	_	PUB	LIC DISCLOSURE COPY - STATE REGISTRATION Return of Organization Exempt From		- 78 OMB No. 1545-0047
For	_ g	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		2022
	-		Do not enter social security numbers on this form as it may l		Open to Public
Dep: Inter	Inspection				
Α	For th	e 2022 calend	ar year, or tax year beginning JUL 1, 2022 and ending	JUN 30, 2023	
	Check if applicab	le: C Name o	forganization	D Employer identif	ication number
	Addre	HILL	SIDE CHILDREN'S CENTER		
	Name		usiness as	16-07430	39
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/sui	ite E Telephone numbe	er
	Final return		MONROE AVENUE	585-256-	
	termin ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	139,349,318.
	Amer	, KUCH	ESTER, NY 14620	H(a) Is this a group i	
	Appli tion pendi		nd address of principal officer: MARIA CRISTALLI	for subordinate	
	-	SAME	AS C ABOVE	H(b) Are all subordinates	
		empt status: [X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 5 HILLSIDE • COM	-	a list. See instructions
	Websi			H(c) Group exemption	M State of legal domicile: NY
	art I	Summary			W State of legal domicile. IN I
	1		e the organization's mission or most significant activities: PROVIDE F	OR A WIDE CO	NTINUUM OF
ce			S TO CHILDREN AND THEIR FAMILIES.		
Governance	2	Check this bo	x if the organization discontinued its operations or disposed of mo	ore than 25% of its net as	sets.
	3	Number of vo	ting members of the governing body (Part VI, line 1a)		21
Ğ	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)		20
es é	5		of individuals employed in calendar year 2022 (Part V, line 2a)		2160
Activities &	6		of volunteers (estimate if necessary)		135
Act	7a		d business revenue from Part VIII, column (C), line 12		
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		Current Year
	8	Contributions	and grants (Part VIII, line 1h)	3,041,468.	
ant	9		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)	117,443,960.	
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	251,018.	
å	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	375,263.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	121,111,709.	
	13	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
Se	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	96,423,921.	
ensi	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b		ing expenses (Part IX, column (D), line 25) 0 .	22 165 100	24 005 042
	1 "		es (Part IX, column (A), lines 11a-11d, 11f-24e)	23,465,188. 119,889,109.	
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12	1,222,600.	
		neveriue less		Beginning of Current Year	End of Year
Net Assets or	20	Total assets (F	106,077,576.	111,264,340.
Ass	21		(Part X, line 26)	60,836,363.	
Net	22		fund balances. Subtract line 21 from line 20	45,241,213.	52,925,925.
	art II				
Unc	ler pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of m	y knowledge and belief, it is
true	e, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prepare	rer has any knowledge.	

Sign	Signature of officer		Date								
Here	MARIA CRISTALLI, PRESIDEN'	F AND CEO									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date Check PTIN								
Paid	NANCY J. SNYDER	NANCY J. SNYDER	03/25/24 self-employed P01340545								
Preparer	Firm's name BONADIO & CO., LL	Firm's EIN 16-1131146									
Use Only	se Only Firm's address 171 SULLY'S TRAIL										
PITTSFORD, NY 14534 Phone no. (585) 381-											
May the I	May the IRS discuss this return with the preparer shown above? See instructions										

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

	990 (2022) HILLSIDE CHILDREN'S CENTER	16-0743039 Page 2
Pa	t III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III	
	HILLSIDE CHILDREN'S CENTER (THE CENTER) PROVIDES A WIDE SERVICES TO CHILDREN AND THEIR FAMILIES.	CONTINUUM OF
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
•	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.	rs, the total expenses, and
4a	(Code:) (Expenses \$ 89,012,753. including grants of \$) (Reve	,
	COMMUNITY BASED AND RESIDENTIAL SERVICES TO CHILDREN AND	
	ENGAGED IN THE CHILD WELFARE, MENTAL HEALTH, INTELLECTUA DEVELOPMENTAL DISABILITY, AND JUVENILE JUSTICE SYSTEMS,	AL AND AIMED AT
		IROUGH THESE
	SERVICES, 4,879 FAMILIES WERE SERVED DURING THE FISCAL Y	
	30, 2023.	
4b	(Code:) (Expenses \$ 17,599,657. including grants of \$) (Reve	
	GENERAL AND SPECIAL EDUCATION PROGRAMS FOR RESIDENTIAL A STUDENTS, IN A VARIETY OF SCHOOL SETTINGS, HELPING KIDS	LEARN HOW TO
	MANAGE A VARIETY OF SERIOUS DISTRACTIONS, BEYOND THE CAP	
	MOST SCHOOLING SYSTEMS, WHILE PREPARING FOR ADULTHOOD.	THROUGH THESE
	SERVICES, 403 FAMILIES WERE SERVED DURING THE FISCAL YEA	R ENDED JUNE
	30, 2023.	
		0 767 026
4c	(Code:) (Expenses \$ 7,451,675. including grants of \$) (Rever YOUTH DEVELOPMENT SERVICES AIMED AT HELPING AT-RISK KIDS	
	HIGH SCHOOL, VIA JOB PREPARATION AND EXPERIENCE, IN SCHO	
	SUPPORTS, RESEARCH SUPPORTED SUCCESS. THROUGH THESE SERV	'ICES, 3,590
	FAMILIES WERE SERVED DURING THE FISCAL YEAR ENDED JUNE 3	0, 2023.
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 114,064,085.	
000		Form 990 (2022)
232002	2 12-13-22 2	

Form 990 (2				CHILDREN'	S	CENTER
Part IV	Ch	ecklist of Required Sche	dı	ules		

			Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?						
	If "Yes," complete Schedule A	1	X	└───			
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	┝───			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for						
	public office? If "Yes," complete Schedule C, Part I	3		X X			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect						
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	├───			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or						
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v			
•	Schedule D, Part III	8		X			
9	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?			x			
40	If "Yes," complete Schedule D, Part IV	9					
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х				
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u>_</u>	<u> </u>			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,						
•	as applicable.						
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,						
h	Part VI						
U		11b		x			
c	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x			
Ь	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			_ <u></u>			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х				
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X				
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses						
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
	Schedule D. Parts XI and XII	12a		x			
b	Was the organization included in consolidated, independent audited financial statements for the tax year?						
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х			
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X			
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			1			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X			
15	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? If "Yes," complete Schedule F, Parts II and IV	15		X			
16	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? If "Yes," complete Schedule F, Parts III and IV	16		X			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,						
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines						
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			x			
	complete Schedule G, Part III						
	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H						
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b					
21	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? If "Yes." complete Schedule I. Parts I and II	21	0000	X			
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232003 12-13-22

