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CLIENT'S COPY



CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

HILLSIDE WORK SCHOLARSHIP CONNECTION 1183 MONROE AVENUE ROCHESTER, NY 14620

HILLSIDE WORK SCHOLARSHIP CONNECTION:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2017 EXEMPT ORGANIZATION RETURNS AND 2018 ESTIMATED TAX WORKSHEET, AS FOLLOWS...

2017 FORM 990

2017 FORM 990-T

2018 FEDERAL ESTIMATED TAX WORKSHEET - FORM 990-T

2017 NEW YORK FORM CHAR500

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

DOPKINS & COMPANY, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2018

Prepared for	
	HILLSIDE WORK SCHOLARSHIP CONNECTION 1183 MONROE AVENUE ROCHESTER, NY 14620
Prepared by	DOPKINS & COMPANY, LLP 200 INTERNATIONAL DR BUFFALO, NY 14221-5794
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 15, 2019.

Form	88	79-	E	0
Form	00	19-		U

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning $\begin{array}{c} JUL 1 \\ \end{array}$, 2017, and ending $\begin{array}{c} JUN & 30 \\ \end{array}$, 20 $\begin{array}{c} 18 \\ \end{array}$

Do not send to the IRS. Keep for your records.

2017

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

Go to www.irs.gov/Form8879EO for the latest information.
Employer identification number

16-1453581

HILLSIDE WORK SCHOLARSHIP CONNECTION

Name and title of officer MARIA CRISTALLI CHIEF EXECUTIVE OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	17,237,188.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	
		_	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize DOPKINS & COMPANY, LLP	to enter my PIN 12345
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2017 electronically filed return. If I have is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organizat indicated within this return that a copy of the return is being filed with a state agency program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature	Date
Part III Certification and Authentication	
	.6617561368 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronica confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Mo <i>e-file</i> Providers for Business Returns.	
ERO's signature MICHOLAS FIUME	Date 05/01/19
ERO Must Retain This Form - See Ins Do Not Submit This Form to the IRS Unless Re	
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2017)

723051 10-11-17

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2017.05050 HILLSIDE WORK SCHOLARSHIP C 61368__1

			EXTENDED TO MAY 15, 20	19		
	Ω	00	Return of Organization Exempt Fre	om l	ncome Tax	OMB No. 1545-0047
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	ode (exc	ept private foundation	¹⁵⁾ 2017
		of the Treasury	Do not enter social security numbers on this form as	-	-	Open to Public
		enue Service	► Go to www.irs.gov/Form990 for instructions and the ar year, or tax year beginning JUL 1, 2017 and end		information. UN 30, 2018	Inspection
				ں aing	1	
B C a	heck if pplicab	le:	forganization		D Employer identific	ation number
	Addre		SIDE WORK SCHOLARSHIP CONNECTION			
	Name Chang				16-14	453581
	Initial			om/suite	E Telephone number	
	Final		MONROE AVENUE			256-7500
	termir ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	17,237,188.
	Amen return		ESTER, NY 14620		H(a) Is this a group re	
	Applio tion pendi	F Name a	nd address of principal officer: MARIA CRYSTALLI		for subordinates	
<u> </u>	-	1183	MONROE AVENUE, ROCHESTER, NY 14620		H(b) Are all subordinates in	
			X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or HILLSIDE • COM	527		list. (see instructions)
			X Corporation Trust Association Other ►	I Voar	H(c) Group exemption	State of legal domicile: NY
		Summary				
	1		be the organization's mission or most significant activities: YOUTH	ADVO	CACY FOR MI	ODLE AND
nce		HIGH SC	HOOL STUDENTS TO INCREASE GRADUATIO	N RA	TES	
irna	2	Check this bo	x if the organization discontinued its operations or disposed	of more	than 25% of its net as	sets.
OVE	3	Number of voting members of the governing body (Part VI, line 1a)				8
ي م	4	Number of inc	Iumber of independent voting members of the governing body (Part VI, line 1b) 4 iotal number of individuals employed in calendar year 2017 (Part V, line 2a) 5			7
Activities & Governance						318
tivit			of volunteers (estimate if necessary)			15
Act			d business revenue from Part VIII, column (C), line 12			<u> </u>
	d d	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		7,116,574.	6,636,313.
Revenue			ce revenue (Part VIII, line 2g)		9,998,732.	10,600,875.
eve			come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
£			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,115,306.	17,237,188.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10)	····	11,000,767.	10,470,208.
Expenses			undraising fees (Part IX, column (A), line 11e)		0.	0.
Ĕ			ing expenses (Part IX, column (D), line 25) b 0	_	6,547,610.	6,479,721.
	17 18		es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)		17,548,377.	16,949,929.
	19		expenses. Subtract line 18 from line 12		-433,071.	287,259.
or		. 107 01 10 10 10 10 10 10 10 10 10 10 10 10			ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)		13,553,489.	11,255,955.
t As: d Be	21		(Part X, line 26)		2,706,207.	852,197.
			fund balances. Subtract line 21 from line 20		10,847,282.	10,403,758.
	art II					
			I declare that I have examined this return, including accompanying schedules an			knowledge and belief, it is
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.	

Sign		Signature of	officer					Date		
Here			CRYSTALLI,	CHIEF	EXECUTIVE	OFFICER				
		<u>, , , , , , , , , , , , , , , , , , , </u>	t name and title		<u> </u>		Date	Ohash	PTIN	
	Prin	it/Type prepar	er's name		Preparer's signature			Check		
Paid	NI	CHOLAS	FIUME		NICHOLAS F	IUME	05/01	· · · · · · · · · · · · · · · · · · ·	P1050147	
Preparer		n's name 🕒	DOPKINS &					Firm's EIN 🕨 🕺	L6-092917	5
Use Only	Firm	n's address ⊾	200 INTERN	ATIONA	L DR					
			BUFFALO, N	Y 1422	1-5794			Phone no.716-	-634-8800	
May the I	RS d	iscuss this re	eturn with the prepare	er shown abo	ve? (see instruction	s)			X Yes	No

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	1 990 (2017) HILLSIDE WORK SCHOLARSHIP CONNECTION rt III Statement of Program Service Accomplishments	16-1453581 Page 2
I U		X
	Check if Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission: PROVIDE YOUTH ADVOCACY FOR MIDDLE AND HIGH SCHOOL STUDE	
	THEM SUCCEED IN SCHOOL, AT WORK, AND AT HOME. A COLLABOR	
	INVOLVING HILLSIDE STAFF, STUDENTS, PARENTS, SCHOOL STA	
	AND WORKSITE MENTORS. STUDENTS ARE RECRUITED AT THE 7TH	
		AND 0111 GRADE
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	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	manurad by avanages
-	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.	
4a	(Code:) (Expenses \$ 14,890,755 · including grants of \$) (Revent	ue \$ 10,600,875.)
τu	YOUTH DEVELOPMENT SERVICES AIMED AT HELPING AT-RISK KID	
	HIGH SCHOOL, VIA JOB PREPARATION AND EXPERIENCE, IN SCHO	
	SUPPORTS, RESEARCH SUPPORTED SUCCESS.	
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses > 14,890,755.	/
		Form 990 (2017)
73200	2 11-28-17	· · · · ·
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Form	000	(0017)
⊢orm	990	(2017)

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
a	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	446		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization report on Part IX, column (A), line 3, more than \$5,000 or 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	15		<u> </u>
10	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,	10		<u> </u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	– "–		
.5	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? <i>If</i> "Yes,"			<u> </u>
	complete Schedule G. Part III	19		x

Form **990** (2017)

732003 11-28-17

Form 990 (2	2017)	HILLSIDE	WORK	SCHOLARSHIP	CONNECTION			
Part IV Checklist of Required Schedules (continued)								

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
274	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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 contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
05-	Part V, line 1	34	Х	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330	l	
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			· ·
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

732004 11-28-17

Form	990 (2017) HILLSIDE WORK SCHOLARSHIP CONNECTION 16-145	3581	Р	age 5		
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a)				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	כ				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?	1c				
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 2a 31	3				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
с	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 solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	a 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?					
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?					
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 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 the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	_				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders 11a	_				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
L	Note. See the instructions for additional information the organization must report on Schedule O.					
a	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 13b	-				
	Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a		<u> </u>		
			1	L		

Form 990 (2017)
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HILLSIDE WORK SCHOLARSHIP CONNECTION

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				[
Sec	tion A. Governing Body and Management				;
			8	Yes	+
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	-		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		7		
	Enter the number of voting members included in line 1a, above, who are independent				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				
	officer, director, trustee, or key employee?		2		_
3	Did the organization delegate control over management duties customarily performed by or under t				
	of officers, directors, or trustees, or key employees to a management company or other person? \ldots			X	_
4	Did the organization make any significant changes to its governing documents since the prior Form			<u> </u>	_
5	Did the organization become aware during the year of a significant diversion of the organization's a				_
6	Did the organization have members or stockholders?		6	X	_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the following:			
а	The governing body?		8a	X	_
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenue Code.)			
				Yes	;
0a	Did the organization have local chapters, branches, or affiliates?		10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	-
14	Did the organization have a written document retention and destruction policy?			X	-
15	Did the process for determining compensation of the following persons include a review and appro-				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				
а	The organization's CEO, Executive Director, or top management official		15a	x	ī
	Other officers or key employees of the organization			x	-
2	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
	taxable entity during the year?		16a		1
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				
D.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org				
			16b		
Sec	exempt status with respect to such arrangements?				-
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY , MD				-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (Section 501(c)(3)s or			-
10	for public inspection. Indicate how you made these available. Check all that apply.		liy) avallar	ле	
		in in Schodula ()			
10		in in Schedule O)	and first		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	connict of interest policy	, anu finar	Cial	
20	statements available to the public during the tax year.	aalea aasturraa 🕕 🕨			
20	State the name, address, and telephone number of the person who possesses the organization's b		56 75	00	_
	MARIA CRISTALLI, PRESIDENT & CHIEF EXECUTIVE OFFIC	CER - 585-2	50-15	00	
	1183 MONROE AVENUE, ROCHESTER, NY 14620		-	. 000	,
			Lorn	1 990	1
32006	5 11-28-17 6		TUIT		

