHOOL ACTIVITIES ON BOTH A RENTAL OR FREE/PARTNERSHIP BASIS TO LOCAL RESIDENTS, AND OTHER SCHOOLS. WE SEE THIS AS CRITICAL TO OUR MISSION IN THAT IT BRINGS TOGETHER INDIVIDUALS AND OTHER ORGANIZATIONS DEVOTED TO PROMOTING A SENSE OF COMMUNITY. (NOTE: \$518,177 OF RENTAL PROPERTY EXPENSES INCLUDED IN PART VIII, LINE 6(B))

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 849,606.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	X	
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> 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		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, 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		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> 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		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, foreign accounts, and charitable contributions.



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

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 on Schedule O.		
	<b>1a</b> 22		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 22		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?		X
<b>9</b>	Is there any officer, director, 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 on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?		X
<b>14</b>	Did the organization have a written document retention and destruction policy?		X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official		X
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	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 take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **HILL HOUSE INC. - 617-227-5838**  
**127 MT. VERNON STREET, BOSTON, MA 02108-1127**

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

Check if Schedule O contains a response or note to any line in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA MULLAN PERKINS DIRECTOR	2.00	X					0.	0.	0.	
(2) JESSE BAKER DIRECTOR	2.00	X					0.	0.	0.	
(3) C.J. BRUCATO TREASURER	4.00	X		X			0.	0.	0.	
(4) JILL HAUFF DIRECTOR	2.00	X					0.	0.	0.	
(5) BILL CHRIST DIRECTOR	2.00	X					0.	0.	0.	
(6) WHITNEY BRUNET DIRECTOR	2.00	X					0.	0.	0.	
(7) CHRIS EGAN DIRECTOR	2.00	X					0.	0.	0.	
(8) TRACY FRIEDMAN PRESIDENT	6.00	X		X			0.	0.	0.	
(9) ELIZABETH GEORGANTAS DIRECTOR	2.00	X					0.	0.	0.	
(10) ELIZABETH KUMIN DIRECTOR	2.00	X					0.	0.	0.	
(11) ANDREW HARRIS CLERK	2.00	X		X			0.	0.	0.	
(12) BILL MORAN VICE PRESIDENT	6.00	X		X			0.	0.	0.	
(13) ELIZABETH DALY DIRECTOR	2.00	X					0.	0.	0.	
(14) KATIE MCCULLOUGH DIRECTOR	2.00	X					0.	0.	0.	
(15) LINDLEY MELFA DIRECTOR	2.00	X					0.	0.	0.	
(16) SARAH DONAVAN DIRECTOR	2.00	X					0.	0.	0.	
(17) ERIC SKELLY DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LISA GRABE TAFFE DIRECTOR	2.00	X						0.	0.	0.
(19) LAUREN CALANO DIRECTOR	2.00	X						0.	0.	0.
(20) CAITLIN EPPES DIRECTOR	2.00	X						0.	0.	0.
(21) MINESH PATEL DIRECTOR	2.00	X						0.	0.	0.
(22) CASEY SCANLON DIRECTOR	2.00	X						0.	0.	0.
(23) LAUREN SCHMIEG EXECUTIVE DIRECTOR	40.00				X			171,678.	0.	24,453.
<b>1b Subtotal</b>								171,678.	0.	24,453.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								171,678.	0.	24,453.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	70,587.				
	<b>c</b> Fundraising events	<b>1c</b>	101,380.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	176,095.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			348,062.			
<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM & CLASS FEES	<b>Business Code</b>	900099	1,127,978.	1,127,978.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			1,127,978.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,844.		1,844.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	212,414.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		518,177.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		-305,763.			
	<b>d</b> Net rental income or (loss)			-305,763.	-305,763.		
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
<b>d</b> Net gain or (loss)							
<b>8 a</b> Gross income from fundraising events (not including \$ 101,380. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		84,063.				
<b>b</b> Less: direct expenses	<b>8b</b>		84,063.				
<b>c</b> Net income or (loss) from fundraising events			0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			1,172,121.	822,215.	0.	1,844.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 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 domestic organizations and domestic governments. See Part IV, line 21	13,331.	13,331.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	726,722.	491,923.	147,977.	86,822.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	35,631.	24,119.	7,255.	4,257.
10 Payroll taxes	69,190.	39,795.	22,496.	6,899.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	15,500.		15,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	110,438.	94,496.	15,942.	
12 Advertising and promotion	11,937.	10,809.	1,128.	
13 Office expenses	46,820.	13,179.	28,991.	4,650.
14 Information technology				
15 Royalties				
16 Occupancy	25,574.	25,574.		
17 Travel	5,022.	3,079.	1,943.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	25,556.		25,556.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CREDIT CARD FEES	86,825.	65,843.		20,982.
b SUPPLIES	55,484.	52,954.	2,419.	111.
c FIELD TRIPS	12,966.	12,966.		
d EQUIPMENT RENTAL	6,336.	1,290.	5,046.	
e All other expenses	2,960.	248.	2,712.	
25 Total functional expenses. Add lines 1 through 24e	1,250,292.	849,606.	276,965.	123,721.
26 Joint costs. Complete this line only if 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)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	746,506.	<b>1</b>	705,743.
	<b>2</b> Savings and temporary cash investments .....	518,089.	<b>2</b>	557,524.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	5,000.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	32,688.	<b>9</b>	12,529.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,750,865.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,513,715.	<b>10c</b> 3,381,454.	3,237,150.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	4,678,737.	<b>16</b>	4,517,946.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	29,853.	<b>17</b>	63,489.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	558,412.	<b>19</b>	328,950.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	113,206.
	<b>25</b> 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 .....	2,250.	<b>25</b>	2,250.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	590,515.	<b>26</b>	507,895.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,859,509.	<b>27</b>	3,780,338.
	<b>28</b> Net assets with donor restrictions .....	228,713.	<b>28</b>	229,713.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	4,088,222.	<b>32</b>	4,010,051.
<b>33</b> Total liabilities and net assets/fund balances .....	4,678,737.	<b>33</b>	4,517,946.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,172,121.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,250,292.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-78,171.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	4,088,222.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	4,010,051.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2019)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization <b>HILL HOUSE, INC.</b>	Employer identification number <b>04-6141765</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 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 in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	246,226.	372,540.	283,917.	391,627.	432,125.	1726435.
<b>2</b> 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 .....	984,582.	983,164.	1014842.	1216727.	1127978.	5327293.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	1230808.	1355704.	1298759.	1608354.	1560103.	7053728.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	152,191.	216,532.	117,800.	133,564.	120,560.	740,647.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....	152,191.	216,532.	117,800.	133,564.	120,560.	740,647.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						6313081.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....	1230808.	1355704.	1298759.	1608354.	1560103.	7053728.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	217,293.	258,853.	215,155.	214,851.	214,258.	1120410.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	217,293.	258,853.	215,155.	214,851.	214,258.	1120410.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		2,397.	108.			2,505.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	1448101.	1616954.	1514022.	1823205.	1774361.	8176643.