Form	990	(2022)
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22 Dif the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (M, line 27 H*Ys, "complete Schedule J, Part J and III 22 X 24 Dif the organization narwer **ors to Part IV, Section A, line 34, etc. 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? // **ors, "complete Schedule V, H*No," go to line 25e 24 Dif the organization narwer **ors to Part IV, Section A, line 34, etc. 5, about compensation of the organization as on the section of the organization invest any posses of tax-exempt tond section at employees? // **ors, "complete Schedule V, H*No," go to line 25e 24 X 24 Dif the organization invest any posses of tax-exempt tonds beyond a temporary period exception? 24 X 25 Bit Bho organization invest any posses of totax-exempt tonds beyond a temporary period exception? 24 X 26 Bit Bho organization invest any posses of totax-exempt tonds exception? 24 X 26 Bit Bho organization invest any posses of totax-exempt tond second at temporary period exception? 24 X 27 Bit Bho organization invest any and posses benefit transcription with a disquified person in a proryse; and that the transaction is any time bit of many director funded, instance on posses benefit transcription in the acception and the temporary and that the transaction invest any anotent on Part X, line 5 or 22, to rescheale E, Part I 25				Yes	No				
Part K, column (A), line 27, if Yies; Complete Schedule (Parts Land III) 22 X 24 Did the organization answer: Yies' F and YI. Schedule Compensation of the organization sourcent is Schedule J. 23 X 24a Did the organization answer: Yies' Complete Schedule J. 23 X 24a Did the organization have a tax excerpt bonds taxe with an outstanding principal amount of more than \$100,000 as of the last day of the year. Ital was issued after December 31, 2002? If Yies, "answer lines 24b through 24d and complete Schedule J. 24a X 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d X 25b orbit A: M is a complete Schedule J. 24d X 25b orbit A: Gid the organization at an an an excew account of the arganization argae in an excess benefit transaction with a disqualified person in a prior year. and that the transaction have the argae of the organization argae in an excess benefit transaction with a disqualified person in a prior year. and that the transaction have an other assistance to any curver or former officer, director, trustes, key employee, creator or founder, substantial contributor or angles Schedule L, Part I 25b X 27 Did the organization provide a grant or other assistance to any curver or former officer, director, trustes, key employee, creator or founder, substantial contributor or angles checkule L, Part II 25b X 28 <td< td=""><td>22</td><td>Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on</td><td></td><td>100</td><td></td></td<>	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100					
23 Did the organization arower "Yes" to Fark VII. Section A, line 3, 4, or 5, about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? <i>H</i> "Yes," complete Schedule / <i>H</i> "No," to organization have at karavering bord issue with an outstanding principal arower lines 24b through 24d and complete Schedule / <i>H</i> "No," to <i>D</i> is the organization insult are proceeds of tax exempt bond is beyond a temporary period exception? 24a X 24b Did the organization insult are proceeds of tax exempt bond is beyond a temporary period exception? 24a X 25b Did the organization animata in escore account other than a returning escore at any time during the year / defease 24a X 25b Section 50(45), 50(16(4), 406(16)(2) organizations. Did the cognization are period exception? 24d X 25b Section 50(45), 50(16(4), 406(16)(2) organizations. Did the cognization are period exception? 24d X 25b Section 50(45), 50(16(4), 406(16), 50(16(4), 406(16)) 27d X 28d X 25b Section 50(16(2), 50(16(4), 406(16), 50(16(4), 406(16)) 27d X 28d X 25b Is the organization are poto are applied to any other organization are poto section or tounde, so that the transaction that no the are period a rand the period exception? 26d X 27b Did the organization are o			22		x				
and former officers, directors, trustees, key employees, and highest compensated employees? # "Yes," complete 23 X 240 Did the organization have a tax exempt bonds beyond a temporary period exception? 24 X 241 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 244 X 242 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 244 X 243 Did the organization invest any necesory account the thran a refunding escore at any time during the year to defease any trace-empt bonds? 246 X 243 Did the organization invest any necesory account the thran a refunding escore at any time during the year to defease any trace-empt bonds? 246 X 244 Did the organization acreation with a disqualified person in a prory year, and that the transaction has not been reported on any of the organization in a prory year, and that the transaction has not been reported or any of the organization is prory current or former officer, directr, trustee, key employee, creator or founder, a parts below any or three organization a party or a businesit tarsaction with a disqualified person in a prory year, and the organization proved agriant or dema satisfact formed frage, directr, trustee, key employee, creator or founder, a parts below organization are party and the organization is approx approx or dema satisfact to return or former officer, directr, trustee, key employee, creator or founder, a parts belowing and oredema satisthat a contributor? 27	23								
Schedule J 23 X 4a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the Schedule K if No; "go to line 25a 24a X b Did the organization inwest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b X c Did the organization inwest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b X c Did the organization inwest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b X c Did the organization inwest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c X c Did the organization and a star an estrow account other than a refunding act any time during the year to defease any tax-essempt bonds? 24c X 25 Section 50(2(3), 501(c4), 401(c4), 400 (c4), 400									
242 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, flat was situated after December 31, 2002? // *Yes; * answer lines 24b through 24d and complete Schedule L, H *No. * pot b ine 25a 24a X 24b Did the organization marks an encore account other than a retunding sectore x1 any time during the year to defease any tax-exempt bonds? 24b X 25a Section 501(c)(A). and 501(c)(A) and 501(c)(29) organizations. Did the organization argues in an excess benefit transaction with a disqualified person thing the year? 24d X 25a Section 501(c)(A). and 501(c)(A) and 501(c)(29) organizations. Did the organization engines Chechule L, Part I 25a X 25a Section 501(c)(A). and 501(c)(A) and 501(c)(C)(29) organizations. Did the organization argues in an excess benefit transaction with a disqualified person in a prior year, and that the transaction and any of the segnalization is plor Forms 900 argues? 25b X 25a Did the organization report any amount on Part X, line 5 or 22, for reevables from or payables to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entry of any ord these persons? // **********************************			23	Х					
is at day of the year, that was issued after December 31, 2002? If "Yes," enswer lines 24b through 24d and complete 24a X b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b X c Did the organization mantain an escow account other than a refurding escow at any time during the year to detease any tax-exempt bonds? 24d X d Did the organization acts as in "on behalf of" issue for bonds outstanding at any time during the year? 24d X 25a Section 50(16)(3), 501(44), 401(44) and 501(12)(29 organizations. Did the organization engage in an excess benefit transaction has not been reported on any of the organization spector in a prior year, and that the transaction has not been reported on any of the organization for 390 or 990 E27. If "Yes," complete Schedule L, Part I 25a 25 Dot the organization provide a grant or thore assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 305% 27 27 Dot the organization provide a grant or other assistance to any our the following parties (see the Schedule L, Part I) 26 28 Was the organization any entity to abusines transactor with and exceptions? If "Yes," complete Schedule L, Part IV 26a 29 Did the organization provide a grant or other assistance to any our thouse priors? If "Yes," complete Schedule L, Part IV 26a 29 Did the organization acells or 2000 in non-cash cortibutions? If "	24a								
Schedule K. If Yilon's go to line 25a 24a X Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any taxe exempt bonds? 24d X 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization angle in an excess benefit transaction with a disqualified person timing the year? 24d X 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization angle in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person or payables to any current or founder, substantial contributor, and year there, is complete Schedule L, Part I 25b X 27 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 SSR contolled entry (neuronal person there of a grant selection committee member, or to a SSR contolled entry (neuronal person thereof, a grant selection commitee member, and a SSR SCH with the expanization neove or orderoid									
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any tax-exempt bonds? 24c X 25a Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d X 25a Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage 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 980 or 990-E27. If "Yes," complete Schedule L, Part I 25a X 25b 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 ramily member of any of these persons? If "Yes," complete Schedule L, Part II 26a X 27 Did the organization aparty to a business transaction with a distribution or former officer, director, trustee, key employee, creator or founder, substantial contributor? a grant selection committee members or any of these persons? If "Yes," complete Schedule L, Part II. 27a X 28 Was the organization aparty to a business transaction with a discribed on line 28a? If "Yes," complete Schedule L, Part II. 28a X 29 Did the organization receive ontor more individuals and/or organization described in line 28a or 28b? If "Yes," complete Schedule M. 29a X 20 Did the organization neceive entribution of an thistorial	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X				
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year' 24d X 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization angage in an excess benefit transaction with a disqualified person in a pior year, and that the transaction has not been reported on any of the organization's pior Forms 900 or 990-E27. If 'Yeas,' complete Schedule L, Part I 25a X 25b 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 including an employee direct of these persons? If 'Yea,' complete Schedule L, Part I 26 X 27b Did the organization provide thereof, a grant schedus explanation committee member, or ta a 35% controlled entity (including an employee thereof, a grant schedus explanation). 27d X 28b Ax the organization provide thereof or annily member of any individual described on these persons? I'Yea,' complete Schedule L, Part II 28a X 28b A xerrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? I'Yea,' complete Schedule L, Part IV 28a X 28b A Xerrent or former officer, director, trustee, key employee, creator or founder, substantial contributors? I'Yea,' complete Schedule L, Part IV 28a X 28b A Xerrent or former officer, director, trustee, key employee, creator or founder, substantal contributors? <	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
25a Section 501(c)(2), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess berefit transaction with a disqualified person during the year? // "Yes," complete Schedule L, Part I 28a X 25b Section 501(c)(2) Did the organization apport that 1 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-E27. // "Yes," complete Schedule L, Part I 28a X 261 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, a garat selection committee member, or to a 59% controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part II 28 X 27 Did the organization report apport to business transaction with one of the tollowing parties (see the Schedule L, Part II) 28 X 28 Was the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule L, Part I 20 X 29 Did the organization releaves or that subscess or dissolve and cases operations? // "Yes," complete Schedule L, Part I 30 X 29 Did the organization releave ontholicions of a subschead contholicion? // "Yes," compl			24c						
transaction with a disqualified person during the year? H "Yes," complete Schedule L, Part I 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior former 990 of 90-EZ? If "Yes," complete Schedule L, Part I 25b X 260 Did the organization proof 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 including an employee thereof or family member dary of these persons? If "Yes," complete Schedule L, Part II 26 X 270 Did the organization provide thereof or family member dary of these persons? If "Yes," complete Schedule L, Part II 26 X 280 Was the organization provide thereof or family member dary of these persons? If "Yes," complete Schedule L, Part II 28 X 280 Was the organization provide thereof or family member dary of these persons? If "Yes," complete Schedule L, Part IV 28 X 281 A current former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 X 280 Da taminy member dary individual described in line 28a' If "Yes," complete Schedule M. 20 X 301 Did the organization neceive more than \$25,000 in no	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X				
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spior Forms 590 or 930-E27 /// "Yes," complete Schedule L, Part I 259 X 260 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, trustes, key employee, creator or founder, substantial contributor or 35% controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part II 26 X 270 Did the organization apport again and the substance to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor or a 35% controlled entity or bachines transaction with one of the following parties (see the Schedule L, Part II) 26 X 281 Was the organization approxip to a business transaction with one of the following parties (see the Schedule L, Part IV) 28a X 282 Notation on ormer of individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X 283 Did the organization neceive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV 28a X 292 Did the organization inducks terminate, or disslow and cease operations? If "Yes," complete Schedule N, Part I 31 X 293 Did the organization inducks terminate, or disslow and cease operations? If "Yes," complete Schedule N, Part I 31	25a								
that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E2? If 'Yes,' complete 25 X 28 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 of nully member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 27 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 (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV. 26 X 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV. 28 X 29 D A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV. 28a X 29 D d the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule N, Part I 28a X 29 D d the organization selve contributions of ar, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule N, Part I 31 X 30 D d the organization neevie may fave, consplete Schedule R, Part I 31 X			25a						
Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or folcer, director, trustee, key employee, creator or founder, substantial contributor, or 33% controlled entity or family member of any of these persons? II 'Yes,' complete Schedule L, Part II 26 X 27 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? II 'Yes,' complete Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions): 27 X 28 X 28 X 4 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II 28 X 29 Did the organization receive contributions and exceptions): a Acurrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II 28 X 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? II 'Yes,' complete Schedule I, Part IV 28 X 21 Did the organization neceive contributions or art, historical treasures, or other similar assets, or qualified conservation contributions? II 'Yes,' compl	b								
26 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 of nating member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 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 threndo, framily member of any of these persons? If "Yes," complete Schedule L, Part II. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. 28 X 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 X 29 DA family membor of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV. 28e X 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule I, Part IV. 28e X 20 Did the organization selid, exchanale, or dissolve and cease operations? If "			051		v				
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controlled entity or family member of any of these persons? // If "Yes," complete Schedule L, Part I/ 26 X 27 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 55% controlled entity (including an employee thereof) or family member of any of these persons? // If "Yes," complete Schedule L, Part II/. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II/. instructions for applicable ling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // '''''es," complete Schedule L, Part IV. 28a X 29 D A family member of any individual described in line 28a? // ''yes," complete Schedule L, Part IV. 28a X 29 D A family member of any individual described in line 28a? // ''yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive more than 255,000 in non-cash contributions? // ''yes," complete Schedule N, Part I 30 X 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of ts net assets? // ''yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of ts net assets? // ''yes," complete Schedu	20								
27 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 emptoyee) thereof or any of these persors? If "Yes," complete Schedule L, Part IV. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. 28a X 29 Did the organization of one or more individuals and/or organizations desoribed in line 28a? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization seque controlled entity of ves, "complete Schedule N, Part I 30 X 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 30 X 32 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 X 33 Did the organization receive control throw of an entity disregarded as separate from the organization and the schedule N, Part I 31 X 34 Was the organization receive any payment from orengage in any transaction with a controlled									
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 II. 27 X Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?) If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization nelated to any tax exempt or taxable entity? If "Yes," complete Schedule N, Part II. 33 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 X	27		20		- 23				
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a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? # "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # 28a X 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I Did the organization neal, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I Did the organization neal, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization neave a controlled entity within the meaning of section 512(b)(13)? Did the organization have a controlled entity within the meaning of section 512(b)(13)? B' "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)? B' "Yes," to line 35a, did the organization conduct more than 5% of its activities through an entity that is not a related o									
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Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? //r *Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? // r *Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule R, Part V, line 2 36 X 38 Did the organization complete Schedule R, Part V, line 2 36 X 39 Did the organization complete Schedule R, Part V, line 2 36 X 30 Did the organization complete Schedule R, Part V, line 2 36 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI 37 X 39 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 2 38 X 30 Did the organization complete Schedule O and provide explanations on Schedule O for			31						
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b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c				Yes	No				
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Image: Complex comp									
(gambling) winnings to prize winners?									
	C		10						
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2160								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_	2b	X						
			3a	х						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Г	3b	х						
	At any time during the calendar year, did the organization have an interest in, or a signature or other author		00							
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account		4a		х					
h	If "Yes," enter the name of the foreign country		Ha							
D	· · · · · · · · · · · · · · · · · · ·									
5-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	. ,	5-		х					
			5a 5b		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction									
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and \$100,000, and \$100,000,000,000,000,000,000,000,000,000	-			v					
	any contributions that were not tax deductible as charitable contributions?		6a		<u> </u>					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or gifts			1					
	were not tax deductible?	·····	6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	; provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re	quired			1					
	to file Form 8282?		7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year70	t l								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	act?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	3899 as required? [7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by									
	sponsoring organization have excess business holdings at any time during the year?		8							
9	Sponsoring organizations maintaining donor advised funds.									
			9a							
b			9b							
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12	a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10									
11	Section 501(c)(12) organizations. Enter:	<u>-</u>								
	Gross income from members or shareholders									
		a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
40-	amounts due or received from them.)		10-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	10	_						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand13	<u>c </u>								
14a			14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration									
	excess parachute payment(s) during the year?	····· [15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.				x					
16	6 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?									
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activiti	es			1					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	[17							
	If "Yes," complete Form 6069.									
232005	12-13-22		Form	990	(2022)					

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Form 990 (2022)

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X

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			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21					
	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 0.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other						
officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the							
	of officers, directors, trustees, or key employees to a management company or other person?		3		x			
4	Did the organization make any significant changes to its governing documents since the prior Form 99				X			
5	Did the organization become aware during the year of a significant diversion of the organization's asse				X			
6	Did the organization have members or stockholders?				X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap		····· –		1			
	more members of the governing body?	•	78		X			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto							
b			71		x			
•				,				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	, 0		v				
a	The governing body?							
b	Each committee with authority to act on behalf of the governing body?		<u>8</u> t	X	+			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue Code.)						
			_	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10	a	X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10	5				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			a X				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12	a X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$		······ =					
U	on Schedule O how this was done	,	12	x				
10					-			
13 14	Did the organization have a written whistleblower policy?				+			
14 45	Did the organization have a written document retention and destruction policy?							
15	Did the process for determining compensation of the following persons include a review and approval	by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37				
	The organization's CEO, Executive Director, or top management official							
b	Other officers or key employees of the organization		15	5 X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a						
	taxable entity during the year?		16	3	X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	ization's						
	exempt status with respect to such arrangements?		16	2				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed $_\mathrm{NY}$, MD							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, an	d 990-T (section 50	1(c)(3)s onl	/) availa	able			
	for public inspection. Indicate how you made these available. Check all that apply.	·		,				
		on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		cy and fine	ncial				
	statements available to the public during the tax year.	inite of interest por	ey, and nite					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke and records						
20	CHRISTOPHER PETERSON, CFO - 585-256-7500	NS AND RECORDS						
	1183 MONROE AVENUE, ROCHESTER, NY 14620							
	12-13-22		-	rm 990	1000			

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

Name and title Average hours per hours of the mean structure week Mego table below below mean structure below mean structure mean structure mean structure mean structure mean structure below mean structure mean structure m	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per veek box. unserpence book an week compensation from the compensation the organizations compensation the organization from the organizations amount of the organization from the organization (W2/1009-MISC/ 1009-MISC/ 100-MISC/ 100-MIS	Name and title	Average	(do	not cl	Pos	ition	l than d	ne	Reportable	Reportable	Estimated
Week (list ary burs for line) Image (list ary burs for line) Image (list ary burs for line) Image (list ary burs for line) Image (l		hours per	box	box, unless perse		rson is both an		nan	compensation	compensation	amount of
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		0.50									•
	DIRECTOR		Х						0.	0.	