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

X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average	(do	not c	Pos heck	itior more	1 than	one	Reportable	Reportable	Estimated	
	hours per week	box	, unle	ss pe	erson	is bot pr/trus	h an	compensation from	compensation from related	amount of	
	(list any	ctor						the	organizations	other compensation	
	hours for	or dire				ted		organization	(W-2/1099-MISC)	from the	
	related	istee (truste		e	pensa		(W-2/1099-MISC)		organization	
	organizations below	ual tru	ional		ploye	t com /ee				and related organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) SARAH ARMIGNACCO	0.50						_				
DIRECTOR		Х						0.	0.	0.	
(2) HOWARD JACOBSON	0.50										
DIRECTOR		Х						0.	0.	0.	
(3) MILTON SENDER	1.00										
DIRECTOR		Х						0.	0.	0.	
(4) CHRISTOPHER J RICHARDSON	1.00										
DIRECTOR		Х						0.	0.	0.	
(5) JOHN SUMMERS	0.50										
ASSISTANT SECRETARY				Х				0.	0.	0.	
(6) DANIEL WEGMAN	1.00										
TREASURER				Х				0.	0.	0.	
(7) DENNIS RICHARDSON	5.00										
FORMER CEO	35.00			Х				0.	442,743.	15,561.	
(8) PAUL PERROTTO	6.00										
FORMER CFO	34.00			Х				0.	306,284.	26,872.	
(9) ANNE KRESS	1.00								_	_	
CHAIR				Х				0.	0.	0.	
(10) MARIA CRITALLI	5.00										
CHIEF EXECUTIVE OFFICER	35.00			Х				0.	237,271.	19,498.	
(11) KAREN BRODIE	40.00								_		
REGIONAL EXECUTIVE DIRECTOR						Х		133,900.	0.	11,762.	
(12) AUGUSTIN MELENDEZ	32.00										
PRESIDENT	8.00					х		174,705.	37,665.	18,239.	
(13) WANDA COOPER	40.00	1									
REGIONAL EXECUTIVE DIRECTOR						х		100,023.	0.	5,295.	
(14) WAYNE O'CONNOR	40.00	1						100 001			
REGIONAL EXECUTIVE DIRECTOR						X		107,271.	0.	3,336.	
	-										
		1									
				-		-					

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Form 990 (2017)

7

									ONNECTION		4535	81	Page 8
Par			ploy	ees			ghe	st C					
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pei	ition more rson i	than o is botl pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	(F) Estima amour oth	ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	SC)	compen from organiz and re organiza	the ation lated
1b	Sub-total								515,899.	1,023,9	63.	100,	563.
d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0. 515,899.			100,	0. 563.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	SOVe	e) wh	no re	eceived more than \$100),000 of reportab	le		4
												Ye	s No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual							·····			3	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	ə J f	for such individual			4 X	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>					-			-			5	x
Sec	ion B. Independent Contractors											- 1	
1	Complete this table for your five highest control the organization. Report compensation for the organization for the organization of the organizat	-	-								npensati	on from	1
	(A) Name and business	address							(B) Description of s	ervices	Con	(C) npensat	tion
	COMPASS RESOURCES LAKE VIEW PARK, ROCHES	STER, NY	7 1	L46	513	3		ŗ	TUTORING		300,000.		
608	ICAL MOTO SVC OF ROCHE CLINTON AVE , ROCHEST	TER, NY	14	162	20			ŗ	TRANSPORTATI				
150	HESTER BUSINESS ALLIAN STATE STREET, ROCHEST	TER, NY							EMPLOYMENT A	GENCY		194,	504.
895	ANA TOURS INC / G&G TH 5 DARCY ROAD, UPPER MA	ARLBORO	, I	1D	20)75	74		TRANSPORTATI	ON		189,	188.
SUI	L - A - TEACHER, 30 N TE 301, ROCHESTER, NY	14607				Ale -	"					111,	720.
2	Total number of independent contractors (ii \$100,000 of compensation from the organia	-	ot lii	nite	d to		se lis 5	stec	a above) who received n	iore than		001	
											Fc	orm 99() (2017)

8 13160501 758929 61368 2017.05050 HILLSIDE WORK SCHOLARSHIP C 61368__1

Form 990 (20	17) HILLSIDE	WORK	SCHOLARSHIP	CONNECTION
Part VIII	Statement of Revenue			

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1 :	a Federated campaigns	1a	80,000.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
s, G		Fundraising events						
Gift lar ,		Related organizations		6,556,313.				
imi imi		Government grants (contribut						
tior ∍r S	1	All other contributions, gifts, gran	ts, and					
ibu		similar amounts not included abov	ve 1f					
ontr od C	9	Noncash contributions included in lines	1a-1f: \$					
a C		Total. Add lines 1a-1f			6,636,313.			
				Business Code				
rice	2 8	YOUTH DEVELOPMENT SERV	ICES	624100	10,600,875.	10,600,875.		
ver,	1							
ven S	0	-						
gra Re		1 I						
Program Service Revenue	4	All other program service reve						
		Total. Add lines 2a-2f			10,600,875.			
	3	Investment income (including			, , .			
		other similar amounts)						
	4	Income from investment of tax						
	5	Royalties	. <u></u>	►				
			(i) Real	(ii) Personal				
	6 a	a Gross rents						
	I	Less: rental expenses						
		Rental income or (loss)						
	7 8	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	1	Less: cost or other basis						
		and sales expenses Gain or (loss)						
		d Net gain or (loss)						
		Gross income from fundraising						
anue	-	including \$	of					
Other Reven		contributions reported on line	1c). See					
er B		Part IV, line 18	a					
Oth	I	Less: direct expenses	b					
0		Net income or (loss) from func	-	►				
	9 a	a Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		▶				
	10 8	a Gross sales of inventory, less						
		and allowances D Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
)						
	(
		All other revenue						
		Total. Add lines 11a-11d		►				
	12	Total revenue. See instructions.			17,237,188.	10,600,875.	0.	0.
73200	9 11-2	28-17						Form 990 (2017)

9 2017.05050 HILLSIDE WORK SCHOLARSHIP C 61368_1 Part IX Statement of Functional Expenses

HILLSIDE WORK SCHOLARSHIP CONNECTION

Doi	Check if Schedule O contains a respon- not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	8,623,785.	8,623,785.		
7	Other salaries and wages	0,040,700.	0,043,103.		
8	Pension plan accruals and contributions (include	191,992.	191,992.		
^	section 401(k) and 403(b) employer contributions)	851,288.	851,288.		
9	Other employee benefits	803,143.	803,143.		
0	Payroll taxes	000,140.	000,140.		
11	Fees for services (non-employees):	2 059 174		2,059,174.	
a h	Management	2,059,174. 3,380.	3,380.	2,035,1740	
		5,500.	5,500.		
	Accounting				
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	1,487,578.	1,487,578.		
12	Advertising and promotion	685.	1,487,578. 685.		
13	Office expenses	537,243.			
4	Information technology				
15	Royalties				
16	Occupancy	1,524,836.	1,524,836.		
7	Travel	140,138.	140,138.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,407.	4,407.		
20	Interest	12,338.	12,338.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,082.	9,082.		
3	Insurance	134,888.	134,888.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	206 202	206 202		
	RECREATION, WORK ACTIVI	206,202.	206,202.		
b	FOOD SERVICES	204,806.	204,806.		
С	STAFF DEVELOPMENT - REC	128,800.	128,800.		
d	CLOTHING AND LINEN	17,326.	17,326.		
e	All other expenses	8,838.	8,838.	2 050 174	~
25	Total functional expenses. Add lines 1 through 24e	16,949,929.	14,890,755.	2,059,174.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here Given if following SOP 98-2 (ASC 958-720)				

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10 2017.05050 HILLSIDE WORK SCHOLARSHIP C 61368_1

Form **990** (2017)

13160501 758929 61368

HILLSIDE WORK SCHOLARSHIP CONNECTION

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 5,734,907. 3,527,658. 4 4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use 13,327. 7,037. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 45,412. basis. Complete Part VI of Schedule D _____ 10a 31,788. 22,706. 22,706. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 7,773,467. 7,698,554. 15 Other assets. See Part IV, line 11 15 11,255,955. 13,553,489. 16 Total assets. Add lines 1 through 15 (must equal line 34) ... 16 767,916. 17 851,834. 17 Accounts payable and accrued expenses 18 18 Grants payable 166,796. 363. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 1,771,495. Ο. 25 Schedule D 2,706,207. 852,197. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 3,073,815. 3,491,089. 27 Unrestricted net assets 27 7,773,467. 6,662,920. Temporarily restricted net assets 28 28 249,749. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 10,847,282. 10,403,758. Total net assets or fund balances 33 33 13,553,489. 11,255,955. 34 Total liabilities and net assets/fund balances 34

