

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

A For the 2024 calendar year, or tax year beginning

, 2024, and ending

, 20

B Check if applicable:

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C
HILLSIDE HOUSE
1235 VERONICA SPRINGS ROAD
SANTA BARBARA, CA 93105-4522

D Employer identification number

95-1816019

E Telephone number

(805) 687-0788

G Gross receipts \$ 10,904,493.

F Name and address of principal officer: **MR. BRAD FROHLING**
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes NoH(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.HILLSIDESB.ORG

K Form of organization: Corporation Trust Association Other **L** Year of formation: 1945 **M** State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE A HOME THAT SUPPORTS OUR RESIDENTS' EFFORTS TO MAXIMIZE THEIR PHYSICAL, COGNITIVE, SOCIAL AND EMOTIONAL ABILITIES SO THAT THEY CAN ACHIEVE THE HIGHEST INDIVIDUAL LEVEL OF INDEPENDENCE IN AN ENVIRONMENT WHERE PEOPLE ARE TREATED WITH DIGNITY AND RESPECT.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 16	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 16	
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5 121	
	6 Total number of volunteers (estimate if necessary)	6 50	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.	
		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	653,859.	777,806.
	9 Program service revenue (Part VIII, line 2g)	7,746,183.	7,870,600.
Revenue	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	470,265.	296,211.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	151,699.	82,374.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,022,006.	9,026,991.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,545,547.	5,550,953.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	197,692.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,499,624.	3,158,387.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,045,171.	8,709,340.
	19 Revenue less expenses. Subtract line 18 from line 12	976,835.	317,651.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	7,821,279.	8,085,161.
	22 Net assets or fund balances. Subtract line 21 from line 20	605,553.	543,405.
		7,215,726.	7,541,756.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	MICHAEL RASSLER		PRESIDENT & CEO
	Type or print name and title		
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date
	BRAD A. STOLTEY	BRAD A. STOLTEY	<input checked="" type="checkbox"/> if self-employed P00241354
	Firm's name	STOLTEY & ASSOCIATES	Firm's EIN 770581023
	Firm's address	4643 KENNINGTON DR	Phone no. 805-689-5880
		SANTA MARIA, CA 93455	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior

Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

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

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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,473,410. including grants of \$) (Revenue \$ 7,870,600.)

SEE SCHEDULE O

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

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

4d Other program services (Describe on Schedule O.)

(Expenses \$

including grants of \$

) (Revenue \$

4e Total program service expenses

7,473,410.

Part 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 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
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 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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 X	
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 X	
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 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
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	
c 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 X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
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	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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 Schedule J.....	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.....	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?.....	24d	
25a Section 501(c)(3), 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.....	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions.)		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.....	28a	X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.....	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.....	28c	X
29 Did the organization receive more than \$25,000 in noncash 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? If "Yes," complete Schedule N, Part II.....	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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 Part V, line 1.....	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.....	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.....	36	X
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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.....	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	22
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.....	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	1c	X

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.....	2a	121	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.....	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?.....	3a	X	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O.</i>	3b		
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	
c 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).			
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?.....	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?.....	7b	X	
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		
e 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.			
a 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:			
a 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:			
a 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.).....	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?.....	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.....	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?.....	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.....	13b		
c Enter the amount of reserves on hand.....	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?.....	14a	X	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?..... If "Yes," see the instructions and file Form 4720, Schedule N.	15	X	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?..... If "Yes," complete Form 4720, Schedule O.	16	X	
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?..... If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	16	
1b	Enter the number of voting members included on line 1a, above, who are independent.	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: SEE SCHEDULE O		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	CA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	<input checked="" type="checkbox"/> Own website	<input checked="" type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O	
20	State the name, address, and telephone number of the person who possesses the organization's books and records.	
	ERIN KELLEY 1235 VERONICA SRINGS ROAD SANTA BARBARA CA 93105-4522 (805) 687-0788	