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232007 12-13-22

Form **990** (2022)

Form	aan	(2022)
FUIII	330	120221

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) (B) (C)							(D)	(E)	(F)			
Name and title	Average	(do	F not ch	Posi				Reportable	Reportable	E	stimate	ed
	hours per	box	, unles	s per	son i	is both	n an	compensation	compensation	ar	nount	of
	week		cer and	d a di	recto	or/trus	tee)	from	from related		other	
	(list any	recto						the	organizations		ipensa	
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC/		rom the	
	organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	· ·	janizati d relate	
	below	lual tr	tional		volqr	st con yee	-	,			anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				amzan	5110
(18) RICHARD NOTARGIACOMO, M.B.A	0.50	_	_		<u>×</u>		-					
DIRECTOR		х						0.	0.			Ο.
(19) ROGER B. FRIEDLANDER	0.50											
EMERITUS		х						0.	0.			Ο.
(20) CHRISTOPHER B. ECKERT, C.P.A	0.50											
TREASURER		х		x				0.	0.			Ο.
(21) RICHARD FELDMAN, PH.D.	0.50											
DIRECTOR		х						0.	0.			Ο.
(22) MELISSA GARDNER	0.50											
DIRECTOR		х						0.	0.			Ο.
(23) RICHARD J. GANGEMI, M.D.	0.50											
DIRECTOR	0.50	х						0.	0.			0.
(24) ROBERT B. STILES	0.50											
EMERITUS		Х						0.	0.			0.
(25) VIRGINIA BIESIADA O'NEILL	0.50											
DIRECTOR		Х						0.	0.			0.
(26) CECILIA GRIFFIN GOLDEN, PH.D.	0.50											
DIRECTOR		Х						0.	0.			0.
1b Subtotal								1,940,606.	0.		5,30	
c Total from continuation sheets to Part VI	, Section A							0.	0.			0.
d Total (add lines 1b and 1c)								1,940,606.	0.	23	5,30	<u> </u>
2 Total number of individuals (including but no	ot limited to th	ose	listeo	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												48
										_	Yes	No
3 Did the organization list any former officer,		ee, k	ey ei	mpl	oye	e, or	hig	phest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for su										3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a					-			v				77
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch r	bers	on .				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	-									ation fr	om	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g wi	ith c	or wi	thin		ear.			
(A) Name and business	address							(B) Description of s	ervices	ر) Compe	C) Insation	n
BETLEM SERVICES CORP										compe	iloution	<u> </u>
	пестер	м	v 1	1 / /	ເລ	Λ		UVAC GEDVICE	e l	70	3 6'	16
704 S CLINTON AVENUE, ROCHESTER, NY 14620HVAC SERVICES793,HARRIS BEACHPROFESSIONAL							5,0.	<u> </u>				
							53					
MAJ CONTRACTING LLC	99 GARNSEY ROAD, PITTSFORD, NY 14534 SERVICES 361,063.							<u>.</u>				
	1391 ALLEN ROAD, PENFIELD, NY 14526 GENERAL CONTRACTOR 340,490.							90.				
LAWN TOM SMITH	, -,		-							<u> </u>	-/	
114 W MAIN STREET, WEBST	ER, NY	14	580	C				GENERAL CONT	RACTOR	19	8,6	70.
DOMICELLO ENTERPRISES LLC												

 1196
 NORTHRUP
 ROAD
 PENFIELD
 NY
 14526
 GENERAL
 CONTRACTOR

 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
 5

\$100,000 of compensation from the organization 5 SEE PART VII, SECTION A CONTINUATION SHEETS

232008 12-13-22

Form 990 (2022)

194,550.

⁸

Form 990	HIL	LSIDE	CHILDRE	'N	S	CE	INT	'ER			16-074	3039
Part VII	Section A. Officers, Dire	ectors, Tru	ustees, Key Er	nplo	yee	s, a	nd H	ligh	est (Compensated Employ	ees (continued)	
	(A)		(B)							(D)	(E)	(F)
	Name and title		Average	Position						Reportable	Reportable	Estimated
			hours per	(c	(check all that a			app	ly)	compensation	compensation	amount of
										from	from related	other
			week	_				oyee		the	organizations	compensation
			(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
			hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
			organizations	ruste	l trus		/ee	m pen				organizations
			below	Individual trustee or director	Institutional trustee	-	old m	Highest com pensated em ployee	Ē			organizationo
			line)	Indivi	Instit	Officer	Key employee	Highe	Former			
(27) MAR	LOWE V.N. WASHINGTON,	DMIN.	0.50									
DIRECTOR		,		х						0.	0.	0.
	-											
				1								
				1								
				1								
				1								
				1								
			L									
Total to Pa	art VII, Section A, line 1c											
										I	1	1

232201 04-01-22

				HIL	DREN'S CI	ENTER		16-0743	039 Page 9
Pa	rt VI	II Statement of Reven	nue						
		Check if Schedule O cont	ains a res	oonse	or note to any lin		(5)	(0)	
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total revenue		business revenue	from tax under
								sections 512 - 514	
nts nts	1 a	Federated campaigns	<u>1</u> a		456,068.				
jrai our	k	Membership dues		-					
Am O	c	Fundraising events							
aif.	c	B Related organizations	1d		1,861,209.				
is, e	e	e Government grants (contributi	ions) 1e						
r cr	f	All other contributions, gifts, gran	ts, and						
ibu		similar amounts not included abo							
Contributions, Gifts, Grants and Other Similar Amounts	ç	Noncash contributions included in lines	1a-1f 1g	\$					
<u>5</u>	ł	Total. Add lines 1a-1f				2,317,277.			
					Business Code				
e	2 8			LY	624100	35,352,124.	35352124.		
Program Service Revenue	k				624100	31,199,290.	31199290.		
am Ser	c	NYS EDUCATION DEPARTMEN	T		624100	28,265,659.	28265659.		
leve	c	PRIVATE BILLINGS			624100	18,056,011.	18056011.		
ıво. Н	e	NYS OPWDD			624100	12,971,360.	12971360.		
Ъ	f	All other program service reve	nue		624100	3,900,423.	3,900,423.		
	ç	g Total. Add lines 2a-2f				129744867.			
	3	Investment income (including	dividends	, intere	est, and				
		other similar amounts)				85,445.			85,445.
	4	Income from investment of tax	k-exempt I	oond p	proceeds				
	5	Royalties							
			(i) Re		(ii) Personal				
	6 a	a Gross rents 6a	244	,927.					
	k	b Less: rental expenses 6b	726	,842.					
	c	Rental income or (loss) 6c	-481	,915.					
	c	1 Net rental income or (loss)				-481,915.		-20,252.	-461,663.
	7 a	a Gross amount from sales of	(i) Secu	rities	(ii) Other				
		assets other than inventory 7a			2873265.				
	k	Less: cost or other basis							
ne		and sales expenses 7b			3276883.				
evenue	c	Gain or (loss)			-403,618.				
Re	c	1 Net gain or (loss)		<u></u>		-403,618.			-403,618.
Other R	8 a	a Gross income from fundraising ev	/ents (not						
ð		including \$	of						
		contributions reported on line	-						
		Part IV, line 18							
	k	Less: direct expenses		. 8b					
	c								
	9 a	a Gross income from gaming ac							
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from gam		ies					
	10 a	a Gross sales of inventory, less							
		and allowances							
		Less: cost of goods sold		-)				
	C	Net income or (loss) from sale	s of inven	tory					
s					Business Code				
Miscellaneous Revenue	11 a		STMENTS,	NE	624100	2,191,362.	2,191,362.		
scellaneo <u>Revenue</u>	k	OTHER MISCELLANEOUS			624100	1,857,282.	1,857,282.		
Cell	C	CONTRACTED FOOD AND CLE			900099	34,893.		34,893.	
Ais	c	All other revenue							
-	e	e Total. Add lines 11a-11d				4,083,537.			
	12	Total revenue. See instructions				135345593.	133793511.	14,641.	-779,836.
23200	9 12-1	3-22							Form 990 (2022)

15390325 784124 HIL017004.HCC

10

HILLSIDE CHILDREN'S CENTER 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										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
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	802,809.		802,809.							
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	83,497,409.	77,338,139.	6,159,270.							
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	2,307,157.	2,258,145.	49,012.							
9	Other employee benefits	8,133,446.	7,469,221.	664,225.							
10	Payroll taxes	8,057,753.	7,451,651.	606,102.							
11	Fees for services (nonemployees):										
а	Management	46,268.		46,268.							
b	Legal	387,816.		387,816.							
с	Accounting	113,675.		113,675.							
	Lobbying	122,589.		122,589.							
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees	30,409.		30,409.							
g	Other. (If line 11g amount exceeds 10% of line 25,										
-	column (A), amount, list line 11g expenses on Sch O.)	5,457,466.	3,800,574.	1,656,892.							
12	Advertising and promotion	135,157.	17,998.	117,159.							
13	Office expenses	1,854,720.	1,456,749.	397,971.							
14	Information technology										
15	Royalties										
16	Occupancy	1,949,358.	1,702,438.	246,920.							
17	Travel	1,672,042.	1,639,462.	32,580.							
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	571,009.	450,440.	120,569.							
20	Interest	1,747,865.	1,712,058.	35,807.							
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	4,051,506.	3,554,288.	497,218.							
23	Insurance	1,599,335.	1,444,999.	154,336.							
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 0.)										
а	FOOD SERVICES	1,424,240.	1,406,300.	17,940.							
b	TELEPHONE	1,046,547.	971,630.	74,917.							
с	STAFF DEVELOPMENT	746,542.	372,104.	374,438.							
d	RECREATION, WORK ACTIVI	462,073.	441,483.	20,590.							
е	All other expenses	586,425.	576,406.	10,019.							
25	• • • • • • • • • • • • • • • • • • • •	126,803,616.	114,064,085.	12,739,531.	0.						
26	$\ensuremath{\textbf{Joint costs}}$. 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)										

232010 12-13-22

Form 990 (2022)

15390325 784124 HIL017004.HCC

33

Total liabilities and net assets/fund balances

106,077,576.

33

111,264,340.