Form **990** (2017)

Form 990 (2017) Part X

Ba	laı	nce	S	he	e	t			
<u>.</u>						~		-	

Form	990 (2017) HILLSIDE WORK SCHOLARSHIP CONNECTION	16-1	<u>453581</u>	Pa	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,23		
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,94		
3	Revenue less expenses. Subtract line 2 from line 1	3			59.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,84	7,2	82.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	3	$\frac{2}{5}$	59.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-76	3,3	42.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	10,40	3,7	58.
Par	t 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 in Schedule				37
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 reviewe	d 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?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X 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			37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			37	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2017)

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SCHEDULE A	
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(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2017
Open to Public Inspection

		of the Treasury nue Service			Attach to Form 990 or F //Form990 for instruction			nformation		Open to Public Inspection
Nan	ne of t	the organizati		00 to www.ii3.go			le latest l	mormation.	Employer	identification number
Nan		ine organizati		GIDE MODE	SCHOLARSHIP	CONNE	CULTON			6-1453581
Do	rt I	Beason			All organizations must co					0-140001
								e instruction	IS.	
	organ		•		For lines 1 through 12, c		,			
1		A church, co	nvention of ch	urches, or association	on of churches described	d in sectic	on 170(b)(1	1)(A)(i).		
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or	a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(ii	ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	l describe	d in sectio	n 170(b)(1)(A	A)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	oed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	ite, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Χ				intial part of its support f				the general	public described in
				omplete Part II.)		0			U	
8		-			(1)(A)(vi). (Complete Par	t II.)				
9					in section 170(b)(1)(A)(ed in coniu	inction with a	a land-orant	college
Ŭ					ulture (see instructions).					
		university:		grant college of agric			name, ong	y, and state c	i the colleg	
10			on that narma	Illy reacives (1) more	than 22 1/20/ of its our	nort from	oontributi	ono mombor	abia faca a	and areas reasints from
10		-		•	e than 33 1/3% of its sup	-			-	-
					ct to certain exceptions,					-
					(less section 511 tax) fr	om busine	esses acqu	lired by the o	rganization	after June 30, 1975.
				mplete Part III.)						
11		-	-	-	ively to test for public sa	•				
12		-	-	-	ively for the benefit of, to				-	
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, ar	nd 12g.	
а		J Type I.As	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	aving
		control or r	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	oported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III fui	nctionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,
		its support	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		7			oorting organization oper				orted organi	ization(s)
					zation generally must sat				-	
					nplete Part IV, Sections					
е		- ·		,	written determination fro				a II. Tyne III	
Ŭ			•		nally integrated support			, iype i, iype	s II, Type III	
f	Ento	-	of supported	ragnizationa			zation.			
			• •	n about the supporte	d organization(a)					
y		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount c	of monetary	(vi) Amount of other
	``	organizatior		(,	(described on lines 1-10	in your governi Yes	ng document?	support (see i	,	support (see instructions)
					above (see instructions))	163				
Tota	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

2017.05050 HILLSIDE WORK SCHOLARSHIP C 61368_1

Schedule A (Form 990 or 990-EZ) 2017 HILLSIDE WORK SCHOLARSHIP CONNECTION 16-1453581 Page 2 Part II

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

Calendar year (of fixed year beginning in) (g) 2013 (g) 2014 (g) 2015 (g) 2016 (g) 2017 (g) 2014 (g) 2015 (g) 2016 (g) 2017 (g) 2014 (g) 2015 (g) 2016 (g) 2016 (g) 2017 (g) 2014 (g) 2015 (g) 2016 (g) 2017 (g) 2014 (g) 2014 (g) 2015 (g) 2016 (g) 2017 (g) 2014 (g) 2016 (g) 2016 (g) 2017 (g) 2014 (g) 2016 (g) 2016 (g) 2016 (g) 2017 (g) 2018 (g) 2018 (g) 2016 (g) 2017 (g) 2014 (g) 2015 (g) 2016 (g) 2017 (g) 2014 (g) 2015 (g) 2017 (g) 2014 (g) 2015 (g) 2017 (g) 2017 (g) 2014 (g) 2015 (g) 2017	Sec	ction A. Public Support						
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Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 HILLSIDE WORK SCHOLARSHIP CONNECTION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(a) 20		(f) Total	
		(a) 2013	(0) 2014	(6) 2015		(e) 20	11		
1	Gifts, grants, contributions, and membership fees received. (Do not	1							
	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	L							
5	The value of services or facilities furnished by a governmental unit to								
	the organization without charge \dots								
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								-
	Public support. (Subtract line 7c from line 6.)								_
	ction B. Total Support								-
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20	017	(f) Total	_
	Amounts from line 6								_
	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								
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
	First five years. If the Form 990 is for	r the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organiza	ation,	
	check this box and stop here	-			-			 	
Sec	ction C. Computation of Publ								_
	Public support percentage for 2017 (column (f))		15			%
16	Public support percentage from 2016					16			%
	ction D. Computation of Inves								/0
	Investment income percentage for 20					17			%
	Investment income percentage for 20					17			%
	133 1/3% support tests - 2017. If the						nd line 1		/0
199									٦
L	more than 33 1/3%, check this box a								
D	33 1/3% support tests - 2016. If the	•			•				٦
~	line 18 is not more than 33 1/3%, che								L
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl					<u>_</u>
3202	23 10-06-17			15	Sch	edule A (F	orm 990	or 990-EZ) 20	17
60)501 758929 61368	20	17.05050	IS HILLSIDE N	WORK SCHOI	LARCH	TPC	61368	1
	,	20.	_,						-

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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, Ioan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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 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.)

732024 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

16

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes

1

No

Schedule A (Form 990 or 990-EZ) 2017 HILLSIDE WORK SCHOLARSHIP CONNECTION 16-1453581 Page 5

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Sec	tion C. Type II Supporting Organizations			
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	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		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	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			
2	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 in (2), did the organization's supported organizations have a			
U	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	·		
'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 government entity (see ins	truction	3)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in</i> Part VI.	3a		
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	3h		

732025 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 HILLSIDE WORK SCHOLARSHIP CONNECTION 16-1453581 Page 6

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

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

Section A - Adju	sted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-te	erm capital gain	1		
2 Recoveries	of prior-year distributions	2		
3 Other gross	s income (see instructions)	3		
4 Add lines 1	through 3	4		
5 Depreciatio	n and depletion	5		
6 Portion of c	operating expenses paid or incurred for production or			
collection c	of gross income or for management, conservation, or			
maintenand	ce of property held for production of income (see instructions)	6		
7 Other expe	nses (see instructions)	7		
8 Adjusted N	let Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Mini	mum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate	fair market value of all non-exempt-use assets (see			
instructions	s for short tax year or assets held for part of year):			
a Average mo	onthly value of securities	1a		
b Average mo	onthly cash balances	1b		
c Fair market	value of other non-exempt-use assets	1c		
d Total (add	lines 1a, 1b, and 1c)	1d		
e Discount o	laimed for blockage or other			
factors (exp	blain in detail in Part VI):			
2 Acquisition	indebtedness applicable to non-exempt-use assets	2		
3 Subtract lin	ne 2 from line 1d	3		
4 Cash deem	ned held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instruc	tions)	4		
5 Net value o	f non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line	e 5 by .035	6		
7 Recoveries	of prior-year distributions	7		
8 Minimum	Asset Amount (add line 7 to line 6)	8		
Section C - Dist	ributable Amount			Current Year
1 Adjusted no	et income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85%	of line 1	2		
3 Minimum a	sset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter great	er of line 2 or line 3	4		
5 Income tax	imposed in prior year	5		
6 Distributat	ble Amount. Subtract line 5 from line 4, unless subject to			
emergency	temporary reduction (see instructions)	6		
	k here if the current year is the organization's first as a non-functiona	ally integra	ated Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

Schedule A (Form 990 or 990 EZ) 2017 HILLSIDE WORK SCHOLARSHIP CONNECTION

га	I ype III Non-Functionally integrated 509	(a)(3) Supporting Org	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Part VI	Form 990 or 990-E		nation -			a add a se							581 Pa
	Supplemental Part IV, Section A,	lines 1	2. 3b. 3c. 4	b. 4c. 5	5a. 6. 9a.	9b. 9c. 1	1a. 11b. a	nd 11c:	Part IV, Se	ection B. li	ines 1 and	2: Part IV.	Section C.
	line 1; Part IV, Sec	tion D, li	nes 2 and 3	3; Part I	V, Sectio	n E, lines	1c, 2a, 2b	o, 3a, ar	nd 3b; Part	V, line 1;	Part V, Sec	tion B, line	e 1e; Part V
	Section D, lines 5, (See instructions.)	6, and 8	; and Part	V, Secti	ion E, line	es 2, 5, an	d 6. Also	comple	te this part	for any a	dditional in	formation.	
													000 57)
32028 10-06-17	7						20			Sch	nedule A (F	orm 990 o	or 990-EZ)

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

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

HILLSIDE	WORK	SCHOLARSHIP	CONNECTION	16-1453581

Organization type (check or	ie).
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**. **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 or 990-EZ), 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, 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 ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name	of	organization