**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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	77.21 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	76.44 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	13.70 %
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	14.18 %

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization** HILL HOUSE, INC. **Employer identification number** 04-6141765

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB 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) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	330,964.	316,773.	311,876.	330,851.	342,017.
b Contributions		18,000.	18,000.	22,500.	13,500.
c Net investment earnings, gains, and losses		46.	36.	9.	336.
d Grants or scholarships					
e Other expenditures for facilities and programs		3,855.	13,139.	41,484.	25,002.
f Administrative expenses					
g End of year balance	330,964.	330,964.	316,773.	311,876.	330,851.

- 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 Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 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  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		120,500.		120,500.
b Buildings		5,354,146.	2,322,355.	3,031,791.
c Leasehold improvements				
d Equipment		246,069.	173,772.	72,297.
e Other		30,150.	17,588.	12,562.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,237,150.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSIT	2,250.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,250.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,774,361.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	602,240.	
	e Add lines 2a through 2d	2e		602,240.
3	Subtract line 2e from line 1		3	1,172,121.
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		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,172,121.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,852,532.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	602,240.	
	e Add lines 2a through 2d	2e		602,240.
3	Subtract line 2e from line 1		3	1,250,292.
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	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,250,292.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

ENDOWMENT FUNDS ARE MADE UP OF ONE TEMPORARILY RESTRICTED ENDOWMENT, AND THREE BOARD DESIGNATED CONTINGENCY RESERVES THAT SERVE AS QUASI-ENDOWMENTS. THE TEMPORARILY RESTRICTED ENDOWMENT IS A DONOR DESIGNATED ENDOWMENT WHICH CAN BE USED FOR SHORTFALLS IN THE ORGANIZATION'S PROGRAMS. THE BOARD DESIGNATED CONTINGENCY RESERVES ARE DESIGNATED FOR ONGOING MAINTENANCE OF HILL HOUSE, INC. PROPERTY AND FOR OPERATIONS, AND CAN BE USED ONLY WITH AUTHORIZATION FROM THE BOARD OF DIRECTORS.

**PART X, LINE 2:**

HILL HOUSE, INC. EVALUATES TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN ITS TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE

**Part XIII** Supplemental Information (continued)

MORE-LIKELY-THAN-NOT OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY.  
 TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD, ALONG  
 WITH ACCRUED INTEREST AND PENALTY THEREON WOULD BE RECORDED AS AN EXPENSE  
 IN THE CURRENT YEAR FINANCIAL STATEMENTS. HILL HOUSE, INC. HAS EVALUATED  
 TAX POSITIONS TAKEN IN ITS PREVIOUSLY FILED RETURNS AND THOSE EXPECTED TO  
 BE TAKEN IN ITS FISCAL YEAR 2020 RETURNS AND BELIEVES THEY ARE  
 MORE-LIKELY-THAN-NOT TO BE SUSTAINED IF EXAMINED BY FEDERAL OR STATE TAX  
 AUTHORITIES. HILL HOUSE, INC.'S FISCAL YEARS 2017 THROUGH 2019 REMAIN  
 SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES DEDUCTED FROM RENTAL INCOME	518,177.
EXPENSES DEDUCTED FROM SPECIAL EVENTS	84,063.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	602,240.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES DEDUCTED FROM RENTAL INCOME	518,177.
EXPENSES DEDUCTED FROM SPECIAL EVENTS	84,063.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	602,240.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2019**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization  
**HILL HOUSE, INC.**