Form **990** (2022)

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

		Oneck in Schedule O contains a response of how			(A)	·····		(B)	<u></u>
					Beginning o	-		End of ye	
	1				5,169	,003.	1	6,179	,849.
	2	Savings and temporary cash investments					2		
	3	Pledges and grants receivable, net					3		
	4	Accounts receivable, net			22,304	,653.	4	26,315	,062.
	5	Loans and other receivables from any current or	forme	r officer, director,					
		trustee, key employee, creator or founder, substa	antial o	contributor, or 35%					
		controlled entity or family member of any of thes	e pers	ons			5		
	6	Loans and other receivables from other disqualif							
		under section 4958(f)(1)), and persons described					6		
ets	7	Notes and loans receivable, net		60.4	7	100	0.5.0		
Assets	8	Inventories for sale or use				,624.	8		,856.
◄	9	Prepaid expenses and deferred charges			1,244	,471.	9	1,301	,958.
	10a	Land, buildings, and equipment: cost or other		105 000 004					
		basis. Complete Part VI of Schedule D	10a	105,980,204.	41 000	1 4 0		24 600	200
	b	Less: accumulated depreciation	10b	71,370,876.	41,226	<u>,142.</u>	10c	34,609	, 328.
	11	Investments - publicly traded securities	3,877	,876.	11	7,249	,035.		
	12	Investments - other securities. See Part IV, line 1			12				
	13	Investments - program-related. See Part IV, line 1			13				
	14	Intangible assets	20 100	0.017	14		0.5.0		
	15	Other assets. See Part IV, line 11	32,109	<u>,807.</u>	15	35,479			
	16	Total assets. Add lines 1 through 15 (must equa			106,077	<u>,576.</u>	16	111,264	
	17	Accounts payable and accrued expenses	19,576	,150.	17	18,259	,119.		
	18	Grants payable	4 070	1 2 2	18	6 969	240		
	19	Deferred revenue			4,979		19	6,262	
	20	Tax-exempt bond liabilities			5,102	,626.	20	4,889	,236.
	21	Escrow or custodial account liability. Complete F					21		
es	22	Loans and other payables to any current or form							
iliti		trustee, key employee, creator or founder, substa							
Liabilities		controlled entity or family member of any of thes			20 000	270	22	26 000	071
-	23	Secured mortgages and notes payable to unrela			28,098	, 279.	23	26,880	,9/1.
	24	Unsecured notes and loans payable to unrelated					24		
	25	Other liabilities (including federal income tax, pay							
		parties, and other liabilities not included on lines	17-24	. Complete Part X	3,080	175	0.5	2 046	010
					60,836			2,046	
	26			. 🔽	00,030	, 303.	26	50,550	,41J•
ŝ		Organizations that follow FASB ASC 958, check	ск ner	e X					
nce	07	and complete lines 27, 28, 32, and 33.			32,978	555	07	10 896	010
ala	27	Net assets without donor restrictions	12,262	<u>, 555.</u> 658	27 28	40,896 12,029	<u>,010.</u>		
ар	28	Net assets with donor restrictions			12,202	,050.	28	12,029	,913.
'n		Organizations that do not follow FASB ASC 95	58, CN						
Net Assets or Fund Balances	00	and complete lines 29 through 33.					00		
sts	29	Capital stock or trust principal, or current funds					29		
SSE	30	Paid-in or capital surplus, or land, building, or eq		and a the set of the sha			30		
∋t A	31	Retained earnings, endowment, accumulated inc			45,241	213	31 32	52,925	925
ž	32	Total net assets or fund balances	106 077		32	111 261	340		

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Form 990 (2022)
Part X Balance Sheet

Form	1990 (2022) HILLSIDE CHILDREN'S CENTER	16-	-0743039	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	135,34		
2	Total expenses (must equal Part IX, column (A), line 25)	2	126,80	-	
3	Revenue less expenses. Subtract line 2 from line 1	3	8,543		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45,243	1,2:	<u>13.</u>
5	Net unrealized gains (losses) on investments	5	31	3,6	82.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-89	5,9 [,]	<u>47.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	52,92	5,91	<u>25.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	L

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

Nar	ame of the organization Employer identification numb										
				REN'S CENTER					6-0743039		
Pa	nrt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The	orgar	nization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	on of churches described	l in sectio	n 170(b)(1	l)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)						
3		A hospital or a cooperative									
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for		llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C									
6		A federal, state, or local gov	0				.,				
7	X										
~		section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college									
9			-			-		-	-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
10		university: An organization that norma	Illy receives (1) more	than 33 1/3% of its sunr	ort from c	ontribution	ne membereb	in fees and	d aross receipts from		
10		activities related to its exem									
		income and unrelated busir		-					-		
		See section 509(a)(2). (Con				oco uoqui		Janization			
11		An organization organized a		velv to test for public sa	fetv. See	section 50)9(a)(4).				
12	\square	An organization organized a		•	•			rrv out the	purposes of one or		
		more publicly supported or	•	•	•		-	•	• •		
		lines 12a through 12d that	-								
a		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	d organizatio	n(s), by hav	ring		
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
c	: [Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,		
	_	its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.				
c		Type III non-functionally	integrated. A supp	porting organization oper	ated in co	nnection v	ith its suppor	ted organiz	zation(s)		
		that is not functionally int	• •		•		-	an attentiv	/eness		
	_	requirement (see instructi	,	•							
e	•	Check this box if the orga					Туре I, Туре	II, Type III			
_		functionally integrated, or		nally integrated supporti	ng organiz	ation.					
f		er the number of supported o	•								
<u>ç</u>		vide the following informatior (i) Name of supported	i about the supporte	d organization(s).	(iv) Is the org	nization listed	(v) Amount of	fmonetarv	(vi) Amount of other		
		organization	((described on lines 1-10	in your governi Yes	ng document? No	support (see ir	,	support (see instructions)		
				above (see instructions))	103						
Tota	al										

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	122943104	126877132	121775851	117443960	130115893	619155940
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	122943104	126877132	121775851	117443960	130115893	619155940
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						619155940
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	122943104	126877132	121775851	117443960	130115893	619155940
	Gross income from interest.						
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	271,197.	457,602.	89,464.	88,515.	85,445.	992,223.
9	Net income from unrelated business		10,,0020	0371010			552,2200
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						620148163
	Gross receipts from related activities,						,785,973.
	First 5 years. If the Form 990 is for the			fourth or fifth tax y		· · · ·	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
10	organization, check this box and sto	-					
Sec	ction C. Computation of Publi						·····
	Public support percentage for 2022 (column (f))		14	99.84 %
	Public support percentage from 2021					15	99.79 %
	33 1/3% support test - 2022. If the						
100	stop here. The organization qualifies						V
h	33 1/3% support test - 2021. If the		-				
~	and stop here. The organization qua						
17a	10% -facts-and-circumstances test		• •				
110	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	-	
Ь	10% -facts-and-circumstances test	-		• • • •	-	17a and line 15 is	
U.	more, and if the organization meets the	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization		•				
10		ST GIG HOL CHECK &		u, 100, 17a, 01 17t			
						Concurre A	

232022 12-09-22

Schedule A			HILLSIDE				
Part III	Support	: Schedule for	or Organization	s Described	in S	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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)					1	
14 First 5 years. If the Form 990 is for	the organization's fi	rst, second, third.	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
check this box and stop here	-					
Section C. Computation of Pub	lic Support Per	rcentage				
15 Public support percentage for 2022	(line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 218 Investment income percentage from			line 13, column (f))		17 18	<u>%</u>
19a 33 1/3% support tests - 2022. If th						
more than 33 1/3%, check this box a	-					
b 33 1/3% support tests - 2021. If th						/3%. and
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizati						
232023 12-09-22		····, ··	. ,			dule A (Form 990) 2022
		16	5			. , _

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1

2

3a

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **c** 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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? *If "Yes," provide detail in* Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** 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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** 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)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

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3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2022

Form 990) 2022 HILLSIDE CHILDREN'S CENTER

2

No

Yes No

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A pe	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
с	A 35	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			
				Yes	No
4	Did t	he appending body, members of the appending body, officers acting in their official capacity, or membership of one or			

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	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

Supervisi	ea. or con	li ollea li le sub	porting 0	rganization.	
Section C.	Type II \$	Supporting	Organ	ižations	

			Yes	
1	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)	1		

Section D.	All Type	III Supporting	Organizations

			Yes	No
1	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?	1		
2	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).	2		
3	By reason of the relationship described on line 2, above, 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.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	I that the organization used to sati	sty the Integral Part Test duri	ng the year (see instructions).
•	Check the box heat to the method			

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	v (see instruction <u>s)</u>).
-----	--	---	-------------------------	------------------------------------	------------------------------	----

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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 Did the activities described on line 2a, above, 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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? *If* "Yes" or "No" provide details in **Part VI.**

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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Schedule A (Form 990) 2022

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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.

Section A - Adjusted Net Income			(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting orga	nization (see

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

g Applied to underdistributions of prior years h Applied to 2022 distributable amount

4 Distributions for 2022 from Section D,

line 7:

i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 **10** Line 8 amount divided by line 9 amount 10 (i) (ii) Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e

HILLSIDE CHILDREN'S CENTER

1 Amounts paid to supported organizations to accomplish exempt purposes

Schedule A (Form 990) 2022

Current Year

(iii)

Distributable

1

\$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j 8 Breakdown of line 7:

and 4c.

a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Section D - Distributions

2

3

4

7

8

9

Schedule A	(Form 990) 2022	HILLSIDE C			16-0743039 Page
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, 5a, lines 2 and 3; Part IV,	6, 9a, 9b, 9c, 11a, Section E, lines 1c	, 11b, and 11c; Part c, 2a, 2b, 3a, and 3b	10; Part II, line 17a or 17b; Part III, line 12; IV, Section B, lines 1 and 2; Part IV, Section C, ; Part V, line 1; Part V, Section B, line 1e; Part V, s part for any additional information.
232028 12-09-2	2		21		Schedule A (Form 990) 20

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

6-	0	7	4	3	0	3	9	
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1

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

HILLSIDE CHILDREN'S CENTER

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

16 - 0743039

HILLSIDE CHILDREN'S CENTER

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additionadd	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,861,209.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$456,068.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15		\$	Person Payroll Occupient Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Schedule B (Form 9	990) (2022)
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Name of organization

Page 3

Employer identification number

16 - 0743039

HILLSIDE CHILDREN'S CENTER

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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	B (Form 990) (2022)		Page 4						
Name of o	organization		Employer identification number						
HILLS	IDE CHILDREN'S CENTER		16-0743039						
Part III	from any one contributor. Complete columns (a)	through (e) and the following line entry	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations						
	completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,000 or le pace is needed.	s for the year. (Enter this info. once.) \$						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how sift is hold						
Part I		(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, ar 	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from	(h) Dumpers of sift								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
			<u> </u>						
		(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, ar		Relationship of transferor to transferee						

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Schedule B (Form 990) (2022)

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SCHEDULE C	Po	litical Campaign a	nd Lobbyin	g Activities		OMB No. 1545-0047	
(Form 990)	For Org	anizations Exempt From Income	npt From Income Tax Under section 501(c) and section 527				
	-	if the organization is described I		.,		Open to Public	
Department of the Treasury Internal Revenue Service	Go	to www.irs.gov/Form990 for in	structions and the la	test information.		Inspection	
-		Form 990, Part IV, line 3, or For plete Parts I-A and B. Do not com		ne 46 (Political Camp	oaign Ao	ctivities), then	
 Section 501(c) (other 	r than section 50	1(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Par	t I-B.		
 Section 527 organiza 	ations: Complete	Part I-A only.					
-		Form 990, Part IV, line 4, or For					
	•	have filed Form 5768 (election und	()//	•		•	
	5	nave NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy					
Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	Tax) (See Separate i		1 990-E	z, Part V, line 550 (Proxy	
• Section 501(c)(4), (5)), or (6) organizat	ions: Complete Part III.					
Name of organization					Emplo	yer identification number	
Deut I A Commi		E CHILDREN'S CENT			7	16-0743039	
Part I-A Comple	ete if the org	anization is exempt under	r section 501(c) c	or is a section 52	27 org	anization.	
 Dusvida a dassvirti: 		ation is alive at an alive star a litical					
 Provide a description Political campaign a 		ation's direct and indirect political			¢		
3 Volunteer hours for					-		
		-					
Part I-B Comple	ete if the org	anization is exempt unde	r section 501(c)(3	3).			
		incurred by the organization unde					
		incurred by organization manager					
		n 4955 tax, did it file Form 4720 fo					
4a Was a correction m b If "Yes," describe in						Yes No	
		anization is exempt under	r section 501(c),	except section {	501(c)	(3).	
1 Enter the amount d	lirectly expended	by the filing organization for sect	ion 527 exempt functi	ion activities	\$		
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	er organizations for se	ction 527	-		
exempt function ac	tivities				\$_		
•	•	. Add lines 1 and 2. Enter here and					
•••		• • • • • • • • • • • • • • • • • • • •	of all agotion 527 pol				
		nployer identification number (EIN) tion listed, enter the amount paid		-			
		omptly and directly delivered to a s					
political action com	mittee (PAC). If a	additional space is needed, provid	le information in Part I	IV.			
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	on's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	
				+			
For Paperwork Beduct	ion Act Notice	see the Instructions for Form 99	0 or 990-E7	1	 ©/	2022	