16-1453581

HILLSIDE WORK SCHOLARSHIP CONNECTION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
1	HILLSIDE CHILDREN'S FOUNDATION 1183 MONROE AVENUE ROCHESTER, NY 14620	\$ <u>6,556,313.</u>	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
2	THE UNITED WAY OF BUFFALO & ERIE COUNTY 742 DELAWARE AVENUE BUFFALO, NY 14209	\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		- _ \$	Person Payroll Noncash Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		- _ \$	Person Payroll Noncash Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		- _ \$	Person Payroll Noncash Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		- \$\$	Person Payroll Noncash Complete Part II for noncash contribution

Employer identification number

16-1453581

HILLSIDE WORK SCHOLARSHIP CONNECTION

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

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

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lame of orga	anization		Employer identification number
HTLLST	DE WORK SCHOLARSHIP CC	NNECTION	16-1453581
Part III		tributions to organizations described in	1 section 501(c)(7), (8), or (10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religion	us, charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.)
(a) No	Use duplicate copies of Part III if addition	nal space is needed. I	1
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Turti			
.			
		(e) Transfer of gift	
	Transferee's name, address, a	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
1 4111			
.			
-		(e) Transfer of gift	
F	Transferee's name, address, a	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	
		nd 71D - 4	Deletionship of two of averages to two of averages
-	Transferee's name, address, a		Relationship of transferor to transferee
.			
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.			
·			
Γ		(e) Transfer of gift	
	Transferee's name, address, a	nd 7 ID + 4	Polationship of transform to transform
	11 ansieree 5 näme, audress, a		Relationship of transferor to transferee
.			
23454 11-01 1	17		Schedule B (Form 990, 990-EZ, or 990-PF) (20
723454 11-01-1	17	24	Schedule B (Form 990, 990-EZ, or 990-PF) (2

2017.05050 HILLSIDE WORK SCHOLARSHIP C 61368_1

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Department of the Treasury

Internal Revenue Service

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

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



Name of the organization

HILLSIDE WORK SCHOLARSHIP CONNECTION

Employer identification number 16-1453581

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Acco	ounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir			
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
	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	or donor advisor, or for any other purpose o	conferring	
Par		-	art IV, line	97.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or			
	Protection of natural habitat	Preservation of a certif	ied histori	ic structure
-	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	fied conservation contribution in the form c	of a conse	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			
b				
	Number of conservation easements on a certified historic st			;
d	Number of conservation easements included in (c) acquired			.
2	listed in the National Register			
3	Number of conservation easements modified, transferred, re	eased, extinguished, or terminated by the	organizat	ion during the tax
	year ► Number of states where property subject to conservation ea	exempt is leasted		
4 5	Does the organization have a written policy regarding the pe			
5	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting			
U		, narding of violations, and emoteing const	ervatione	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservat	ion easem	ents during the year
•				
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(n)(4)(B)(i)	
-	and section 170(h)(4)(B)(ii)?	• • •		Yes No
9	In Part XIII, describe how the organization reports conservat			
	include, if applicable, the text of the footnote to the organization	-		
	conservation easements.		-	
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Ot	her Sim	nilar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statem	ent and b	alance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheran	ice of pub	lic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.		
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balan	nce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic service	e, 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 tre		gain, prov	vide
	the following amounts required to be reported under SFAS 1			
а	Revenue included on Form 990, Part VIII, line 1			• \$
	Assets included in Form 990, Part X		🕨	\$
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2017
73205	10-09-17	25		

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2017.05050 HILLSIDE WORK SCHOLARSHIP C 61368__1

Sche	dule D (Form 990) 2017 HILLSID	E WORK SCH	OLARSHI	ΡC	ONNECTIO	ON		16-14	5358	1 _{Pa}	age 2
Pa	t III Organizations Maintaining C	ollections of A	rt, Historic	al Tre	easures, or	Other	^r Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check any	of the	following that a	are a sig	nificant	use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	d	Loan	or excl	hange program	S					
b	Scholarly research	е	Other								
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	n how they fu	ther th	ne organization	's exem	pt purpo	ose in Parl	XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, historic	al treas	sures, or other	similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organizatio	n's co	llection?				Yes		No
Pa	t IV Escrow and Custodial Arrang	gements. Comple	ete if the orga	nizatio	n answered "Ye	es" on F	⁻ orm 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contri	bution	s or other asse	ts not ir	ncluded		-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:								
									Amoun	t	
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		1		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrov	v or cu	ustodial accour	nt liability	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pa	t V Endowment Funds. Complete if										
		(a) Current year	(b) Prior ye		(c) Two years t			ears back	. /		
1a	Beginning of year balance	4,763,400.	4,170		4,233,			33,993.	3	,511,	
b	Contributions	517,741.		572.	,		94,812			130,	
	Net investment earnings, gains, and losses	316,324.	576	,325.	-37,	726.	. 25,176			690,	444.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	429,626.	9	,000.	148,	697.	1	20,763.		98,	459.
f	Administrative expenses										
g	End of year balance	5,167,839.				503.	4,2	33,218.	4	,233,	993.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, col	umn (a	a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment ► 66.34	~~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~									
с	Temporarily restricted endowment 3										
	The percentages on lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are	held ai	nd administere	d for the	e organiz	ation	г		
	by:									Yes	No
	(i) unrelated organizations								3a(i)	v	X
									3a(ii)	X X	
b	If "Yes" on line 3a(ii), are the related organiza								3b	Δ	
	Describe in Part XIII the intended uses of the		wment funds								
Pa	t VI Land, Buildings, and Equipm						10				
	Complete if the organization answered							.			
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Boo	k value	e
		basis (investr	nent)	Dasis ((other)	depr	eciation				
	Land										
	Buildings				F 110		<u></u>		<u> </u>	<u>, </u>	06
	Leasehold improvements			4	5,412.		22,7		Δ.	2,7	00.
	Equipment										
	Other								0	0 7	06
Tota	Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column (B)	line 1	0c.)					2,7	
								Schedule	D (Forn	n 990)	2017

Schedule	D (Form 990) 2017	HILLSIDE WO	RK SCHOLARSH	IP CONNECTION	16-1453581 Page 3
Part VI	I Investments -	Other Securities.			
	Complete if the org	ganization answered "Yes"	on Form 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.	
(a) Desci	ription of security or cate	GOTY (including name of security)	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
(1) Finan	cial derivatives				
(2) Close		3			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col.	. (b) must equal Form 990	0, Part X, col. (B) line 12.) 🕨			
Part VI	II Investments -	Program Related.			
	Complete if the org	ganization answered "Yes"	on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.	
	(a) Description of	finvestment	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
		0, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.				
	Complete if the org			e 11d. See Form 990, Part X, line 15.	1
		• •	Description		(b) Book value
		NTEREST IN NE	T ASSETS OF	HILLSIDE CHILDREN'S	
	OUNDATION				6,912,669.
	NTERAFFILIA	TE RECEIVALES	– NET		785,885.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)			4.5. \		
Part X		orm 990, Part X, col. (B) lin	e 15.)		▶ 7,698,554.
FailA			on Form 000 Dort IV/ lin	a 11a av 11f Cao Farm 000 Davt V lin	o 05
	-	escription of liability	on Form 990, Part IV, IIn	e 11e or 11f. See Form 990, Part X, line (b) Book value	e 25.
<u>1.</u>					
	ederal income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8) (9)					
	lumn (h) must equal F	orm 990, Part X, col. (B) lin	<u>25)</u>		
· · · ·	() (, , , ,	, ,	to the organization's financial stateme	nts that reports the
				k here if the text of the footnote has b	
Jigan	Laton o hability for un	sontain tax positions under			

Schedule D	(Form 9	90) 2017

732053 10-09-17

Sche	edule D (Form 990) 2017 HILLSIDE WORK SCHOLARSHIP (CONNE	CTION	16-	1453581 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per R	eturı	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	10,680,875.
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				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	10,680,875.
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	4a			
b	Other (Describe in Part XIII.)	4b	6,556,313.		
с	Add lines 4a and 4b			4c	6,556,313.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	17,237,188.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme			Retu	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wi	ith Expenses per		irn.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	ith Expenses per	Retu 1	
	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	ith Expenses per		irn.
1	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents Wi	ith Expenses per		irn.
1 2	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wi	ith Expenses per		irn.
1 2 a	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents Wi	ith Expenses per		irn.
1 2 a b	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	ith Expenses per		irn.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ith Expenses per	1 2e	ırn. 16,949,929. 0.
1 2 b c d	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	ith Expenses per	1	irn.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ith Expenses per	1 2e	ırn. 16,949,929. 0.
1 2 b c d e 3	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	ith Expenses per	1 2e	ırn. 16,949,929. 0.
1 2 3 4 3 4	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	ith Expenses per	1 2e	ırn. 16,949,929. 0.
1 2 3 4 3 4 5	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents Wi 2a 2b 2c 2d 4a 4b	ith Expenses per	1 2e 3 4c	ırn. 16,949,929. 0. 16,949,929. 0.
1 2 d c 3 4 a b c 5	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents Wi 2a 2b 2c 2d 4a 4b	ith Expenses per	1 2e 3	ırn. 16,949,929. 0.

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

THE FOUNDATION UNTIL USED TO FURTHER THE MISSIONS OF HILLSIDE CHILDREN'S

FOUNDATION'S SUPPORTED ORGANIZATIONS.