Employer identification number  
**04-6141765**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 

<b>a</b> <input type="checkbox"/> Mail solicitations	<b>e</b> <input type="checkbox"/> Solicitation of non-government grants
<b>b</b> <input type="checkbox"/> Internet and email solicitations	<b>f</b> <input type="checkbox"/> Solicitation of government grants
<b>c</b> <input type="checkbox"/> Phone solicitations	<b>g</b> <input type="checkbox"/> Special fundraising events
<b>d</b> <input type="checkbox"/> In-person solicitations	
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
 

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		FALL FUNDRAISER (event type)	MEMBER DINNER (event type)	2 (total number)		
Revenue	1	Gross receipts	124,079.	48,889.	12,475.	185,443.
	2	Less: Contributions	68,800.	28,365.	4,215.	101,380.
	3	Gross income (line 1 minus line 2)	55,279.	20,524.	8,260.	84,063.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	36,900.	19,842.		56,742.
	8	Entertainment				
	9	Other direct expenses	18,379.	682.	8,260.	27,321.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				84,063.
11	Net income summary. Subtract line 10 from line 3, column (d)				0.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**Part IV** Supplemental Information (continued)

Blank lined area for supplemental information.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **HILL HOUSE, INC.** Employer identification number **04-6141765**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
FRIENDS OF TEDDY EBERSOL'S RED SOX FIELDS, INC - 4 JERSEY STREET - BOSTON, MA 02215	74-3230488	501(C)(3)	12,834.	0.	N/A	N/A	TO SUPPORT FRIENDS OF TEDDY EBERSOL'S RED SOX FIELDS.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table **▶** \_\_\_\_\_

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

HILL HOUSE, INC.

Employer identification number

04-6141765

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

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

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

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

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LAUREN SCHMIEG EXECUTIVE DIRECTOR	(i)	171,678.	0.	0.	0.	24,453.	196,131.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE L  
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

HILL HOUSE, INC.

Employer identification number

04-6141765

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MEREDITH CLAPP	FORMER DIRECTOR OF	71,812.	MEREDITH CL		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MEREDITH CLAPP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER DIRECTOR OF HILL HOUSE INC.

(D) DESCRIPTION OF TRANSACTION: MEREDITH CLAPP IS A CURRENT DIRECTOR OF ROGERSON COMMUNITIES, A PROPERTY MANAGEMENT COMPANY USED BY HILL HOUSE, INC.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

HILL HOUSE, INC.

Employer identification number

04-6141765

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE DOWNTOWN NEIGHBORHOODS OF BOSTON IT SERVES BY PROVIDING  
HIGH-QUALITY PROGRAMS FOR CHILDREN AND FAMILY-ORIENTED COMMUNITY EVENTS  
AND COMMUNITY SERVICE ACTIVITIES TO MEET THE DIVERSE SOCIAL,  
EDUCATIONAL, CULTURAL AND RECREATIONAL NEEDS OF INDIVIDUALS AND  
FAMILIES.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION USES A REAL ESTATE MANAGEMENT COMPANY TO OVERSEE ITS  
RENTAL PROPERTY.

FORM 990, PART VI, SECTION A, LINE 6:

BEACON HILL CIVIC ASSOCIATION, A NONPROFIT ORGANIZATION, IS THE ONLY  
MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A:

BEACON HILL CIVIC ASSOCIATION APPROVES THE ORGANIZATION'S ANNUALLY  
PROPOSED SLATE OF DIRECTORS EACH YEAR.

FORM 990, PART VI, SECTION A, LINE 8B:

COMMITTEES ARE NOT AUTHORIZED TO TAKE ACTION ON BEHALF OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT COPY OF THE 990 IS PROVIDED TO THE BOARD PRIOR TO FILING. THE  
ORGANIZATION'S AUDITORS AND 990 PREPARER ARE AVAILABLE FOR ANY BOARD  
QUESTIONS REGARDING THE 990.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19



Name of the organization HILL HOUSE, INC.	Employer identification number 04-6141765
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FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST FORM ON WHICH THEY ARE REQUIRED TO IDENTIFY OTHER BOARDS THEY SIT ON AND ANY OTHER POTENTIAL CONFLICTS OF INTEREST. ANY POTENTIAL CONFLICTS IDENTIFIED ARE DISCUSSED AND ADDRESSED BY THE EXECUTIVE DIRECTOR AND EXECUTIVE COMMITTEE TO DETERMINE IF AND WHEN IT WOULD BE INAPPROPRIATE FOR THE BOARD MEMBER TO PARTICIPATE IN DISCUSSIONS AND VOTES INVOLVING POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **HILL HOUSE, INC.** Employer identification number **04-6141765**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BEACON HIL CIVIC ASSOCIATION, INC. (BHCA) - 04-2295394, 74 JOY STREET, BOSTON, MA 02114	PRESERVE AND PROTECT THE CHARACTER OF THE BEACON HILL SECTION OF BOSTON	MASSACHUSETTS	501(C)(3)	LINE 7	PROMOTE COMMUNITY DEVELOPMENT IN THE BEACON HILL		X

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BEACON HILL CIVIC ASSOCIATION, INC.	J	11,348.	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME OF RELATED ORGANIZATION:**

BEACON HIL CIVIC ASSOCIATION, INC. (BHCA)

DIRECT CONTROLLING ENTITY: PROMOTE COMMUNITY DEVELOPMENT IN THE BEACON HILL AREA OF BOSTON, MA.