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

Schedule C (Form 990) 2022

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		HILDREN'S CE			0743039 Page 2
Part II-A Complete if the organi	zation is exe	mpt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).					
A Check if the filing organization	belongs to an af	filiated group (and list in	n Part IV each affiliated g	group member's nam	ne, address, EIN,
expenses, and share of	excess lobbying) expenditures).			
B Check if the filing organization	checked box A a	and "limited control" pre	ovisions apply.		
Limits or	Lobbying Exp	enditures		(a) Filing	(b) Affiliated group
(The term "expenditur)	organization's totals	totals
1a Total lobbying expenditures to influenc					
b Total lobbying expenditures to influenc					
c Total lobbying expenditures (add lines					
		-1)	T		
e Total exempt purpose expenditures (ac		,			
f Lobbying nontaxable amount. Enter the					
If the amount on line 1e, column (a) or (b)		bbying nontaxable am			
Not over \$500,000 Over \$500,000 but not over \$1,000,000		f the amount on line 1e			
· · · · · · · · · · · · · · · · · · ·		000 plus 15% of the exc 000 plus 10% of the exc			
Over \$1,000,000 but not over \$1,500,0 Over \$1,500,000 but not over \$17,000,		000 plus 10% of the exce			
Over \$17,000,000	<u>\$225,0</u> \$1.000	•	ss over \$1,500,000.		
Over \$17,000,000	φ1,000	,000.			
g Grassroots nontaxable amount (enter 2	5% of line 1f)				
h Subtract line 1g from line 1a. If zero or					
i Subtract line 1f from line 1c. If zero or l					
j If there is an amount other than zero or			•		
reporting section 4911 tax for this year					Yes No
		veraging Period Under	Section 501(h)		
(Some organizations that r		501(h) election do not rate instructions for li		f the five columns b	elow.
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period		
Calondar voar					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					-
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
		1	1	a :	hula () (Farma () () () ()

Schedule C (Form 990) 2022

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Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.	Yes	No	Amo	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?	X				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X				
c Media advertisements?		Х			
d Mailings to members, legislators, or the public?		Х			
e Publications, or published or broadcast statements?		Х			
f Grants to other organizations for lobbying purposes?		X			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	100		
i Other activities?	X			2,589.	
j Total. Add lines 1c through 1i		37	122	2,589.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5) or sec	tion		
501(c)(6).		, 01 000			
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1			
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 					
 Bid the organization make only influes lobbying expenditures of \$2,000 of loss? Did the organization agree to carry over lobbying and political campaign activity expenditures from the second se					
Part III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5	b), or sec	tion		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part I	II-A, line	3, is	
answered "Yes."					
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical				
expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year		2b			
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical				
expenditures next year?		4			
5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information		5			
	lict), Dort II	A lines 1 a			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II P, line 1. Also, complete this part for any additional information.	o list), Part II-	A, lines i al	iu 2 (See		
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:					
HILLSIDE CHILDREN'S CENTER CONTACTED THE GOVERNOR'S OF	FFICE A	ND TH	Ξ		
STATE LEGISLATURE'S LOCAL DELEGATION REGARDING FUNDING	G ISSUE	S REL	EVANT		
TO CHILD WELFARE, YOUTH DEVELOPMENT AND EDUCATION, ME	NTAL HE	CALTH Z	AND		
DEVELOPMENT DISABILITY FOR CHILDREN.					

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Schedule C (Form 990) 2022

SCHEDULE D	
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Department of the Treasury

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 for instructions and the latest information.



Employer identification number

16-0743039

Internal Revenue Service
Name of the organization

HILLSIDE CHILDREN'S CENTER

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(b) Funda and other accounts
		(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 v	-	
-	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Par			
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Number of conservation easements on a certified historic stru-		
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	ote to the organization's financial statem	ents that describes the
Der	organization's accounting for conservation easements.		they Cimiley Access
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for put	· · ·	·
	service, provide in Part XIII the text of the footnote to its finar	icial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, 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 furt	herance 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 treater	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2022
232051	09-01-22		
		29	

Sche		E CHILDREN'						43039		age 2	
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other	Similar A	ssets	contin	ued)		
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that	make sig	nificant use	of its				
	collection items (check all that apply):										
а	Public exhibition	d	Loan or exc	hange progra	m						
b											
с											
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	n's exem	ot purpose i	in Part	XIII.			
5	During the year, did the organization solicit o										
-	to be sold to raise funds rather than to be ma							Yes		No	
Par	t IV Escrow and Custodial Arran						art IV				
	reported an amount on Form 990, Pai		ie ii iiie ei gainzaile								
1a	Is the organization an agent, trustee, custodi		ary for contributions	s or other ass	ets not in	cluded					
14	on Form 990, Part X?		•					Yes		No	
h	If "Yes," explain the arrangement in Part XIII						∟				
U U		and complete the long	Swilly table.					Amount			
						4		741104110			
	Beginning balance										
	Additions during the year					1d					
е	Distributions during the year					1e					
Ť	Ending balance							7.4			
	Did the organization include an amount on Fe				-	/?	∟	Yes		No	
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i						a haali	(-) [heel	
		(a) Current year	(b) Prior year	(c) Two year	-	d) Three year			-		
1a	Beginning of year balance	5,836,973.	7,036,948.	5,445		5,095		5,		839.	
b	Contributions	39,341.	4,850.		.,377.		,875.			294.	
С	Net investment earnings, gains, and losses	633,422.	-996,728.	1,722	,397.	298	,213.		122,	233.	
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	230,939.	208,097.	242	354.	266	,789.		254,	137.	
f	Administrative expenses										
g	End of year balance	6,278,797.	5,836,973.	7,036	,948.	5,445	,528.	5,	095,	229.	
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:							
а	Board designated or quasi-endowment		%								
b	Permanent endowment 63.0000	%	-								
с	Term endowment 37.0000	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse		ion that are held ar	nd administer	ed for the						
	organization by:	5						Г	Yes	No	
	(i) Unrelated organizations							3a(i)		x	
	(ii) Related organizations							3a(ii)	X		
h	If "Yes" on line 3a(ii), are the related organiza							3b	X		
4	Describe in Part XIII the intended uses of the							00		<u> </u>	
	t VI Land, Buildings, and Equipm		ment funds.								
	Complete if the organization answere		Part IV line 11a S	ee Form 990	Part X lii	ne 10					
			,	Í	,						
	Description of property	(a) Cost or ot basis (investm	• • •	or other	• •	cumulated reciation		(d) Book	value	е	
			,	(other)	depr	Colation		FO		1 5	
	Land			<u>6,915.</u>	110	22 002				$\frac{15}{02}$	
	Buildings			7,896.		<u>23,803</u>		$\frac{0,154}{0,700}$			
	Leasehold improvements			8,146.		<u>57,419</u>		<u>9,790</u>			
d	Equipment			1,383.		14,911		2,376			
	Other			5,864.	-	74,743		1,701			
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	(. column (B), line 1	0c.)			. 3	4,609),3:	28.	
						Sc	hedule	D (Form	990)	2022	

Part VII	Investments	 Other Securities 			
Schedule D) (Form 990) 2022	HILLSIDE	CHILDREN'	' S	CENTER

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)		
Total. (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)		
Total (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) BENEFICIAL INTEREST IN NET ASSETS OF HILLSIDE FOUNDATION	27,495,297.
(2) RESTRICTED ASSETS HELD IN TRUST	328,236.
(3) INTEREST RATE SWAP ASSET	1,899,035.
(4) CAPTIVE INSURANCE PROGRAM	3,835,061.
(5) FINANCE LEASE RIGHT-OF-USE ASSET	842,590.
(6) OPERATING LEASE RIGHT-OF-USE ASSET	736,385.
(7) INTERAFFILIATE RECEIVABLE, NET	342,648.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	35,479,252.

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)	POSTRETIREMENT BENEFIT OBLIGATION	220,821.					
(3)	FINANCE LEASE LIABILITIES	911,886.					
(4)	OPERATING LEASE LIABILITIES	808,525.					
(5)	PENSION OBLIGATION	105,608.					
(6)							
(7)							
(8)							
(9)							
Total.	Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2,046,84						

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 ...

Schedule D (Form 990) 2022

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Sche	dule D (Form 990) 2022 HILLSIDE CHILDREN'S CENTER	16-0743039 Page 4	
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Reven	ue 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		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4 a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Exper	ises 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
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t 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 FUND PROCEEDS ARE USED IN COMPLIANCE WITH THE DONOR DIRECTION.

IN CASES WHERE THERE IS NO SPECIFIC DONOR DIRECTION, PROCEEDS ARE HELD BY

HILLSIDE FOUNDATION UNTIL USED TO FURTHER THE MISSION OF HILLSIDE

FOUNDATION'S SUPPORTED ORGANIZATION; HILLSIDE CHILDREN'S CENTER.

232054 09-01-22

SCHEDULE J Compensation Information		1	545-004	47						
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Empl			20	22)			
		Compensated Employees Complete if the organization answered "Yes" on Forr			20	22	-			
Dena	tment of the Treasury	Attach to Form 990.	ii 990, Part IV, iine 23.		Open to	Publ	ic			
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the	e latest information.		Inspection					
Nan	ne of the organization			Employer id			nber			
		HILLSIDE CHILDREN'S CENTER		16-0	74303	9				
Ра	rt I Question	s Regarding Compensation								
_						Yes	No			
1a		ate box(es) if the organization provided any of the following to or for	-	990,						
		line 1a. Complete Part III to provide any relevant information regardin	•							
	First-class or c		e or residence for person							
	Travel for com		iness use of personal res							
			lub dues or initiation fees							
		pending account Personal services	(such as maid, chauffeu	r, chet)						
h	If any of the haves	an line to are absolved, did the averanization follow a written policy re	acting pormont or							
D		on line 1a are checked, did the organization follow a written policy re			46					
0		rovision of all of the expenses described above? If "No," complete P			<u>1b</u>					
2	-	n require substantiation prior to reimbursing or allowing expenses inc	•		2					
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checke			💆					
3	Indicate which if a	ny, of the following the organization used to establish the compensat	ion of the organization's							
U		ctor. Check all that apply. Do not check any boxes for methods use	•							
		ation of the CEO/Executive Director, but explain in Part III.	a by a related organization							
	X Compensation		ent contract							
		ompensation consultant X Compensation su								
	X Form 990 of o		oard or compensation c	ommittee						
4	During the year. did	any person listed on Form 990, Part VII, Section A, line 1a, with resp	pect to the filing							
	organization or a re		5							
а	-				4a		X			
b							X			
с	Participate in or rec	eive payment from an equity-based compensation arrangement?			4c		X			
	-	es 4a-c, list the persons and provide the applicable amounts for eac								
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines !	5-9.							
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or		n						
	contingent on the r	evenues of:								
а	The organization?				. 5a		X			
		ation?					X			
		r 5b, describe in Part III.								
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or a	accrue any compensatio	n						
	contingent on the r	et earnings of:								
							X			
	Any related organiz	ation?					X			
		r 6b, describe in Part III.								
7		n Form 990, Part VII, Section A, line 1a, did the organization provide								
		es 5 and 6? If "Yes," describe in Part III			7		X			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contra		е						
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," des			8		X			
9		d the organization also follow the rebuttable presumption procedure								
		53.4958-6(c)?					<u> </u>			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Schedu	ule J (Forn	n 990)	2022			

232111 10-18-22

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHN LYNCH	(i)	420,948.	0.	0.	27,000.	25,209.	473,157.	0.
MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARIA CRISTALLI	(i)	373,637.	0.	0.	27,000.	9,951.	410,588.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRISTOPHER PETERSON	(i)	310,575.	0.	0.	27,000.	19,855.	357,430.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELIZABETH NOLAN	(i)	258,789.	0.	0.	27,000.	20,269.	306,058.	0.
C00	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) FARAH HUSSAIN	(i)	203,002.	0.	0.	25,372.	8,173.	236,547.	0.
PSYCHIATRIST SENIOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DARLENE A. RYAN	(i)	180,367.	0.	0.	14,124.	3,158.	197,649.	0.
CHIEF PERFORMANCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHRISTINE LIBUTTI	(i)	193,288.	0.	0.	0.	1,189.	194,477.	0.
NURSE COORDINATOR DO SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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.