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

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

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

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

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organi- zations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(1) MICHAEL RASSLER PRESIDENT/CEO	40 0			X			166,892.	0.	7,368.
(2) ERIN K KELLEY DIRECTOR OF FINANC	40 0				X		121,506.	0.	23,961.
(3) RICARDO MARTINEZ DIR OF STAFF DEV	40 0				X		111,213.	0.	15,897.
(4) DR. ERIK WIPF, DDS DIRECTOR	1 0	X					7,393.	0.	0.
(5) BRAD FROHLING CHAIR	8 0	X	X				0.	0.	0.
(6) NORRIS GOSS VICE CHAIR	8 0	X	X				0.	0.	0.
(7) PETER TROESCH TREASURER	1 0	X	X				0.	0.	0.
(8) PAM FLYNT TAMBO SECRETARY	1 0	X	X				0.	0.	0.
(9) JOHN CAMPANELLA DIRECTOR	8 0	X					0.	0.	0.
(10) JOHN DEMBOSKI DIRECTOR	1 0	X					0.	0.	0.
(11) HADY IZADPANAH DIRECTOR	8 0	X					0.	0.	0.
(12) JON VALOIS DIRECTOR	1 0	X					0.	0.	0.
(13) NANCY WERNER DIRECTOR	2 0	X					0.	0.	0.
(14) LISA WILCOX DIRECTOR	2 0	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Former highest compensated employee	
(15) KIRK GILBERT DIRECTOR	1 0	X				0.	0.
(16) LALMA JANABAJAB DIRECTOR	1 0	X				0.	0.
(17) LUCREZIA DELEON DIRECTOR	1 0	X				0.	0.
(18) GAVIN CHANIN DIRECTOR	1 0	X				0.	0.
(19) JAN KOPF DIRECTOR	1 0	X				0.	0.
(20)							
(21)							
(22)							
(23)							
(24)							
(25)							

1b Subtotal 407,004. 0. 47,226.

c Total from continuation sheets to Part VII, Section A 0. 0. 0.

d Total (add lines 1b and 1c) 407,004. 0. 47,226.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line 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
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues.....	1b			
	c Fundraising events.....	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 777,806.			
	g Noncash contributions included in lines 1a-1f.....	1g			
	h Total. Add lines 1a-1f.....		777,806.		
Program Service Revenue		Business Code			
	2a <u>RESIDENT FEES</u> -----	623000	7,730,146.	7,730,146.	
	b <u>TRANSPORTATION FEES</u> -----	623000	140,454.	140,454.	
	c -----				
	d -----				
	e -----				
	f All other program service revenue.....				
	g Total. Add lines 2a-2f.....		7,870,600.		
	3 Investment income (including dividends, interest, and other similar amounts)		232,805.		232,805.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties.....				
		(i) Real	(ii) Personal		
	6a Gross rents	6a 7,000.			
	b Less: rental expenses	6b			
	c Rental income or (loss)	6c 7,000.			
	d Net rental income or (loss).....		7,000.		7,000.
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	7a 1,886,262.			
	b Less: cost or other basis and sales expenses	7b 1,822,856.			
	c Gain or (loss).....	7c 63,406.			
	d Net gain or (loss).....		63,406.	63,406.	
Other Revenue	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			
	b Less: direct expenses.....	8b 127,335.			
	c Net income or (loss) from fundraising events	8b 54,646.			
			72,689.		72,689.
	9a Gross income from gaming activities. See Part IV, line 19	9a			
	b Less: direct expenses.....	9b			
	c Net income or (loss) from gaming activities.....				
	10a Gross sales of inventory, less..... returns and allowances.....	10a			
	b Less: cost of goods sold....	10b			
	c Net income or (loss) from sales of inventory.....				
Miscellaneous Revenue		Business Code			
	11a <u>OTHER REVENUE</u> -----	623000	2,685.	2,685.	
	b -----				
	c -----				
	d All other revenue.....				
	e Total. Add lines 11a-11d.....		2,685.		
	12 Total revenue. See instructions.....		9,026,991.	7,936,691.	0. 312,494.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....				
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	174,260.	43,565.	87,130.	43,565.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	0.	0.	0.	0.
7 Other salaries and wages	4,268,268.	3,861,218.	315,718.	91,332.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....	61,095.	57,020.	2,941.	1,134.
9 Other employee benefits	406,445.	358,383.	36,117.	11,945.
10 Payroll taxes	640,885.	563,978.	57,680.	19,227.
11 Fees for services (nonemployees):				
a Management	12,000.	12,000.		
b Legal	2,403.		2,403.	
c Accounting.....	51,950.		51,950.	
d Lobbying.....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	45,227.		45,227.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,224,853.	869,646.	355,207.	
12 Advertising and promotion	39,304.	34,588.	3,537.	1,179.
13 Office expenses	123,731.	107,646.	11,136.	4,949.
14 Information technology.....	73,981.	65,104.	6,658.	2,219.
15 Royalties.....				
16 Occupancy.....	470,298.	413,861.	42,327.	14,110.
17 Travel.....	1,400.	1,232.	126.	42.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....	204.	180.	18.	6.
20 Interest.....				
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization	86,633.	76,237.	7,797.	2,599.
23 Insurance.....	134,630.	117,128.	12,117.	5,385.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).....				
a <u>RESIDENT SERVICES</u>	526,846.	526,846.		
b <u>MEDI-CAL QAF</u>	323,384.	323,384.		
c <u>COMMUNITY PROGRAM EXPENSES</u>	17,456.	17,456.		
d <u>MISCELLANEOUS</u>	14,904.	14,755.	149.	
e All other expenses.....	9,183.	9,183.		
25 Total functional expenses. Add lines 1 through 24e.....	8,709,340.	7,473,410.	1,038,238.	197,692.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
Assets				
1	Cash – non-interest-bearing.....	1,215,373.	1	917,419.
2	Savings and temporary cash investments.....	75,723.	2	82,701.
3	Pledges and grants receivable, net.....	51,875.	3	104,624.
4	Accounts receivable, net	666,811.	4	712,865.
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net.....		7	
8	Inventories for sale or use.....		8	
9	Prepaid expenses and deferred charges.....	183,716.	9	170,460.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	2,926,290.		
b	Less: accumulated depreciation.....	2,297,256.	10c	629,034.
11	Investments – publicly traded securities.....	3,790,596.	11	4,292,981.
12	Investments – other securities. See Part IV, line 11.....		12	
13	Investments – program-related. See Part IV, line 11.....		13	
14	Intangible assets.....		14	
15	Other assets. See Part IV, line 11.....	1,157,621.	15	1,175,077.
16	Total assets. Add lines 1 through 15 (must equal line 33).....	7,821,279.	16	8,085,161.
Liabilities				
17	Accounts payable and accrued expenses.....	605,553.	17	543,403.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities.....		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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 Schedule D.....		25	2.
26	Total liabilities. Add lines 17 through 25.....	605,553.	26	543,405.
Net Assets or Fund Balances				
	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	X		
27	Net assets without donor restrictions.....	7,215,726.	27	7,092,111.
28	Net assets with donor restrictions.....		28	449,645.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	□		
29	Capital stock or trust principal, or current funds.....		29	
30	Paid-in or capital surplus, or land, building, or equipment fund.....		30	
31	Retained earnings, endowment, accumulated income, or other funds.....		31	
32	Total net assets or fund balances.....	7,215,726.	32	7,541,756.
33	Total liabilities and net assets/fund balances.....	7,821,279.	33	8,085,161.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI.