**Hill House, Inc.**

Financial Statements  
and  
Independent Auditors' Report

June 30, 2020

**Hill House, Inc.**  
**Financial Statements**

*June 30, 2020*

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**DANIEL DENNIS & Co**  
Certified Public Accountants

*Independent Auditors' Report*

The Board of Directors  
**Hill House, Inc.**

We have audited the accompanying financial statements of Hill House, Inc., (a nonprofit organization), which comprise the statement of financial position as of June 30, 2020, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

***Auditors' Responsibility***

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Hill House, Inc., as of June 30, 2020, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

***Report on Summarized Comparative Information***

We have audited Hill House, Inc.'s financial statements as of and for the year ended June 30, 2019, and our report dated February 13, 2020, expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2019, is consistent, in all material respects, with the audited financial statements from which it has been derived.

***Emphasis of Matter – Adoption of Accounting Pronouncements***

As discussed in Note 2 to the financial statements, as of June 30, 2020, Hill House, Inc., has adopted Financial Accounting Standards Board Accounting Standards Update (ASU) 2014-09 – Revenue from Contracts with Customers (Topic 606) and ASU 2018-08 – Not-for-Profit Entities (Topic 958) – *Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made*. Our opinion is not modified with respect to these matters.

*Daniel Dennis & Company LLP*

*June 17, 2021*

**Hill House, Inc.**  
Statement of Financial Position  
June 30, 2020  
(With Comparative Totals as of June 30, 2019)

<i>Assets</i>		
	2020	2019
Current Assets:		
Cash and cash equivalents	\$ 1,263,267	\$ 1,264,595
Pledges receivable	5,000	-
Prepaid expenses	<u>12,529</u>	<u>32,688</u>
Total current assets	<u>1,280,796</u>	<u>1,297,283</u>
Fixed Assets:		
Land	120,500	120,500
Land improvements	30,150	30,150
Building and building improvements	5,354,146	5,345,611
Building equipment	187,912	187,912
Office furnishings and equipment	<u>58,157</u>	<u>37,582</u>
Total fixed assets	5,750,865	5,721,755
Less: accumulated depreciation	<u>(2,513,715)</u>	<u>(2,340,301)</u>
Net fixed assets	<u>3,237,150</u>	<u>3,381,454</u>
Total assets	<u>\$ 4,517,946</u>	<u>\$ 4,678,737</u>
<i>Liabilities and Net Assets</i>		
Current Liabilities:		
Accounts payable	\$ 13,035	\$ 3,986
Accrued expenses	50,454	25,867
Rent deposits	2,250	2,250
Membership deposits	21,893	37,050
Program and other deposits	<u>307,057</u>	<u>521,362</u>
Total current liabilities	<u>394,689</u>	<u>590,515</u>
Noncurrent Liabilities:		
Note payable	<u>113,206</u>	<u>-</u>
Total noncurrent liabilities	<u>113,206</u>	<u>-</u>
Total liabilities	<u>507,895</u>	<u>590,515</u>
Net Assets:		
Board designated net assets without donor restrictior	342,408	304,757
Other net assets without donor restrictions	<u>3,452,752</u>	<u>3,471,756</u>
Total net assets without donor restrictions	3,795,160	3,776,513
Net assets with donor restrictions	<u>214,891</u>	<u>311,709</u>
Total net assets	<u>4,010,051</u>	<u>4,088,222</u>
Total liabilities and net assets	<u>\$ 4,517,946</u>	<u>\$ 4,678,737</u>

*See accompanying notes to financial statements.*

**Hill House, Inc.**  
Statement of Activities  
For the Year Ended June 30, 2020  
(With Comparative Totals for the Year Ended June 30, 2019)

	<i>2020</i>			<i>2019</i>
	<i>Without Donor Restrictions</i>	<i>With Donor Restrictions</i>	<i>Total</i>	<i>Total</i>
Revenues and Support:				
Program fees	\$ 1,127,978	\$ -	\$ 1,127,978	\$ 1,216,727
Membership dues	70,587	-	70,587	53,943
Contributions	175,095	1,000	176,095	143,811
Rent	212,414	-	212,414	211,049
Special event fees	185,443	-	185,443	193,873
Interest and dividend income	1,844	-	1,844	3,802
In-kind contribution	-	-	-	6,124
Net assets released from restrictions	<u>97,818</u>	<u>(97,818)</u>	<u>-</u>	<u>-</u>
Total revenues and support	<u>1,871,179</u>	<u>(96,818)</u>	<u>1,774,361</u>	<u>1,829,329</u>
Expenses:				
Program services	849,606	-	849,606	903,396
Property operations	518,177	-	518,177	531,259
Supporting services	<u>484,749</u>	<u>-</u>	<u>484,749</u>	<u>393,635</u>
Total expenses	<u>1,852,532</u>	<u>-</u>	<u>1,852,532</u>	<u>1,828,290</u>
Change in net assets	<u>18,647</u>	<u>(96,818)</u>	<u>(78,171)</u>	<u>1,039</u>
Net assets - beginning of year	<u>3,776,513</u>	<u>311,709</u>	<u>4,088,222</u>	<u>4,087,183</u>
Net assets - end of year	<u>\$ 3,795,160</u>	<u>\$ 214,891</u>	<u>\$ 4,010,051</u>	<u>\$ 4,088,222</u>