PART X, LINE 2:

IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN FOR INCOME TAX PURPOSES

WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE

OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN

OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED. THE

CENTER IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS.

732054 10-09-17

Schedule D (Form 990) 2017

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2017.05050 HILLSIDE WORK SCHOLARSHIP C 61368__1

Schedule D (Form 990) 2017 HILLSIDE WORK SCHO Part XIII Supplemental Information (continued)	LARSHIP CONNECTION	16-1453581 Page 5
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
GRANTS FROM AFFILIATES		6,556,313.
		0-h-d-d- D (F
732055 10-09-17	29	Schedule D (Form 990) 2017
	<u> </u>	

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	17	/		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		LU				
Depa	tment of the Treasury	Attach to Form 990.		Open to				
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nan	e of the organizatio			ver identification num				
		HILLSIDE WORK SCHOLARSHIP CONNECTION	16-1	45358	1			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or o	, i i i i i i i i i i i i i i i i i i i						
	Travel for com							
		ation and gross-up payments						
	Discretionary	spending account Personal services (such as, maid, chauffe	ur, chet)					
Ŀ	If any of the have-	on line to are obsolved, did the experimetion follow a written relieve resulting resulting						
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		46				
2		provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2				
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's					
•		ector. Check all that apply. Do not check any boxes for methods used by a related organization						
		ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation							
		compensation consultant X Compensation survey or study						
	X Form 990 of o		committee					
		, , , , , , , , , , , , , , , , ,						
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re							
а	Receive a severand	e payment or change-of-control payment?		4a		X		
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b	Х			
С	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
		:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	contingent on the r							
а	The organization?			5a		X		
b		ation?		5b		X		
~		or 5b, describe in Part III.						
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	contingent on the r					v		
		·····				X X		
b		ation?		6b				
7		or 6b, describe in Part III.						
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment		-		x		
0		nes 5 and 6? If "Yes," describe in Part III		7		- 21		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to a		8		x		
9		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III						
3				9				
		ו 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 900	017		
			Junea			, 2017		

TION 16-1453581

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DENNIS RICHARDSON	(i)	0.	0.	0.	0.	0.		0.
FORMER CEO	(ii)	442,743.	0.	0.	0.	15,561.	458,304.	0.
(2) PAUL PERROTTO	(i)	0.	0.	0.	0.	0.		0.
FORMER CFO	(ii)	306,284.	0.	0.	14,768.	12,104.	333,156.	0.
(3) MARIA CRITALLI	(i)	0.	0.	0.	0.	0.		0.
CHIEF EXECUTIVE OFFICER	(ii)	237,271.	0.	0.	7,421.	12,077.		0.
(4) AUGUSTIN MELENDEZ	(i)	174,705.	0.	0.	4,591.	5,654.	184,950.	0.
PRESIDENT	(ii)	37,665.	0.	0.	990.	7,004.	45,659.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 **2017** Open to Public Inspection

Internal Revenue Service Name of the organization

 HILLSIDE WORK SCHOLARSHIP CONNECTION
 Employer identification number

 16-1453581

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

LEVEL BASED UPON SCHOOL STAFF RECOMMENDATIONS AND OTHER PROGRAM

CRITERIA. THE PROGRAM INCREASES THE GRADUATION RATE FROM HIGH SCHOOL.

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

AS AN AFFILIATE OF HILLSIDE FAMILY OF AGENCIES, CERTAIN EXECUTIVE LEVEL

FUNCTIONS ARE DELEGATED TO THE PARENT COMPANY. THESE INCLUDE FINANCIAL

MANAGEMENT, HUMAN RESOURCES, MARKETING, AND BUSINESS INTELLIGENCE. DAILY

OPERATIONAL MANAGEMENT, SERVICE DELIVERY, REGULATORY COMPLIANCE, HIRING AND

FIRING OF PERSONNEL, QUALITY OF SERVICE, RISK MANAGEMENT, AND BUDGET

MANAGEMENT ARE THE RESPONSIBILITY OF THE AFFILIATE ORGANIZATION.

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

HILLSIDE FAMILY OF AGENCIES, THE PARENT ORGANIZATION, IS THE SOLE CORPORATE MEMBER OF THE ORGANIZATION.

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

THE BY-LAWS STATE THAT THE SOLE MEMBER, HILLSIDE FAMILY OF AGENCIES, CAN

APPOINT OR REMOVE BOARD MEMBERS.

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

HILLSIDE FAMILY OF AGENCIES HAS RESERVED POWERS TO APPROVE DECISIONS OF THE BOARD ON EXISTENTIAL MATTERS.

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

THE CHIEF FINANCIAL OFFICER AND THE HILLSIDE FAMILY OF AGENCIES' AUDIT

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

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2017.05050 HILLSIDE WORK SCHOLARSHIP C 61368__1

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 THE PARENT ORGANIZATION, HILLSIDE FAMILY OF AGENCIES, 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 ORGANIZATION. 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 ORGANIZATION'S FORM 990 IS POSTED TO ITS WEBSITE. IN ADDITION, THE
RETURN AND OTHER DOCUMENTS OPEN FOR PUBLIC INSPECTION ARE AVAILABLE UPON
WRITTEN REQUEST OR IN PERSON. REQUESTS FOR GOVERNING INSTRUMENTS, FINANCIAL
STATEMENTS AND CONFLICT OF INTEREST POLICY ARE CONSIDERED UPON REQUEST.
732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017
34 13160501 758929 61368 2017.05050 HILLSIDE WORK SCHOLARSHIP C 61368 1
13100301 /30929 01300 Z01/.03030 HILLSIDE WORK SCHOLARSHIP C 01300_1

Name of the organization

HILLSIDE WORK SCHOLARSHIP CONNECTION

FORM 990, PART VII, SECTION A, COLUMN B

THE ORGANIZATION IS RELATED TO THE HILLSIDE FAMILY OF AGENCIES (THE "CORPORATION") AND ITS AFFILIATES (COLLECTIVELY, THE "SYSTEM") THE SYSTEM CONSTITUTES A COMPREHENSIVE SYSTEM OF CARE, OFFERING MENTAL HEALTH, SOCIAL SERVICES, DEVELOPMENTAL DISABILITY, YOUTH DEVELOPMENT, ADOPTION, AND EDUCATIONAL SERVICES IN NEW YORK, MARYLAND AND THE DISTRICT OF COLUMBIA. THE CORPORATION IS A NOT-FOR-PROFIT CORPORATION THAT REVIEWS AND MONITORS THE MISSIONS, OBJECTIVES, ACTIVITIES, AND RESOURCES OF ITS AFFILIATES FOR THE PURPOSE OF PROMOTING EFFICIENT, EFFECTIVE, AND ECONOMICAL SOCIAL, EDUCATIONAL, AND MENTAL HEALTH SERVICES TO CHILDREN, YOUTH, AND FAMILIES IN ITS SERVICE AREA. THE CORPORATION IS A FINANCIALLY INTERRELATED ENTITY AND THE SOLE CORPORATE MEMBER OF THE ORGANIZATION, AND PROVIDES CERTAIN OPERATING AND ADMINISTRATIVE SERVICES TO THE ORGANIZATION AND OTHER RELATED ENTITIES. THE COSTS OF THESE SERVICES ARE ALLOCATED TO THE RECEIVING ENTITIES BASED UPON COST STUDIES AND/OR ACTUAL AMOUNTS INCURRED.

THE FOLLOWING IS AN ESTIMATE OF TIME DEVOTED AMONG ALL ENTITIES FOR
INDIVIDUALS REPORTED IN PART VII - SECTION A:
1. DENNIS RICHARDSON, FORMER CEO - HILLSIDE FAMILY OF AGENCIES - 20
HOURS, HILLSIDE CHILDREN'S CENTER - 6 HOURS, SNELL FARM CHILDREN'S
CENTER - 2 HOURS, HILLSIDE WORK SCHOLARSHIP CONNECTION - 5 HOURS,
HILLSIDE CHILDREN'S FOUNDATION - 5 HOURS, AND STILLWATER CHILDREN'S
CENTER - 2 HOURS.
2. PAUL PERROTTO, FORMER CFO & STRATEGIC DEVELOPMENT OFFICER - HILLSIDE
FAMILY OF AGENCIES - 18 HOURS, HILLSIDE CHILDREN'S CENTER - 4 HOURS,
SNELL FARM CHILDREN'S CENTER - 2 HOURS, HILLSIDE WORK SCHOLARSHIP
732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017) 35

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2017.05050 HILLSIDE WORK SCHOLARSHIP C 61368_1