PART I, LINE 3:

HILLSIDE CHILDREN'S CENTER HAS A COMPENSATION COMMITTEE IN PLACE THAT MEETS

REGULARLY TO EVALUATE THE PERFORMANCE OF THE CEO, EVALUATES AND DETERMINES

CEO COMPENSATION, AND MEETS AT LEAST ANNUALLY WITH THE FULL BOARD. THE

COMPENSATION COMMITTEE ALSO PROVIDES THE CEO WITH RELEVANT DATA TO ASSIST

IN THE CEO'S ASSESSMENT OF COMPENSATION FOR THE CFO, COO, AND CHIEF HR/OD.

Schedule J (Form 990) 2022

(Form 9 Departmen	HEDULE K Supplemental Information on Tax-Exempt Bonds rm 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, artment of the Treasury artment of the Treasury nal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.										C	OMB No. 1545-0047 2022 Open to Public Inspection		
Name of											entification number 43039			
Part I	Bond Issues SI	EE PART VI	FOR COLUMN	I (F) CONT	INUATI	ONS								
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	le price	(f) Descrip	otion of purpose	(g) De	feased	(h) On) On behalf (i) F		oled
												of issuer f		cing
									Yes	No	Yes	No	Yes	No
DO	RMITORY AUTHORITY OF						RENOVAT							
A TH	E STATE OF NEW YORK	14-6000293	649903E98	06/17/08	5,705	,000.	MONROE	CAMPUS AND		X		x		Х
в														
С														
D														
Part II	Proceeds													
				A	A		ВС			D				
1 Ar	nount of bonds retired													
2 Ar														
3 To	otal proceeds of issue				4,306.									
4 Gr	ross proceeds in reserve funds				4,035.									
					-									
6 Pr														
7 Iss	suance costs from proceeds				2,521.									
8 Cr	redit enhancement from proceeds													
	orking capital expenditures from proceeds													
10 Ca	apital expenditures from proceeds				7,750.									
11 Of	ther spent proceeds													
13 Ye	ear of substantial completion				2010									
				Yes	No	Yes	No	Yes	No		Yes		No	
14 W	ere the bonds issued as part of a refunding	issue of tax-exempt b	oonds (or,											
	issued prior to 2018, a current refunding iss	•			х									
	ere the bonds issued as part of a refunding													
	sued prior to 2018, an advance refunding is				Х									
-	as the final allocation of proceeds been mad			X										
17 Do	pes the organization maintain adequate boo	ks and records to sup	pport the											
fin	al allocation of proceeds?	·		X										

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

Schedule K (Form 990) 2022

Schedule K (Form 990) 2022 HILLSIDE CHILDREN'S CENTER

16-0743039

Page 2

Part III Private Business Use								
		4		B		ç	[2
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		х						
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		х						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		х						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities		•				•		
other than a section 501(c)(3) organization or a state or local government		%		%		%		
5 Enter the percentage of financed property used in a private business use as a		,,,,		,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		
		%		%		%		
 6 Iotal of lines 4 and 5 7 Does the bond issue meet the private security or payment test? 		X		/0		/0		
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		х						
 b If "Yes" to line 8a, enter the percentage of bond-financed property sold or 				1		1		
disposed of		%		%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		70		70		70		
sections 1.141-12 and 1.145-2?								
 9 Has the organization established written procedures to ensure that all 								
nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		x						
Part IV Arbitrage		Δ						ļ
		4		в		c	r)
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No No
Penalty in Lieu of Arbitrage Rebate?	X							
2 If "No" to line 1, did the following apply?				·				
a Rebate not due yet?								
b Exception to rebate?								
c No repate due? If "Yes" to line 2c, provide in Part VI the date the rebate computation was		1		<u> </u>		1		L
		x		1		1		[
3 Is the bond issue a variable rate issue?		43	1					L

Schedule K (Form 990) 2022 HILLSIDE CHILDREN'S CENTER

16-0743039

Page 3

Part IV Arbitrage (continued)										
	A		E	3		Ç	C	<u> </u>		
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No		
hedge with respect to the bond issue?		Х								
b Name of provider										
c Term of hedge										
d Was the hedge superintegrated?										
e Was the hedge terminated?										
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х								
b Name of provider										
c Term of GIC				_						
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
6 Were any gross proceeds invested beyond an available temporary period?		Х								
7 Has the organization established written procedures to monitor the										
requirements of section 148?		Х								
Part V Procedures To Undertake Corrective Action										
	A		E	3		ç	C)		
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No		
of federal tax requirements are timely identified and corrected through the										
voluntary closing agreement program if self-remediation isn't available under										
applicable regulations?		Х								
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	ictions.							
SCHEDULE K, PART I, BOND ISSUES:										
(A) ISSUER NAME: DORMITORY AUTHORITY OF THE STATE	OF NEW	I YORK								
(F) DESCRIPTION OF PURPOSE:										
RENOVATIONS AT MONROE CAMPUS AND REPLACEMENT OF S	COTTSVI	LLE CO	TTAGE							

SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number 16-0743039

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

THE CHIEF FINANCIAL OFFICER AND HILLSIDE CHILDREN'S CENTER'S AUDIT

HILLSIDE CHILDREN'S CENTER

COMMITTEE REVIEW THE 990 PRIOR TO FILING. THE 990 IS ALSO SHARED WITH THE

BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

RESPONSES ARE REVIEWED ANNUALLY BY THE CEO; SPECIAL CASES GO TO THE

GOVERNANCE COMMITTEE FOR ENFORCEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF GOVERNORS OF HILLSIDE CHILDREN'S CENTER USES A PERFORMANCE AND

COMPENSATION COMMITTEE OF INDEPENDENT MEMBERS TO EVALUATE THE CEO,

ESTABLISH GOALS, CONSIDER COMPENSATION ISSUES AND GATHER RELEVANT MARKET

INFORMATION ABOUT POSITIONS OF SIMILAR RESPONSIBILITIES AND SKILLS. OFTEN,

COMPENSATION CONSULTANTS ARE ENGAGED TO BROADEN INFORMATION ACCESS AND TO

ENSURE THAT THE COMPARATIVE INFORMATION IS INTERPRETED PROPERLY. THE

COMMITTEE MEETS SEVERAL TIMES PER YEAR WITH THE CEO TO REVIEW PERFORMANCE

AND REPORTS TO THE WHOLE BOARD AT LEAST ANNUALLY. THE INTELLIGENCE GATHERED

DURING THAT PROCESS IS USED BY THE CEO IN CONSIDERATION OF COMPENSATION FOR

OTHER OFFICERS AND KEY EMPLOYEES, INCLUDING THE EXECUTIVE DIRECTOR OF THE

CENTER. THE PERFORMANCE AND COMPENSATION COMMITTEE ALSO REVIEWS AND

APPROVES COMPENSATION FOR THE COO, CFO, AND CHIEF HR/OD OFFICER.

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

THE CENTER'S FORM 990 IS POSTED TO ITS WEBSITE. IN ADDITION, THE RETURN AND

OTHER DOCUMENTS OPEN FOR PUBLIC INSPECTION ARE AVAILABLE UPON WRITTEN

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202223221110-28-22

39

Name of the organization HILLSIDE CHILDREN'S CENTER	Employer identification number 16-0743039
REQUEST OR IN PERSON. REQUESTS FOR GOVERNING INSTRUMENTS	S, FINANCIAL
STATEMENTS AND CONFLICT OF INTEREST POLICY ARE CONSIDER	ED UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NET PERIODIC PENSION COST, NET OF SERVICE COSTS	-351,288.
PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION	
INCOME	-1,614,124.
CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF HILLSIDE	
FOUNDATION	475,333.
JNREALIZED GAIN ON INTEREST RATE SWAPS	594,132.
FOTAL TO FORM 990, PART XI, LINE 9	-895,947.
FINANCIAL STATEMENTS AND REPORTING, LINE 3A AND 3B	
THE CENTER RECEIVES FEDERAL AWARDS AND IS REQUIRED TO HA	AVE AN AUDIT
THAT IS PERFORMED IN ACCORDANCE WITH THE FOLLOWING: GENE	ERALLY ACCEPTED
AUDITING STANDARDS, GOVERNMENTAL AUDITING STANDARDS, THE	E SINGLE AUDIT
ACT AND UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCI	IPLES, AND AUDIT
REQUIREMENTS FOR FEDERAL AWARDS AT 2 CFR 200 (UNIFORM GU	JIDANCE).

232212 10-28-22

SCH	IEDULE R
/	

(Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

16-0743039

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

Name of the organization

HILLSIDE CHILDREN'S CENTER

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)	(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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
HILLSIDE FOUNDATION - 16-1493404							
1183 MONROE AVENUE	RAISE FUNDS FOR HILLSIDE				HILLSIDE		
ROCHESTER, NY 14620	CHILDREN'S CENTER	NEW YORK	501(C)(3)	LINE 12A, I	CHILDREN'S CENTER		Х
	_						
	_						
	-						
	_						

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 HILLSIDE CHILDREN'S CENTER

16-0743039 Page 2

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income			ortionate tions?		Genera manag partn	^{ll or} Percentage ^{jing} ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10	
											<u> </u>	
	1											
	1	1	1			1		I	1			

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	(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	l contr	i) tion o)(13) rolled ity?
		country)		01 11 03 0		233013		Yes	No

Schedule R (Form 990) 2022 HILLSIDE CHILDREN'S CENTER

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X					
	Gift, grant, or capital contribution to related organization(s)	1b		X					
	Gift, grant, or capital contribution from related organization(s)	1c		X					
d	d Loans or loan guarantees to or for related organization(s)								
е	e Loans or loan guarantees by related organization(s)								
f	Dividends from related organization(s)	1f		Х					
g	Sale of assets to related organization(s)	1g		X					
	h Purchase of assets from related organization(s)								
i	i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)									
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х					
I	Performance of services or membership or fundraising solicitations for related organization(s)	11	X						
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X						
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X						
	Sharing of paid employees with related organization(s)	10	X						
р	Reimbursement paid to related organization(s) for expenses	1p	X						
q	Reimbursement paid by related organization(s) for expenses	1q	X						
r	r Other transfer of cash or property to related organization(s)								
	Other transfer of cash or property from related organization(s)	1s	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)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2022 HILLSIDE CHILDREN'S CENTER