*See accompanying notes to financial statements.*

**Hill House, Inc.**  
Statement of Functional Expenses  
For the Year Ended June 30, 2020  
(With Comparative Totals for the Year Ended June 30, 2019)

	<u>Supporting Services</u>				<i>Total Expenses</i>	<i>2019 Total</i>	
	<i>Program Services</i>	<i>Property Operations</i>	<i>General and Administrative</i>	<i>Fundraising</i>			<i>Total</i>
Salaries and wages	\$ 491,923	\$ 56,202	\$ 147,977	\$ 86,822	\$ 234,799	\$ 725,060	
Payroll taxes and benefits	63,914	7,227	29,751	11,156	40,907	100,894	
Contract labor	93,146	-	291	-	291	114,612	
Professional fees	-	-	15,500	-	15,500	26,449	
Outside services	1,350	-	15,651	11,905	27,556	30,206	
Repairs and maintenance	-	99,316	-	-	-	111,782	
Utilities	-	44,637	-	-	-	52,319	
Supplies	52,954	13,794	2,419	8,215	10,634	75,917	
Management fees	-	71,812	-	-	-	64,800	
Security	-	25,730	-	-	-	26,871	
Insurance	-	22,556	25,556	-	25,556	52,850	
Printing	4,305	-	4,624	5,089	9,713	7,455	
Postage and delivery	-	-	967	4,225	5,192	2,586	
Facility rental	25,574	-	-	-	-	28,955	
Equipment rental	1,290	147	5,046	-	5,046	4,882	
Advertising	10,809	-	1,128	2,320	3,448	14,780	
Telephone	-	2,913	6,838	-	6,838	8,842	
Depreciation	-	173,415	-	-	-	166,679	
Field trips	12,966	-	-	-	-	14,054	
Receptions/food	-	-	380	56,742	57,122	41,394	
Travel	3,079	-	1,943	201	2,144	7,100	
Interest and bank fees	65,843	-	-	20,982	20,982	88,501	
Dues and subscriptions	8,698	250	7,440	-	7,440	14,594	
Licenses and permits	176	178	8,742	77	8,819	4,986	
Education and seminars	40	-	2,680	-	2,680	1,724	
Donations	13,331	-	-	-	-	39,597	
Other expense	208	-	32	50	82	401	
<b>Total</b>	<b>\$ 849,606</b>	<b>\$ 518,177</b>	<b>\$ 276,965</b>	<b>\$ 207,784</b>	<b>\$ 484,749</b>	<b>\$ 1,852,532</b>	<b>\$ 1,828,290</b>

*See accompanying notes to financial statements.*

**Hill House, Inc.**  
Statement of Cash Flows  
For the Year Ended June 30, 2020  
(With Comparative Totals for the Year Ended June 30, 2019)

	2020	2019
<i>Operating Activities</i>		
Change in net assets	\$ (78,171)	\$ 1,039
Adjustments to reconcile change in net assets to net cash (used in)/provided by operating activities:		
Depreciation	173,415	166,679
Change in operating assets and liabilities:		
Pledges receivable	(5,000)	-
Prepaid expenses	20,159	(14,700)
Accounts payable	9,049	(4,118)
Accrued expenses	24,587	(11,164)
Donations payable	-	(9,890)
Deferred revenue	-	(15,000)
Deposits	<u>(229,462)</u>	<u>98,008</u>
Net cash (used in)/provided by operating activities	<u>(85,423)</u>	<u>210,854</u>
<i>Investing Activities</i>		
Fixed asset purchases	<u>(29,111)</u>	<u>(16,610)</u>
Net cash used in investing activities	<u>(29,111)</u>	<u>(16,610)</u>
<i>Financing Activities</i>		
Proceeds from note payable	<u>113,206</u>	<u>-</u>
Net cash provided by financing activities	<u>113,206</u>	<u>-</u>
Net change in cash and cash equivalents	(1,328)	194,244
Cash and cash equivalents - beginning of year	<u>1,264,595</u>	<u>1,070,351</u>
Cash and cash equivalents - end of year	<u>\$ 1,263,267</u>	<u>\$ 1,264,595</u>

*See accompanying notes to financial statements.*

**Hill House, Inc.**  
Notes to Financial Statements  
June 30, 2020

**1. *Description of Organization***

Hill House, Inc., is a neighborhood community center serving the people of Boston's downtown neighborhoods by providing educational, library, recreational and social welfare facilities and programs. Hill House Inc.'s programs, funded primarily through program and special event fees, membership dues, and contributions, consist of educational classes for children and adults, sports and dance activities for youth, and a summer camp.