Schedule O (Form 990 or 990-EZ) (2017)		Page 2
Name of the organization HILLSIDE WORK	SCHOLARSHIP CONNECTION	Employer identification number 16-1453581
CONNECTION - 6 HOURS, HILLS	IDE CHILDREN'S FOUNDATION - 8	HOURS, AND
STILLWATER CHILDREN'S CENTE	R - 2 HOURS.	
3. MARIA CRISTALLI, CHIEF	EXECUTIVE OFFICER - HILLSIDE F	FAMILY OF
AGENCIES - 20 HOURS, HILLSI	DE CHILDREN'S CENTER - 6 HOURS	5, SNELL FARM
CHILDREN'S CENTER - 2 HOURS	, HILLSIDE WORK SCHOLARSHIP CO	ONNECTION - 5
HOURS, HILLSIDE CHILDREN'S	FOUNDATION - 5 HOURS, AND STIL	LWATER
CHILDREN'S CENTER - 2 HOURS	•	
4. AUGUSTIN MELENDEZ, PRESI	DENT - HILLSIDE FAMILY OF AGEN	NCIES- 8,
HILLSIDE WORK SCHOLORSHIP C	ONNECTION - 32.	
FORM 990, PART XI, LINE 9,	CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTERE	ST IN NET ASSETS OF HILLSIDE	
CHILDREN'S FDN		-860,798.
PENSION RELATED CHANGES OTH	ER THAN NET PERIODIC PENSION	
COST		97,456.
TOTAL TO FORM 990, PART XI,	LINE 9	-763,342.
FORM 990, PART XII - FINANC	IAL STATEMENTS AND REPORTING,	LINE 3A AND 3B
THE ORGANIZATION RECEIVES F	EDERAL AWARDS AND IS REQUIRED	TO HAVE AN
AUDIT THAT IS PERFORMED IN .	ACCORDANCE WITH THE FOLLOWING:	GENERALLY
ACCEPTED AUDITING STANDARDS	, GOVERNMENTAL AUDITING STANDA	ARDS, THE
SINGLE AUDIT ACT AND UNIFOR	M ADMINISTRATIVE REQUIREMENTS,	, COST
PRINCIPLES, AND AUDIT REQUI	REMENTS FOR FEDERAL AWARDS AT	2 CFR
200(UNIFORM GUIDANCE). AS A	LLOWED UNDER THE AFOREMENTIONS	ED STANDARDS,
THIS AUDIT WAS PERFORMED ON	A CONSOLIDATED BASIS FOR ALL	ENTITIES UNDER
COMMON CONTROL OF THE HILLS	IDE FAMILY OF AGENCIES THAT RE	ECEIVE FEDERAL
FUNDS.		
732212 09-07-17	Sche 36	dule O (Form 990 or 990-EZ) (2017)
160501 758929 61368	2017.05050 HILLSIDE WORK SCHO	LARSHIP C 613681

ame of the organization	UTITOTOR WOR		CONNECTON	Employer identification nu 16-1453581
	HILLSIDE WOR	K SCHOLARSHIP	CONNECTION	10-1453581
				Schedule O (Form 990 or 990-EZ)

SCHEDULE	R
(= 000)	

(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

2017 Open to Public Inspection

 $\begin{array}{c} \text{Employer identification number} \\ 16-1453581 \end{array}$

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

Name of the organization

HILLSIDE WORK SCHOLARSHIP CONNECTION

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	le (state or Exempt Code Public charity Direct controlling		Direct controlling	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
HILLSIDE CHILDREN'S CENTER - 16-0743039							
1183 MONROE AVENUE	EDUCATIONAL SERVICES FOR						
ROCHESTER, NY 14620	SPECIAL NEEDS CHILDREN	NEW YORK	501(C)(3)	LINE 7	N/A		X
HILLSIDE CHILDREN'S FOUNDATION - 16-1493404							
1183 MONROE AVENUE							
ROCHESTER, NY 14620	RAISE FUNDS FOR AFFILIATES	NEW YORK	501(C)(3)	LINE 12B, II	N/A		X
HILLSIDE FAMILY OF AGENCIES - 16-1493407							
1183 MONROE AVENUE	SUPPORT SERVICES TO			LINE 12D,			
ROCHESTER, NY 14620	AFFILIATES	NEW YORK	501(C)(3)	III-O	N/A		X
SNELL FARM CHILDREN'S CENTER - 16-1199261							
1183 MONROE AVENUE	RESIDENTIAL TREATMENT FOR						
ROCHESTER, NY 14620	TEENAGE BOYS	NEW YORK	501(C)(3)	LINE 7	N/A		X

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

Schedule R (Form 990) 2017

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section S contr organiz	g) 512(b)(13) rolled zation? No
STILLWATER CHILDREN'S CENTER - 16-1415435						Tes	
1183 MONROE AVENUE	RESIDENTIAL TREATMENT FOR						
ROCHESTER, NY 14620		NEW YORK	501(C)(3)	LINE 7	N/A		x
	-						
	7						
	7						
	7						
	7						
	_						
	_						
	4						
	4						
							1

Schedule R (Form 990) 2017 HILLSIDE WORK SCHOLARSHIP CONNECTION

16-1453581 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	n)	(i)	(j)	(k)
lame, 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	income end-of-year amount in box railocations? 20 of Schedule		manag partn			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
]										
	1										
	-										
	-										
	4										
	4										

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	Sec 512(cont en	(i) ection (b)(13) trolled ntity?
		country)		01 (1030)		455015		Yes	No
									<u> </u>
									+
									+

Schedule R (Form 990) 2017 HILLSIDE WORK SCHOLARSHIP CONNECTION

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this sch	edule.				_		Yes	No
During the tax year, did the organization engage in any of the follow	ring transaction	s with one or more r	elated organizations listed	in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a c	controlled entity	/				1a		Х
b Gift, grant, or capital contribution to related organization(s)						1b		X
c Gift, grant, or capital contribution from related organization(s)						1c	Х	
d Loans or loan guarantees to or for related organization(s)						1d		X
e Loans or loan guarantees by related organization(s)						1e		X
f Dividends from related organization(s)						1f		X
g Sale of assets to related organization(s)						1g		X
h Purchase of assets from related organization(s)						1h		Σ
i Exchange of assets with related organization(s)						1i		Σ
j Lease of facilities, equipment, or other assets to related organizatio						1j		X
k Lease of facilities, equipment, or other assets from related organiza	tion(s)					1k		X
I Performance of services or membership or fundraising solicitations	for related orga	anization(s)				11		Σ
m Performance of services or membership or fundraising solicitations	by related orga	nization(s)				1m	Х	
n Sharing of facilities, equipment, mailing lists, or other assets with re						1n	Х	
o Sharing of paid employees with related organization(s)						10	Х	
p Reimbursement paid to related organization(s) for expenses						1p	х	
q Reimbursement paid by related organization(s) for expenses						1q	Х	
r Other transfer of cash or property to related organization(s)						1r		2
s Other transfer of cash or property from related organization(s)						1s		2
If the answer to any of the above is "Yes," see the instructions for in								
			(a)	÷	(d)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
_(6)	41		

Schedule R (Form 990) 2017 HILLSIDE WORK SCHOLARSHIP CONNECTION

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)	· · ·		1	(f)	(g)	0	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	e Are partners 501(c orgs	all	Share of			opor-	Code V-UBI	General o	
of entity	T findary doctivity	(state or foreign	(related, unrelated,	501 (c	s sec. :)(3)	total	end-of-year	tion	opor- nate tions?	amount in box 20	managin	ownership
,		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs Yes	<u>3.7</u>	income	assets	alloca	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		-
		,,		Yes	NO			Yes	NO		Yes NC	<u>'</u>
												1
				+					-			1

Schedule R (Form 990) 2017

	(Form 990) 2017
Part VII	Supplement

art VII	Supplemer	ntal Infoi	mation.
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Provide additional information for responses to questions on Schedule R. See instructions.

732165 09-11-17

2018 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

FOR THE YEAR ENDING

JUNE 30, 2019

Prepared for	
	HILLSIDE WORK SCHOLARSHIP CONNECTION 1183 MONROE AVENUE ROCHESTER, NY 14620
Prepared by	DOPKINS & COMPANY, LLP 200 INTERNATIONAL DR BUFFALO, NY 14221-5794
Amount of tax	Total Estimated Tax \$ 1,160 Less credit from prior year \$ 0 Less amount already paid on 2018 estimate \$ 0 Balance due \$ 1,160 Payable in full or in installments as follows: \$ 1,160
	Installment Amount Due Date No. 1 \$ 290 OCTOBER 15, 2018 No. 2 \$ 290 DECEMBER 17, 2018 No. 3 \$ 290 MARCH 15, 2019 No. 4 \$ 290 JUNE 17, 2019
Make check payable to	PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS).
Mail voucher and check (if applicable) to	NOT APPLICABLE
Special Instructions	

Form	000 141	IDE WORK SCHO Estimated	Тах	on Unrelate	ed Business	16-145 Taxable ions		1 OMB No. 1545-0976
•	r ksheet) tment of the Treasury al Revenue Service	Go to www.i	rs.gov	r Tax-Exemp restment Income for F //F990W for instruction ords. Do not send to	ons and the latest info	ormation.	т	2018
1	Unrelated business taxabl	e income expected in the tax y	ear				1	
2	Tax on the amount on lin	e 1. See instructions for tax co	omputa	tion			2	
3	Alternative minimum tax f	or trusts. See instructions					3	
4	Total. Add lines 2 and 3 $_{\rm}$						4	
5	Estimated tax credits. See	instructions					5	
6	Subtract line 5 from line 4						6	
7	Other taxes. See instruction	ns					7	
8	Total. Add lines 6 and 7 $_{\rm}$						8	
9	Credit for federal tax paid	on fuels. See instructions					9	
10a		. Note: If less than \$500, the o Private foundations, see instruc	-					
	zero or the tax year was fo and enter the amount from		is line	- 		1,148.		
с 		er the smaller of line 10a or line					10c	1,160.
				(a)	(b)	(c)		(d)
11	Installment due dates. Se	e instructions	11	10/15/18	12/17/18	03/15/1	9	06/17/19
12	Required installments. E columns (a) through (d). the organization uses the installment method, the ad	But see instructions if annualized income						
	installment method, or is a	-	12	290.	290.	2	90.	290.
13	2017 Overpayment. See i	nstructions	13					
14 LHA		ne 13 from line 12) on Act Notice, see instructior	14	290.	290.	2	90.	290 • Form 990-W (2018)