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)	(b)	(c)	(d)	6	2)	(f)	(g)	()	n)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partne 501(i org	all rs sec.	Share of			opor-	Code V-UBI	Genera	l or P	ercentage
of entity	, , , , , , , , , , , , , , , , , , ,	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(ora	c)(3) s.?	total	end-of-year	Dispr tior alloca	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ing r? C	ownership
		country)	sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	10	

Schedule R (Form 990) 2022

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

Schedule R (Form 990) 2022

232165 09-14-22

			EXTENDED TO MAY 15, 2024					
Form	990-T							
			(and proxy tax under section 6033(e))		0000			
		For ca	endar year 2022 or other tax year beginning $ \underline{JUL} 1$, $ 2022$, and ending $ \underline{JUN} 30$, $ 20$	<u>23</u> .	ZUZZ			
Depar Interna	tment of the Treasury al Revenue Service	I	Go to www.irs.gov/Form990T for instructions and the latest information. No not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only			
A [Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmpl	oyer identification number			
B Ex	kempt under section	Print	HILLSIDE CHILDREN'S CENTER	1	6-0743039			
X] 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.		o exemption number nstructions)			
]408(e) []220(e)	Type	1183 MONROE AVENUE		·····,			
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code					
]529(a)529A		ROCHESTER, NY 14620	F	Check box if			
		С Во	ok value of all assets at end of year 111,264,340.		an amended return.			
G	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	_ State	college/university			
H (Check if filing only to	C	Claim credit from Form 8941 Claim a refund shown on Form 2439					
I (Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>				
			ed Schedules A (Form 990-T)		2			
K	During the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No			
	f "Yes," enter the na	ame an	d identifying number of the parent corporation.					
	The books are in ca			585-	256-7500			
Pa	rt I Total Unr	elate	d Business Taxable Income					
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see					
	instructions)			1	0.			
2	Reserved							
3	Add lines 1 and 2							
4			see instructions for limitation rules)		0.			
5	Total unrelated bu	isiness	taxable income before net operating losses. Subtract line 4 from line 3					
6		•	ng loss. See instructions	6	0.			
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.					
	Subtract line 6 fro				1 000			
8			ally \$1,000, but see instructions for exceptions)		1,000.			
9			duction. See instructions		1 000			
10	Total deductions			10	1,000.			
11		ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		0			
Do	rt II Tax Com		A 12	11	0.			
		-			0.			
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	. 1	0.			
2		_	ates. See instructions for tax computation. Income tax on the amount on					
	Part I, line 11 from		_ Tax rate schedule or Schedule D (Form 1041)					
3	Proxy tax. See ins							
4	Other tax amounts							
5	Alternative minimu							
6	•		cility income. See instructions		0.			
7 I HA			n 6 to line 1 or 2, whichever applies	. 7	Eorm 990-T (2022)			

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-1** (2022)

223701 01-16-23

Form 9	90-T (2022)						F	'age 2
Part	III Tax and Payments				_			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		la					
b	Other credits (see instructions)		lb					
с	General business credit. Attach Form 3800 (see instructions)		lc					
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		ld					
е	Total credits. Add lines 1a through 1d				1e			
2	Subtract line 1e from Part II, line 7				2			0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8							
	Other (attach statement)				3			
4	Total tax. Add lines 2 and 3 (see instructions).		,					0
	section 1294. Enter tax amount here				4			0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)				5			0.
6a	Payments: A 2021 overpayment credited to 2022		ba 🛛		_			
b	2022 estimated tax payments. Check if section 643(g) election applies		3b		_			
С	Tax deposited with Form 8868		òc		_			
d	Foreign organizations: Tax paid or withheld at source (see instructions)		6d		_			
е	Backup withholding (see instructions)		òe 🛛		_			
f	Credit for small employer health insurance premiums (attach Form 8941)		6f		_			
g	Other credits, adjustments, and payments: Form 2439							
	Form 4136 Other Total		òg					
7	Total payments. Add lines 6a through 6g				7			
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			L	8			
9					9			
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpa	aid			10			
	Enter the amount of line 10 you want: Credited to 2023 estimated tax			Refunded	11			
Part	IV Statements Regarding Certain Activities and Other Information	on	(see	instructions)				
1	At any time during the 2022 calendar year, did the organization have an interest in or a	a sig	natu	re or other authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the c	-		•				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	e nam	ne of	the foreign country				
	here							X
2	During the tax year, did the organization receive a distribution from, or was it the gran	itor o	of, or	transferor to, a				
	foreign trust?							Х
	If "Yes," see instructions for other forms the organization may have to file.							
3	Enter the amount of tax-exempt interest received or accrued during the tax year			\$				
4	Enter available pre-2018 NOL carryovers here \$201,679. Do not in	nclud	de ar	y post-2017 NOL ca	arryove	r		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a	ıny d	educ	tion reported on Pa	rt I, line	e 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017	NOL	carr	vovers. Don't reduc	е			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for							
	Business Activity Code			ble post-2017 NOL		/er		
	722320 \$			•		903.		
	531120 \$					114.		
6a	Did the organization change its method of accounting? (see instructions)							Х
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-P	PF, or	For	m 1128? If "No."				
2	explain in Part V	., 51						
Dart	V Supplemental Information							

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign	Under penalties of perjury, I declare that I have examin correct, and complete. Declaration of preparer (other the second					wledge	and belief, it is true,
Here				PRESIDENT AND			he IRS discuss this return with reparer shown below (see
	Signature of officer	Date	Title			instru	ctions)? X Yes No
	Print/Type preparer's name	Preparer's signature		Date	Check	if	PTIN
Paid					self- employe	ed	
Preparei	NANCY J. SNYDER	NANCY J. SN	NANCY J. SNYDER 03/25/24		P013405		P01340545
Use Only		O., LLP			Firm's EIN		16-1131146
	171 SULLY	171 SULLY'S TRAIL					
	Firm's address PITTSFORD	, NY 14534			Phone no.	(5	85) 381-1000
223711 01-16-	-23						Form 990-T (2022)
		F	5.4				

54 2022.05080 HILLSIDE CHILDREN'S CENTE HIL01701

HILLSIDE CHILDREN'S CENTER

16-0743039

FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/11	6,259.	4,137.	2,122.	2,122.
06/30/12	14,228.	0.	14,228.	14,228.
06/30/13	8,488.	0.	8,488.	8,488.
06/30/14	38,845.	0.	38,845.	38,845.
06/30/15	40,016.	0.	40,016.	40,016.
06/30/16	26,908.	0.	26,908.	26,908.
06/30/17	47,256.	0.	47,256.	47,256.
06/30/18	23,816.	0.	23,816.	23,816.
NOL CARRYOV	ER AVAILABLE THIS Y	EAR	201,679.	201,679.

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

I

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization	
----------------------------	--

A	Name of the organization HILLSIDE CHILDREN'S CENTER	В	Employer identification number $16 - 0743039$			
с	Unrelated business activity code (see instructions) 722320	D	Sequence:	1	of	2

CONTRACTED FOOD SERVICES Describe the unrelated trade or business Е

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 34,893.				
b	Less returns and allowances c Balance	1c	34,893.		
2	Cost of goods sold (Part III, line 8)	2	15,653.		
3	Gross profit. Subtract line 2 from line 1c	3	19,240.		19,240.
4a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	19,240.		19,240.
Pa	t II Deductions Not Taken Elsewhere See instruction	ons fo	or limitations on ded	luctions. Deduction	s must be

directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages		45,237.		
3	Repairs and maintenance				
4	Bad debts				
5	Interest (attach statement). See instructions				
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans				
11	Employee benefit programs				9,990.
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)	ΕS	STATEMENT 2	14	25.
15	Total deductions. Add lines 1 through 14			15	55,252.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from				
	column (C)			16	-36,012.
17	Deduction for net operating loss. See instructions				0.
18	Unrelated business taxable income. Subtract line 17 from line 16			. 18	-36,012.
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedule	A (Form 990-T) 2022

223741 01-16-23

15390325 784124 HIL017004.HCC

Sched Part					
	ule A (Form 990-T) 2022		ion N/A		Page 2
	Entermet	nod of inventory valuat		1	0.
1 2	Inventory at beginning of year Purchases				15,653.
3	Cost of labor				0.
4	Additional section 263A costs (attach statement)				0.
5	Other costs (attach statement)				0.
6	Total. Add lines 1 through 5				15,653.
7	Inventory at end of year			_	0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				15,653.
9	Do the rules of section 263A (with respect to property p				Yes X No
Part					
1	Description of property (property street address, city, s	ate, ZIP code). Check	if a dual-use. See instr	ructions.	
	A 🗌				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3 4	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I,			
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I,			
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, se instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se	ter here and on Part I, se instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (set) Description of debt-financed property (street address, compared income) (set)	ter here and on Part I, se instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, se instructions)	line 6, column (B)		0.
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, se instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, se instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of B C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 <u>5</u> <u>Part</u> 1 2 3 a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of B	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of A	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 <u>5</u> <u>Part</u> 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of B	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 5 Part 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (sa Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 5 Part 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C A	line 6, column (B) Check if a dual-use. See	e instructions.	D
4 5 Part 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) Check if a dual-use. See	e instructions.	D
4 5 Part 1 2 3 a b c 4 5 4 5 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of A	ter here and on Part I, ee instructions) ity, state, ZIP code). C A	line 6, column (B) Pheck if a dual-use. See B B	e instructions.	0. D
4 5 Part 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ter here and on Part I, ee instructions) ity, state, ZIP code). C A	line 6, column (B) Pheck if a dual-use. See B B	e instructions.	0. D
4 5 7 2 3 2 3 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (sa Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ter here and on Part I, ee instructions) ity, state, ZIP code). C A	line 6, column (B) Pheck if a dual-use. See B B	e instructions.	0. D
4 5 Part 1 2 3 a b c 4 5 4 5 6 7 8 9	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (sa Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ter here and on Part I, ee instructions) ity, state, ZIP code). C A A Enter here and on Pa	line 6, column (B) Check if a dual-use. See B B (Check if a dual-use. See (Check if a dual	c	0. D % 0.
4 5 7 2 3 2 3 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (sa Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ter here and on Part I, ee instructions) ity, state, ZIP code). C A A Enter here and on Pa	line 6, column (B) check if a dual-use. See B B rt I, line 7, column (A) d on Part I, line 7, colum	C C Mn (B)	0. 0.