**2. *Summary of Significant Accounting Policies***

*Basis of Accounting*

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting standards generally accepted in the United States of America. Hill House, Inc., reports information regarding its net assets and activities according to two classes of net assets: net assets without donor restrictions, and net assets with donor restrictions, based on the existence or absence of donor imposed restrictions on contributions received.

*Contributions*

Contributions, including unconditional promises to give, are recognized as revenue in the period received. Conditional promises to give are not recognized until they become unconditional, that is, at the time when the conditions on which they depend are substantially met.

Contributions received without donor imposed restrictions, or with donor imposed restrictions that are satisfied in the same year as received, are recorded as revenues within the net assets without donor restrictions class. Contributions received with donor imposed specific purpose or time restrictions that are not satisfied within the same year are recorded as revenue within the net assets with donor restrictions class. When a restriction has been satisfied (payment has been made in accordance with the restriction or the time restriction has expired), the net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

*Contributed Goods and Services*

Hill House, Inc., recognizes the fair value of contributed services received if such services create or enhance nonfinancial assets or require specialized skills that are provided by individuals possessing those skills and would typically need to be purchased if not contributed. Hill House, Inc., receives services from a large number of volunteers who give a significant amount of their time to Hill House Inc.'s programs and fund-raising campaigns, which do not meet the criteria for financial statement recognition.

*Advertising Costs*

Advertising costs are charged to operations when incurred. Advertising expense for the years ended June 30, 2020 and 2019, was \$14,257 and \$14,780, respectively.

**Hill House, Inc.**  
Notes to Financial Statements - *Continued*  
June 30, 2020

2. *Summary of Significant Accounting Policies - Continued*

*Pledges Receivable*

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected beyond one year are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed using risk-free interest rates applicable to the year in which the promises are received. Amortization of the discounts is included in revenue. Conditional promises to give are not included as support until the conditions are substantially met. Hill House, Inc., evaluates its pledges receivable annually and establishes an allowance for doubtful accounts, based on a history of past write-offs, collections and current conditions. Hill House, Inc., has pledges receivable of \$5,000 and zero, as of June 30, 2020 and 2019, respectively.

*Property, Equipment and Depreciation*

Property and equipment are carried at cost if purchased, or fair value if contributed. Hill House, Inc., capitalizes any asset over \$1,000 that has an estimated useful life of more than one year. Depreciation is calculated on the straight-line method over the estimated useful lives of the assets. Estimated useful lives are 10-40 years for building and improvements, 15 years for land improvements, 7 years for furnishings, and 3-7 years for equipment. Depreciation expense for the years ended June 30, 2020 and 2019, was \$173,415 and \$166,679, respectively.

Donations of property and equipment are recorded as support at their estimated fair value. Such donations are recorded within the net assets without donor restrictions class unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are recorded within the net assets with donor restrictions class. Absent donors' stipulations regarding how long those donated assets must be maintained, Hill House, Inc., reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The related net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions at that time.

Hill House, Inc., gives consideration to its investment in real estate for impairment whenever events or changes in circumstances indicate that the carrying value of such property may not be recoverable. As of June 30, 2020, Hill House, Inc., has not recognized any reduction in the carrying value of its real estate.

*Functional Expenses*

The costs of providing the various programs and other activities have been summarized on a functional basis. Accordingly, certain costs have been allocated among the programs using various allocation methods.



## Hill House, Inc.

Notes to Financial Statements - *Continued*

June 30, 2020

### 2. *Summary of Significant Accounting Policies - Continued*

#### *Cash and Cash Equivalents*

Cash and cash equivalents consist of cash deposits in checking and money market accounts at June 30, 2020 and 2019. For the purposes of the statement of cash flows, Hill House, Inc., considers all highly liquid investments with an original maturity of three months or less to be cash equivalents.

#### *Summarized Prior Year Financial Information*

The financial statements include certain prior year summarized comparative information in total, but not by net asset class or functional expense classification. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with Hill House, Inc.'s financial statements for the year ended June 30, 2019, from which the summarized information was derived. Certain 2019 amounts have been reclassified to conform to the 2020 financial statement presentation.

#### *Income Taxes*

Hill House, Inc., is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and is exempt from state income taxes under Chapter 180 of the Massachusetts General Laws. Unrelated business income, of which there was none for the fiscal years ended June 30, 2020 and 2019, would be subject to Federal and state income taxes. Consequently, the accompanying financial statements do not reflect any provision for income taxes.

Hill House, Inc., evaluates tax positions taken or expected to be taken in its tax returns to determine whether the tax positions are *more-likely-than-not* of being sustained by the applicable tax authority. Tax positions not deemed to meet the *more-likely-than-not* threshold, along with accrued interest and penalty thereon would be recorded as an expense in the current year financial statements. Hill House, Inc., has evaluated tax positions taken in its previously filed returns and those expected to be taken in its 2020 returns and believes they are *more-likely-than-not* to be sustained if examined by Federal or state tax authorities. Hill House, Inc.'s 2017 through 2019 tax years remain subject to examination by Federal and state taxing authorities.