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2018

Prepared for	
	HILLSIDE WORK SCHOLARSHIP CONNECTION 1183 MONROE AVENUE ROCHESTER, NY 14620
Prepared by	DOPKINS & COMPANY, LLP 200 INTERNATIONAL DR BUFFALO, NY 14221-5794
Amount due or refund	BALANCE DUE OF \$1,148
Make check payable to	PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS).
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	MAY 15, 2019
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

	NOTICE 2018-100											
Form 990-T	Exempt Organization Business Income Tax Retur	'n∟	OMB No. 1545-0687									
	(and proxy tax under section 6033(e))	(and proxy tax under section 6033(e))										
	For calendar year 2017 or other tax year beginning $\underline{JUL} 1$, 2017 , and ending $\underline{JUN} 30$, 20	18	2017									
Department of the Treasury	► Go to www.irs.gov/Form990T for instructions and the latest information.											
Internal Revenue Service	► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).											
A Check box if address changed	Name of organization (Check box if name changed and see instructions.)	(Employ	ver identification number yees' trust, see									
	Print HILLSIDE WORK SCHOLARSHIP CONNECTION											
B Exempt under section \mathbf{X} 501(c)(3)			5-1453581 ed business activity codes									
408(e) 220(e)	or Number, street, and room or suite no. If a P.O. box, see instructions. Type 1183 MONROE AVENUE		structions.)									
		-										
	408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) ROCHESTER, NY 14620											
C Book value of all assets	F Group exemption number (See instructions.)											
^{at end of year} 11,255,9	F Group exemption number (See instructions.) 55. G Check organization type X 501(c) corporation 501(c) trust 401(a)	a) trust	Other trust									
H Describe the organization	n's primary unrelated business activity. TAX REFORM ACT PARKING											
I During the tax year, was	the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Yes	X No									
	and identifying number of the parent corporation. 🕨											
	▶ MARIA CRISTALLI, PRESIDENT & CHIEFTelephone number ▶											
Part I Unrelate	d Trade or Business Income (A) Income (B) Expense	es	(C) Net									
1 a Gross receipts or sale												
b Less returns and allow												
	2											
3 Gross profit. Subtract												
	ne (attach Schedule D) 4a 4797, Part II, line 17) (attach Form 4797) 4b											
	4797, Part II, Inte 177 (attach Point 4797) 40 1 for trusts 4c											
	artnerships and S corporations (attach statement) 5											
	ile C)											
7 Unrelated debt-financ	zed income (Schedule E) 7											
	yalties, and rents from controlled organizations (Sch. F) 8											
9 Investment income of	f a section 501(c)(7), (9), or (17) organization (Schedule G) 9											
	vity income (Schedule I) 10											
11 Advertising income (S	Schedule J) 11											
```	structions; attach schedule) STATEMENT 1 12 7, 392.		7,392.									
	3 through 12		7,392.									
	<b>INS Not Taken Elsewhere</b> (See instructions for limitations on deductions.) contributions, deductions must be directly connected with the unrelated business income.)											
	ficers, directors, and trustees (Schedule K)	14										
	nance											
	dule)											
20 Charitable contributi	ions (See instructions for limitation rules)	20										
	Form 4562) 21											
22 Less depreciation cla	aimed on Schedule A and elsewhere on return <b>22a</b>	22b										
	erred compensation plans											
25 Employee benefit pro	ograms	25										
26 Excess exempt expe	nses (Schedule I)	26										
	osts (Schedule J) ttach schedule)											
	dd lines 14 through 28		0.									
30 Unrelated business t	taxable income before net operating loss deduction. Subtract line 29 from line 13	30	7,392.									
	eduction (limited to the amount on line 30)											
	taxable income before specific deduction. Subtract line 31 from line 30		7,392.									
	Generally \$1,000, but see line 33 instructions for exceptions)		1,000.									
	taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or											
		34	6,392.									
723701 01-22-18 LHA F	or Paperwork Reduction Act Notice, see instructions. 46		Form <b>990-T</b> (2017)									
	40											

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Form 990-T			LARSHIP CONNECTIO	N	16-14	53581	Page 2
Part I		Tax Computation					
35	Orga	nizations Taxable as Corporations. See instru	uctions for tax computation.				
	Contr	rolled group members (sections 1561 and 156	63) check here 🕨 🔝 See instructio	ons and:			
а	Enter	your share of the \$50,000, \$25,000, and \$9,9	25,000 taxable income brackets (in that	t order):			
	(1)	\$ (2) \$	(3) \$				
b	Enter	organization's share of: (1) Additional 5% tax	(not more than \$11,750) \$				
	( <b>2</b> ) A	dditional 3% tax (not more than \$100,000) $\ldots$	\$				
C	Incor	ne tax on the amount on line 34	SEE S'	TATEMEN	Г2 🕨	► 35c	1,148.
		ts Taxable at Trust Rates. See instructions for					
		Tax rate schedule or Schedule D (For	rm 1041)		►	36	
37		y tax. See instructions				37	
38	Alterr	native minimum tax				38	
39	Tax o	on Non-Compliant Facility Income. See instru	ctions			. 39	
40	Total	I. Add lines 37, 38 and 39 to line 35c or 36, wh	ichever applies			. 40	1,148.
Part I	V   -	Tax and Payments					
41a	Forei	gn tax credit (corporations attach Form 1118;	trusts attach Form 1116)	41a			
b	Other	credits (see instructions)		41b			
C	Gene	ral business credit. Attach Form 3800		41c			
		t for prior year minimum tax (attach Form 880					
е	Total	credits. Add lines 41a through 41d				. 41e	
42	Subtr	ract line 41e from line 40				. 42	1,148.
43	Other	r taxes. Check if from: 🗌 Form 4255 📃	Form 8611 Form 8697 For	rm 8866 🔲 (	ther (attach schedule)	) 43	
44	Total	tax. Add lines 42 and 43				. 44	1,148.
45 a	Paym	nents: A 2016 overpayment credited to 2017					
		estimated tax payments					
C	Tax d	leposited with Form 8868		45c			
d	Forei	gn organizations: Tax paid or withheld at sourc	ce (see instructions)	45d			
		up withholding (see instructions)					
		t for small employer health insurance premiun					
		r credits and payments: 🛛 🗌 Fo	orm 2439				
		Form 4136 Ot	ther Total	► 45g			
46	Total	payments. Add lines 45a through 45g				. 46	
47	Estim	nated tax penalty (see instructions). Check if Fo	orm 2220 is attached 🕨 🔲			. 47	
48	Tax o	<b>Jue.</b> If line 46 is less than the total of lines 44 a	nd 47, enter amount owed		►	48	1,148.
49	Over	payment. If line 46 is larger than the total of lir	nes 44 and 47, enter amount overpaid		►	49	
		the amount of line 49 you want: Credited to 2			Refunded 🕨 🕨	► 50	
Part V	/ !	Statements Regarding Certain	Activities and Other Inform	nation (see ii	nstructions)		
51	At an	y time during the 2017 calendar year, did the c	organization have an interest in or a sigr	nature or other a	uthority		Yes No
	over	a financial account (bank, securities, or other)	in a foreign country? If YES, the organized	zation may have	to file		
	FinCE	EN Form 114, Report of Foreign Bank and Final	ncial Accounts. If YES, enter the name c	of the foreign cou	intry		
	here	▶					X
52	Durin	ig the tax year, did the organization receive a d	istribution from, or was it the grantor of	i, or transferor to	, a foreign trust?		Х
	If YES	S, see instructions for other forms the organiza	ation may have to file.				
53	Enter	the amount of tax-exempt interest received or	accrued during the tax year $\triangleright$ \$				
~	U	nder penalties of perjury, I declare that I have examined prect, and complete. Declaration of preparer (other that	d this return, including accompanying schedule n taxpaver) is based on all information of which	s and statements, a preparer has any k	and to the best of my kinned to the best of my kinned are.	nowledge and belie	f, it is true,
Sign		rrect, and complete. Declaration of preparer (other than	•		rive [	May the IRS discus	ss this return with
Here			OFFI	CER		the preparer shown	
		Signature of officer	Date Title			instructions)?	Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid					self- employe		
Prepa	rer		NICHOLAS FIUME	05/01/2	19		01475
Use O		Firm's name ► DOPKINS & CO			Firm's EIN	▶ 16-0	929175
	,		ATIONAL DR				
		Firm's address 🕨 BUFFALO , N	<u>Y 14221-5794</u>		Phone no.	716-634	
						Forr	n <b>990-T</b> (2017)

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#### Form 990-T (2017) HILLSIDE WORK SCHOLARSHIP CONNECTION 16-1453581

Schedule A - Cost of Good	s Sold. Enter	method of inver	tory v	aluation 🕨 N/A					
1 Inventory at beginning of year				Inventory at end of yea			6		
2 Purchases				Cost of goods sold. Su					
3 Cost of labor			1	from line 5. Enter here					
4a Additional section 263A costs			1	line 2			7		
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					Ye	s No
<b>b</b> Other costs (attach schedule)									
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty)	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				2(a) Deductions directly		ated with the incom	a in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	bersona	sonal property (if the percenta property exceeds 50% or if sed on profit or income)		<b>3(a)</b> Deductions directly columns 2(a) a		(attach schedule)	ie in
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	►			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Del	bt-Financed	I Income (see	instru	ictions)	_				
				2. Gross income from		<ol> <li>Deductions directly cor to debt-finant</li> </ol>			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)			(b) Other deduct (attach schedu	
(1)									
(2)			1						
(3)									
(4)									
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis allocable to nced property n schedule)	(	<ol> <li>Column 4 divided by column 5</li> </ol>		7. Gross income reportable (column 2 x column 6)		<b>8.</b> Allocable dedi (column 6 x total of 3(a) and 3(b	columns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
			-			nter here and on page 1, Part I, line 7, column (A).		Enter here and on p Part I, line 7, colun	
Totals				►		0			Ο.
Total dividends-received deductions in	ncluded in columr	18			·		-		0.
									T (0017)

Form **990-T** (2017)