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57 2022.05080 HILLSIDE CHILDREN'S CENTE HIL01701

												1
	ule A (Form 990-T) 2022 VI Interest, Annu		and Re	nts fron	n Control	led Or	aanization		ee instruct	iono)	Page	3
rait							Exempt Control	,		,		—
	1. Name of controlled	d 2. Emp	loyer	3. Net (unrelated		al of specified	5. Pa	art of colur	mn 4	6. Deductions direct	y
	organization	identific	ation	incom	ne (loss)	payn	nents made		included		connected with	
		numb	ber	(see ins	tructions)				s gross inc		income in column 5	;
<u>(1)</u>												
(2)												
(3)												
<u>(4)</u>												
			1		Controlled O	-			-		<u> </u>	
7	. Taxable Income	8. Net unrelate income (loss) (see instructior)		otal of specif yments mad		10. Part of that is inclusion controlling	luded	in the zation's		Deductions directly connected with come in column 10	
(1)							giuss	Incon				
(1) (2)												—
(3)												_
(4)												
Totals							Add colum Enter here line 8, c	and or	Part I,	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B) 0	•
Part	VII Investment I	ncome of a Sect	tion 501	(c)(7) (9) or (17)	Organ	jization (c	oo inct	ructions)		0	<u>•</u>
		ription of income			2. Amou		3. Deductio		4. Set-	asides	5. Total deductio	ns
					incor		directly conne (attach stater	ected	(attach st		(add cols 3 and 4	
(1)												
(2)												
(3)												
(4)					Add amou	unto in					Add amounts in	_
					column 2 here and o	. Enter n Part I,					column 5. Enter here and on Part	r I,
Totals					line 9, colu	umn (A)					line 9, column (E	•
Part	VIII Exploited Ex	xempt Activity In	come	Other T	han Adve		a Income	soo ing	structions)		0	<u>•</u>
1	Description of exploite			5				366 118	5000000			_
2	Gross unrelated busine		e or busin	ess. Enter	r here and o	n Part I.	line 10. colum	n (A)		2		
3	Expenses directly conr											
										3		
4	Net income (loss) from											
	lines 5 through 7									4		
5	Gross income from act									5		
6	Expenses attributable	to income entered on	line 5							6		
7	Excess exempt expense											
	4. Enter here and on P	art II, line 12								7		

Schedule A (Form 990-T) 2022

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	ule A (Form 990-T) 2022				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on	a consolidated basi	is.	
	Α 🗔				
	в				
	c 🗌				
	D				
Entor	amounts for each periodical listed above in the				
	amounts for each periodical listed above in the		В	С	D
•		A	D		
2	Gross advertising income				0.
	Add columns A through D. Enter here and or	Part I, line 11, column (A)			
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or	n Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from li	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	n			
	line 4 showing a loss or zero, do not complet	te			
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
'	line 5, subtract line 6 from line 5. If line 5 is le				
•	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g	reater of the line 8a, columns	total or zero here ar	nd on	0
David	Part II, line 13				0.
Part	X Compensation of Officers, Di	rectors, and trustees	(see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Total	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (si	ee instructions)		· · · · · · · · · · · · · · · · · · ·	
	· · ·	1			

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FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
SUPPLIES		25.
TOTAL TO SCHEDULE A, PAR	T II, LINE 14	25.

990-T SCH	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/20 06/30/21 06/30/22	2,148. 47,863. 30,892.	0. 0. 0.	2,148. 47,863. 30,892.	2,148. 47,863. 30,892.
NOL CARRYO	VER AVAILABLE THIS	YEAR	80,903.	80,903.

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

С

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

Α	Name of the organization
---	--------------------------

Name of the organization	B Employer identification number				
HILLSIDE CHILDREN'S CENTER	16-0743039				
Unrelated business activity code (see instructions) 531120	D Sequence: 2 of 2				

DEBT FINANCED RENTAL INCOME Describe the unrelated trade or business Ε

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7	29,327.	39,733.	-10,406.
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	29,327.	39,733.	-10,406.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

				_	
1	Compensation of officers, directors, and trustees (Part X)	1			
2	Salaries and wages	2			
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7	119,906.		
8	Less depreciation claimed in Part III and elsewhere on return	8a	119,906.	8b	0.
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	Total deductions. Add lines 1 through 14	15	0.		
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	Part I,	line 13,		
	column (C)			16	-10,406.
17	Deduction for net operating loss. See instructions	17	0.		
18	Unrelated business taxable income. Subtract line 17 from line 16			18	-10,406.
LHA	For Paperwork Reduction Act Notice, see instructions.		S	chedu	le A (Form 990-T) 2022

223741 01-16-23

Sabad	10 A (Form 000 T) 2022					2 Dage 2
Part	ule A (Form 990-T) 2022 III Cost of Goods Sold Enter met	hod of inventory valuation	on			Page 2
1	Inventory at beginning of year				1	
2	Purchases				2	
3	Cost of labor				3	
4	Additional section 263A costs (attach statement)				4	
5	Other costs (attach statement)				5	
6	Total. Add lines 1 through 5			····· -	6	
7	Inventory at end of year				7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter				8	
9 Part	Do the rules of section 263A (with respect to property IV Rent Income (From Real Property and				<u>∟</u>	Yes No
		•	-		0	
1	Description of property (property street address, city, s	alate, ZIP Code). Check i	ii a dual-use. See iristr	uctions.		
	в 🗌					
	c 🗌					
	D					
		Α	В	С		D
2	Rent received or accrued					
а	From personal property (if the percentage of					
	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)					
С	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
3 4	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)					0.
5 Part	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s		ine 6, column (B)			0.
1	Description of debt-financed property (street address,			instructions.		
	$\mathbf{A} \ 410 \ \mathbf{ATLANTIC} \ \mathbf{AVENUE}, \ \mathbf{RO}$	CHESTER, NY	14609			
	в					
	c					
	D	Г Г				
		Α	В	C		D
2	Gross income from or allocable to debt-financed	226 420				
•	property	226,428.				
3	Deductions directly connected with or allocable					
	to debt-financed property Straight line depreciation (attach statement) STMT	6 119,906.				
a b	Other deductions (attach statement) STMT 7	186,862.				
b c	Total deductions (add lines 3a and 3b,	100,002.				
C	columns A through D)	306,768.				
4	Amount of average acquisition debt on or allocable					
-	to debt-financed property (attach statement) STMT	8 324,364.				
5	Average adjusted basis of or allocable to debt-	0 011/0011				
Ũ	financed property (attach statement) STMT 9	2,504,366.				
6	Divide line 4 by line 5	12.952%	%		%	%
7	Gross income reportable. Multiply line 2 by line 6	29,327.	/0			,,,
8	Total gross income (add line 7, columns A through D)	· · · ·	t I, line 7, column (A)		I	29,327.
-			, , , , <u>, , , , , , , , , , , , , , , </u>			
9	Allocable deductions. Multiply line 3c by line 6	39,733.				
10	Total allocable deductions. Add line 9, columns A the	rough D. Enter here and	on Part I, line 7, colu	mn (B)		39,733.
11	Total dividends-received deductions included in line	10				0.
223721 (01-16-23	62		Sc	hedule A (F	orm 990-T) 2022

62 2022.05080 HILLSIDE CHILDREN'S CENTE HIL01701

												2
Sched Part	ule A (Form 990-T) 2022 VI Interest, Annu	<u>,</u> lities, Ro	valties, and Re	ents fror	n Control	led Or	ganization	S (se	e instruct	ions)		Page 3
	•••	,	,				Exempt Contro	,		,		
1. Name of controlled organization		d			unrelated 4. Tota		al of specified nents made	5. Pa that is	rt of colur included olling orga	nn 4 in the	con	uctions directly nected with
			number	(see ins	structions)				gross inc		incom	ie in column 5
(1)												
<u>(2)</u>												
(3)												
<u>(4)</u>			No	novomnt (Controlled O	 :aanizati	ions					
	7. Taxable Income	8 N	et unrelated		Controlled Or otal of specif	-	10. Part	of colu	mn Q	11	Deduct	tions directly
		inc	come (loss) instructions)		yments mad		that is inc controlling	luded i	n the ation's		connec	cted with column 10
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and on	Part I, (A)	Ente	er here a	ns 6 and 11. and on Part I, olumn (B)
Totals Part			<u> </u>		0)	<u></u>			0.			0.
Part			of a Section 50	1(C)(7), (ructions)		<u>ст</u>	otal deductions
	1. Desc	cription of ir	icome		2. Amou incon		3. Deduction directly conn (attach state)	ected	4. Set- (attach st	asides atemei	nt) ai	nd set-asides Id cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
					Add amou column 2 here and of line 9, colu	. Enter n Part I,					co her	dd amounts in blumn 5. Enter e and on Part I, e 9, column (B)
Totals						0.						0 •
Part		xempt A	ctivity Income	, Other T	han Adve		gIncome	(see ins	tructions)			
1	Description of exploite		,	,								
2	Gross unrelated busine		from trade or busi	ness. Ente	r here and o	n Part I.	line 10, colum	n (A)		2		
3	Expenses directly con											
	line 10, column (B)									3		
4	Net income (loss) from											
										4		
5	Gross income from act									5		
6	Expenses attributable									6		
7	Excess exempt expense 4. Enter here and on P									7		
	4. Enter here and on P	artii, iirie I	۷							1		

Schedule A (Form 990-T) 2022

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	ule A (Form 990-T) 2022					Page 4
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reportin	ng two or more pe	riodicals on a	consolidated basis	S.	
	Α					
	в 🗌					
	c 🗌					
	D					
Enter a	amounts for each periodical listed above in the	corresponding co	lumn.			
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and or		lumn (A)	•	·	0.
а	C C	, ,	()			
3	Direct advertising costs by periodical					
a	Add columns A through D. Enter here and or	-	lumn (B)	1	1	0.
u	Add columns / through D. Enter here and or	11 are 1, 1110 1 1, 00	(D)			
4	Advertising gain (loss). Subtract line 3 from li	ne				
-	2. For any column in line 4 showing a gain,					
		n				
	complete lines 5 through 8. For any column i					
	line 4 showing a loss or zero, do not complet					
F	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le					
-	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g	reater of the line 8	a, columns t	otal or zero here an	d on	•
Davel	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors, and T	rustees	see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
(2)					%	
(3)					%	
(4)					%	
	. Enter here and on Part II, line 1					0.
Part	XI Supplemental Information (se	ee instructions)				

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990-T SCH A	POST-2017	NET OPERATING	LOSS DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19 06/30/20 06/30/21 06/30/22	23,816. 297. 149. 3,852.	0. 0. 0.	23,816. 297. 149. 3,852.	23,816. 297. 149. 3,852.
NOL CARRYOV	ER AVAILABLE THIS Y	EAR	28,114.	28,114.

FORM 990-T (A)	PART V - UNRELATED DEBT-F	INANCED INCOME	STATEMENT 5
	AVERAGE ACQUISITION	DEBT	

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING
	1	DEBT
BEGINNING FIRST MONTH		349,345.
BEGINNING SECOND MONTH		347,957.
BEGINNING THIRD MONTH		346,569.
BEGINNING FOURTH MONTH		345,181.
BEGINNING FIFTH MONTH		343,793.
BEGINNING SIXTH MONTH		342,406.
BEGINNING SEVENTH MONTH		341,018.
BEGINNING EIGHTH MONTH		339,630.
BEGINNING NINTH MONTH		338,242.
BEGINNING TENTH MONTH		336,854.
BEGINNING ELEVENTH MONTH		335,467.
BEGINNING TWELFTH MONTH		334,079.
TOTAL OF ALL MONTHS		4,100,541.
NUMBER OF MONTHS IN YEAR		12
AVERAGE ACQUISITION DEBT		341,712.

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4

FORM 990-T (A)	PART V - DEPRECIATI	ION DEDUCTION		STATEMENT 6
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION	- SUBTOTAL -		119,906.	119,906.
TOTAL OF FORM 990-T,	SCHEDULE A, PART V,	LINE 3(A)		119,906.

FORM 990-T (A)	PART V	- OTHER	DEDUCTION	S	STATEMENT 7
DESCRIPTION	== •	CTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
POS MAINTENANCE				655.	
SUPPLIES REPAIRS & MAINTENAN(νœ			273. 865.	
UTILITIES	-E			645.	
PERMITS			•	184.	
OFFICE SUPPLIES				378.	
TELEPHONE			•	196.	
REAL ESTATE TAXES			25,	666.	
-	SUBTOTAL -	1	186,	862. 1.00	186,862.
TOTAL OF FORM 990-T	SCHEDULE A,	PART V,	LINE 3(B)		186,862.
FORM 990-T (A)	AVERAGE ACQU ALLOCABLE TO I				STATEMENT 8
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL
	_		<u> </u>	204 264	
AVG ACQUISITION DEB		BTOTAL -	1	324,364.	324,364.
TOTAL OF FORM 990-T	SCHEDULE A,	PART V,	LINE 4		324,364.

FORM 990-T (A) AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 9 DESCRIPTION ACTIVITY NUMBER AMOUNT TOTAL

AVG AI	JJ.	BASIS	OF	PPE		- SUBTOTAL -				1	2,504,366.	2,504,366.
TOTAL	OF	FORM	990-	-т,	SCHEDULE	A,	PART	v,	LINE	5		 2,504,366.