#### *Estimates and Assumptions*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

**Hill House, Inc.**  
Notes to Financial Statements - *Continued*  
June 30, 2020

**2. Summary of Significant Accounting Policies - Continued**

*New Accounting Pronouncements*

During fiscal year 2020, Hill House, Inc. adopted the provisions of the Financial Accounting Standards Board's (FASB) Accounting Standards Update (ASU) 2018-08, Not-For-Profit Entities (Topic 958) – *Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made*. ASU 2018-08 requires transactions to be determined as an exchange or contribution and as conditional or unconditional when a contribution has taken place.

During fiscal year 2020, Hill House, Inc. adopted the provisions of FASB's ASU 2014-09, Revenue from Contracts with Customers (Topic 606), and all related amendments. ASU 2014-09 supersedes most existing revenue recognition guidance. ASU 2014-09 provides a principles-based framework for recognizing revenue to depict the transfer of promised goods or services to customers in an amount that reflects consideration Hill House, Inc., expects in exchange for the goods or services provided. It also requires enhanced disclosures to enable users of the financial statements to understand the nature, timing, and uncertainty of revenue and cash flows arising from contracts with customers.

Analysis of the various provisions of ASU 2018-08 and ASU 2014-09 resulted in no significant changes in the way Hill House, Inc. recognizes revenue, and therefore no changes to the previously issued audited financial statements were required on a retrospective basis. The presentation and disclosures of revenue have been enhanced in accordance with the standards.

*Revenue Recognition*

Hill House, Inc. recognizes revenue from program service fees ratably over the period the programs are ongoing. The timing of revenue recognition and cash collections results in deferred program deposits on the Statement of Financial Position. The activity in program deposits for the years ended June 30, 2020 and 2019, were as follows:

	<i>2020</i>	<i>2019</i>
Deferred program fees, beginning of year	\$ 521,362	\$ 431,022
Previously deferred revenue recognized	(521,362)	(431,022)
Cash received for program fees	913,673	1,307,067
Current revenue recognized	<u>(606,616)</u>	<u>(785,705)</u>
Deferred program fees, end of year	<u>\$ 307,057</u>	<u>\$ 521,362</u>

**Hill House, Inc.**  
Notes to Financial Statements - *Continued*  
June 30, 2020

**2. Summary of Significant Accounting Policies - Continued**

Hill House, Inc. recognizes revenue from membership dues ratably over the membership period as the benefits to members are consistent throughout the year. Payments for membership dues are due at the time of renewal or registration, which can be done at any point during the year. The timing of revenue recognition and cash collections results in deferred membership deposits on the Statement of Financial Position. The activity in membership deposits for the years ended June 30, 2020 and 2019, were as follows:

	<i>2020</i>	<i>2019</i>
Deferred membership dues, beginning of year	\$ 37,050	29,382
Previously deferred revenue recognized	(37,050)	(29,382)
Cash received for membership dues	55,430	61,611
Current revenue recognized	<u>(33,537)</u>	<u>(24,561)</u>
Deferred membership dues, end of year	<u>\$ 21,893</u>	<u>\$ 37,050</u>

**3. Endowment Funds**

Hill House, Inc., has one endowment with donor restrictions, and three board designated contingency reserves that serve as quasi-endowments. The investment objectives of the endowment funds are to provide a stable, but competitive rate of return. To achieve the investment objectives, the endowment funds are invested in money market accounts. Endowment funds with donor restrictions can be used for program activity in the event of an economical turndown (Note 4). Board contingency reserves are designated for ongoing maintenance of Hill House, Inc.'s real property and for operations, and can be used only with authorization from the board of directors. The composition of and changes in endowment net assets for the years ended June 30, 2020 and 2019, were as follows:

	<i>2020</i>		
	<i>Without Donor Restrictions</i>	<i>With Donor Restrictions</i>	<i>Total</i>
Endowment net assets, beginning of year	\$ 304,757	\$ 211,996	\$ 516,753
Contributions	45,000	-	45,000
Interest income	75	1,691	1,766
Appropriated amounts	<u>(7,424)</u>	<u>(175)</u>	<u>(7,599)</u>
Endowment net assets, end of year	<u>\$ 342,408</u>	<u>\$ 213,512</u>	<u>\$ 555,920</u>
	<i>2019</i>		
	<i>Without Donor Restrictions</i>	<i>With Donor Restrictions</i>	<i>Total</i>
Endowment net assets, beginning of year	\$ 254,516	\$ 208,541	\$ 463,057
Contributions	54,000	-	54,000
Interest income	96	3,630	3,726
Appropriated amounts	<u>(3,855)</u>	<u>(175)</u>	<u>(4,030)</u>
Endowment net assets, end of year	<u>\$ 304,757</u>	<u>\$ 211,996</u>	<u>\$ 516,753</u>

**Hill House, Inc.**  
Notes to Financial Statements - *Continued*  
June 30, 2020

**4. Donor Restricted Net Assets**

Donor restricted net assets at June 30, 2020 and 2019, consisted of contributions received for the following specific purposes that have not been expended at year-end:

<i>Description</i>	<i>2020</i>	<i>2019</i>
Program Endowment Fund (Note 3)	\$ 213,512	\$ 211,996
Playground (donated land)	-	83,000
Firehouse Garden Fund	-	894
Boston Common Baseball Fields	-	10,474
Auction Wish List	-	250
Poorman's Landing	1,379	1,379
Summer Camp Fund	-	1,347
Scholarships Flag Football	-	2,369
Total donor restricted	<u>\$ 214,891</u>	<u>\$ 311,709</u>

**5. Leasing Activities**

Hill House, Inc., rents out a portion of its space at 74 Joy Street to four tenants, one of which is a related party renting on a tenant-at-will basis (Note 7). Hill House, Inc., has long-term lease agreements with a second and third tenant through June 30, 2023. Monthly lease payments for these two tenants are based on each tenant's square footage percentage applied to estimated building operating costs, which are adjusted at year-end for actual building costs incurred. Hill House, Inc., has a tenant-at-will agreement with the fourth tenant.