Page 3

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### Form 990-T (2017) HILLSIDE WORK SCHOLARSHIP CONNECTION

Schedule F - Interest,	Annuitie	es, Royalties, a	nd Rents From Co	ontrol	led Organiz	zations (see ins	tructions)	
			Exempt Controlled O	rganizat	ions			
1. Name of controlled organization		2. Employer identification number	3. Net unrelated income (loss) (see instructions) 4. Total of spec payments may			<b>5.</b> Part of column 4 included in the control organization's gross in	rolling connected with income	
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organ	nizations							
7. Taxable Income	7. Taxable Income 8. Net u		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10	
(1)								
(2)								
(3)								
(4)								
					Enter here and	nns 5 and 10. d on page 1, Part I, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
Totals				►		Ο.	0.	
Schedule G - Investm	ont Inco	ma of a Soction	501(a)(7)(0) or	(17) 0	ragnization	<u> </u>		

16-1453581

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#### (see instructions) S

	see instructions)
--	-------------------

1. Description of income	2. Amount of income	<ol> <li>Deductions directly connected (attach schedule)</li> </ol>	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	► 0.			0.

#### Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

			4	(		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	<ol> <li>Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.</li> </ol>	5. Gross income from activity that is not unrelated business income	<b>6.</b> Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Fotals ►	0.	0.				0

#### Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	<b>2.</b> Gross advertising income	<b>3.</b> Direct advertising costs	<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.

Form 990-T (2017)

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 Form 990-T (2017) HILLSIDE
 WORK
 SCHOLARSHIP
 CONNECTION
 16-14535

 Part II
 Income From Periodicals
 Reported on a Separate Basis (For each periodical listed in Part II, fill in

 columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		rculation come	<b>6</b> . F	Readership costs	<ol> <li>Excess readershi costs (column 6 minu column 5, but not mo than column 4).</li> </ol>	us
(1)										
(2)										
(3)										
(4)										
Totals from Part I	0.		0.		<b>.</b>					0.
	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, , col. (B).						Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5) ►	0.		0.							0.
Schedule K - Compensation	n of Officers,	Direct	ors, and	d Trustees (see ir	nstructio	ns)				
1. Name				2. Title		3. Perce time devot busine	ted to		ensation attributable related business	
(1)							%			
(2)							%			
(3)							%			
(4)							%			
Total. Enter here and on page 1, Part II, li	ine 14						►			0.

Form 990-T (2017)

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FORM 990-T

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DESCRIPTION	AMOUNT
TAX REFORM ACT PARKING	7,392.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	7,392.

OTHER INCOME

STATEMENT

HILLSIDE WORK SCHOLARSHIP CONNECTION

FORM	990-T LINE 35C TAX COMPUTATION	STATEMENT 2
1.	TAXABLE INCOME         6,39	2
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT 6,39	2
3.	LINE 1 LESS LINE 2	0
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT	0
5.	LINE 3 LESS LINE 4	0
6.	INCOME SUBJECT TO 34% TAX RATE	0
7.	INCOME SUBJECT TO 35% TAX RATE	0
8.	15 PERCENT OF LINE 2	9
9.	25 PERCENT OF LINE 4	0
10.	34 PERCENT OF LINE 6	0
11.	35 PERCENT OF LINE 7	0
12.	ADDITIONAL 5% SURTAX	0
13.	ADDITIONAL 3% SURTAX	0
14.	TOTAL INCOME TAX	959

15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2	017 1,342
		DAYS
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 TAX PRORATED FOR NUMBER OF DAYS IN 2018	
18.	TOTAL TAX PRORATED	365 1,148

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

#### Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Entor filor's identifying number

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Entering	er sidem	inying number
Type or	Name of exempt organization or other filer, see instru	Employe	Employer identification number (EIN) o			
print			10	1452501		
File by the	HILLSIDE WORK SCHOLARSHIP	16-1453581				
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 1183 MONROE AVENUE	Social se	curity nu	mber (SSN)		
instructions.	City, town or post office, state, and ZIP code. For a frequencies $ROCHESTER$ , $NY$ 14620	oreign add	lress, see instructions.			
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			
Application Return Application						Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	)-BL	02	Form 1041-A	08		
Form 472	20 (individual)	03	Form 4720 (other than individual)	09		
Form 990	)-PF	04	Form 5227	10		
Form 990	Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					11
Form 990-T (trust other than above) 06 Form 8870 MARIA CRISTALLI, PRESIDENT & CHIEF EXECUTIVE OFFICER						12
<ul> <li>If the operation of the operati</li></ul>	hone No. 585-256-7500 brganization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box quest an automatic 6-month extension of time until the organization named above. The extension is for the	Group Exe and atta	emption Number (GEN) I uch a list with the names and EINs o Y 15, 2019, to file	f this is fo f all memb	r the who ers the e	ble group, check this xtension is for.
	calendar year or X tax year beginning JUL 1, 2017	, an	d ending JUN 30, 2018			
2 If th	he tax year entered in line 1 is for less than 12 months, $c$	check reas	on: Initial return	Final retu	'n	
3a lftł	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			
nor	nrefundable credits. See instructions.			3a	\$	0.
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	), enter an	y refundable credits and			
est	imated tax payments made. Include any prior year over	payment a	llowed as a credit.	3b	\$	0.
c Ba	ance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required,			-
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.
Caution: instructio	If you are going to make an electronic funds withdrawal ns.	(direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form	8879-EO for payment
IHA F	or Privacy Act and Paperwork Reduction Act Notice.	see instr	uctions.		For	m 8868 (Rev. 1-2017)

723841 04-01-17

## TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

#### FOR THE YEAR ENDING

JUNE 30, 2018

Prepared for	HILLSIDE WORK SCHOLARSHIP CONNECTION 1183 MONROE AVENUE ROCHESTER, NY 14620
Prepared by	DOPKINS & COMPANY, LLP 200 INTERNATIONAL DR BUFFALO, NY 14221-5794
Amount due or refund	BALANCE DUE OF \$775.00
Make check payable to	DEPARTMENT OF LAW
Mail tax return and check (if applicable) to	NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). THE ATTACHED COPY OF FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

# **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

**Open to Public** Inspection

1.General Information										
For Fiscal Year Beginning	g (mm/dd/yyyy) 07/01/	2017 and Ending (r	nm/dd/yyyy) 06/30/2	018						
Check if Applicable: Address Change	Name of Organization: HILLSIDE WORK	SCHOLARSHIP C	ONNECTION	Employer Identification Number (EIN): 16-1453581						
Name Change	Mailing Address: 1183 MONROE AV	ENUE		NY Registration Number: $05-21-70$						
Final Filing	City / State / ZIP: ROCHESTER, NY	14620		Telephone: 585 2567500						
Reg ID Pending	Website: WWW.HILLSIDE.C		Email:							
Check your organization's registration category: 7A only EPTL only X DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.										
2. Certification										
See instructions for certif	ication requirements. Imprope	r certification is a violation	of law that may be subject t	o penalties. The certification requires						
two signatories.										
	penalties of perjury that we revi e true, correct and complete ir			best of our knowledge and belief, plicable to this report.						
President or Authorized	Officer:		MARIA CRIST CEO	ALLI						
	Signature		Print Name : LEONARD J •							
Chief Financial Officer or	r Treasurer:		HFA TREASUR	ER						
	Signature Print Name and Title Date									
3. Annual Reporting	y Exemption									
categories (DUAL filers) th additional attachments ar	Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.									
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.										
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.										
4. Schedules and A	ttachments									
See the following page for a checklist of schedules and attachments to complete your filing.       Yes       X       No       4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.										
5. Fee										
See the checklist on the next page to calculate yo fee(s). Indicate fee(s) you		EPTL filing fee:	Total fee: \$ 775.	Make a single check or money order payable to: <b>"Department of Law"</b>						
are submitting here:			Ψ							
	r Charitable Organizations (Up efers to an organization's NYS		not refer to its IRS tax desig	gnation.						

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Page 1

#### HILLSIDE WORK SCHOLARSHIP CONNECTION

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF: - Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

Annual Filing Checklist

Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

#### **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.

X Audit Report if you received total revenue and support greater than \$750,000

l No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

#### **Calculate Your Fee**

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b	á
\$25, if the NET WORTH is less than \$50,000	[
$\square$ \$50, if the NET WORTH is \$50,000 or more but less than \$250,000	I
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	á
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	E
$\mathbf{X}$ \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	
\$1500, if the NET WORTH is \$50,000,000 or more	k

#### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov

#### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

768461 04-27-18 1019 CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

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