The cost of assets held for lease at June 30, 2020 and 2019, totaled \$4,032,764 and \$4,025,340, respectively. Accumulated depreciation on assets held for lease at June 30, 2020 and 2019, totaled \$1,650,829 and \$1,531,802, respectively. Rental income totaled \$212,414 and \$211,049 for the years ended June 30, 2020 and 2019, respectively.

Future minimum rental income from lease agreements is based on the tenants' applicable percentage of building operating expenses per year, and is estimated to increase by approximately two and one-half percent each year.

**6. Retirement Plan**

In fiscal year 2019, Hill House, Inc., implemented a Fidelity-Simple IRA plan (the Plan) covering all full-time and permanent part-time employees. Participants of the Plan make elective deferrals to a simple individual retirement account in the participant's name through salary reductions each pay period. Hill House, Inc., will make either a matching contribution not to exceed 3% of the participants' compensation, or a nonelective contribution equal to 2% of participants' compensation each year. Hill House Inc., made matching contributions to the Plan totaling \$3,448 and \$1,725 for the years ended June 30, 2020 and 2019, respectively.

## **Hill House, Inc.**

Notes to Financial Statements - *Continued*

June 30, 2020

### **7. *Related Party Transactions***

Beacon Hill Civic Association (BHCA), a tax-exempt, non-profit organization, is the sole member of Hill House, Inc., and approves the annual slate of Hill House, Inc.'s Board of Directors in accordance with Hill House, Inc.'s by-laws. BHCA occupies space at 74 Joy Street as a tenant-at-will. Rental income for the years ended June 30, 2020 and 2019, from BHCA totaled \$11,348 per year, respectively.

### **8. *Program Activities***

*Classes* - Hill House Inc., offers a variety of classes to families in the City of Boston, including art, music, chess, dance, gymnastics, and playgroups. Classes are offered to children ranging from ages 1 through 12 years old.

*Sports* - Hill House Inc., offers a variety of sport programs to families in the City of Boston including soccer, basketball, baseball, karate and fencing. Programs are offered to children ranging from age 3 through 12 years old.

*Summer Camp* - Hill House Inc., offers a ten-week summer program to families in the City of Boston which includes weekly themes, adventurous activities, field trips, action packed sports and games. Three different summer camp options include Day Camp (ages 5-10), Sports Camp (ages 7-10), and Kiddie Camp (ages 3-5).

*Community Events* - Hill House Inc., is continuously looking for ways to unite with neighbors, offering over twenty-five community events each year including holiday parties for kids, family bingo, movie nights, and the backyard dash.

### **9. *Concentrations***

Hill House, Inc.'s bank accounts are held at a financial institution that is FDIC insured up to the maximum amount of \$250,000. Balances on deposit in these accounts may exceed this insured limit throughout the fiscal year. Hill House, Inc., has not experienced any losses in such accounts, and management believes it is not exposed to any significant credit risk on cash.

One fundraising event represented 10% and 8% of total revenue for the years ended June 30, 2020 and 2019, respectively.

**Hill House, Inc.**  
Notes to Financial Statements - *Continued*  
June 30, 2020

**10. *Liquidity and Availability***

The following reflects Hill House, Inc.'s financial assets available to meet general expenditures within the next twelve months as of June 30, 2020 and 2019:

	<i>2020</i>	<i>2019</i>
Financial assets at year end:		
Cash and cash equivalents	\$ 1,263,267	\$ 1,264,595
Pledges receivable	5,000	-
Total financial assets	1,268,267	1,264,595
Less financial assets not available for general expenditures, due to:		
Donor-imposed purpose restrictions	(214,891)	(228,709)
Board designated endowment fund, primarily for program activity in the event of an economic turndown	(342,408)	(304,757)
Financial assets available to meet general expenditures within the next twelve months	\$ 710,968	\$ 731,129

Hill House, Inc., monitors liquidity required to meet its needs of general operating expenditures and other contractual commitments over the next twelve months.

**11. *Note Payable***

During fiscal year 2020, Hill House, Inc. obtained a note payable from a financial institution in the amount of \$113,206 under the Small Business Administration's Paycheck Protection Program (PPP). The note is forgivable if Hill House, Inc. meets certain spending requirements such as using at least 60% of the funds for payroll and related costs and the remaining amount on qualified costs as part of the PPP requirements. Subsequent to year-end, the note payable was forgiven in full.

**12. *Subsequent Events***

Hill House Inc. has evaluated events through June 17, 2021, which is the date the financial statements were available to be issued. No material subsequent events have occurred since June 30, 2020, that requires recognition or disclosure in these financial statements.