1 Total revenue (must equal Part VIII, column (A), line 12).....	1	9,026,991.
2 Total expenses (must equal Part IX, column (A), line 25).....	2	8,709,340.
3 Revenue less expenses. Subtract line 2 from line 1.....	3	317,651.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).....	4	7,215,726.
5 Net unrealized gains (losses) on investments.....	5	8,379.
6 Donated services and use of facilities.....	6	
7 Investment expenses.....	7	
8 Prior period adjustments.....	8	
9 Other changes in net assets or fund balances (explain on Schedule O).....	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).....	10	7,541,756.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII.

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?.....	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?.....	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?.....	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?.....	3a	X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.....	3b	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization

HILLSIDE HOUSE

Employer identification number

95-1816019

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	460,390.	562,131.	687,873.	653,859.	777,806.	3,142,059.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.....						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.....						0.
4 Total. Add lines 1 through 3	460,390.	562,131.	687,873.	653,859.	777,806.	3,142,059.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						10,765.
6 Public support. Subtract line 5 from line 4.....						3,131,294.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.....	460,390.	562,131.	687,873.	653,859.	777,806.	3,142,059.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.....	58,752.	48,532.	70,691.	481,241.	232,805.	892,021.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.....						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	23,884.	17,911.	17,328.	19,867.	2,685.	81,675.
11 Total support. Add lines 7 through 10						4,115,755.
12 Gross receipts from related activities, etc. (see instructions).....					12	34,015,227.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)).....	14	76.08 %
15 Public support percentage from 2023 Schedule A, Part II, line 14.....	15	76.14 %
16a 33-1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.....		<input checked="" type="checkbox"/>
b 33-1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.....		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.....		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.....		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.....		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17.	18	%
19a 33-1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization.....		<input type="checkbox"/>
b 33-1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization.....		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.....		<input type="checkbox"/>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?

b A family member of a person described on line 11a above?

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section 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 year (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 governmental entity (see instructions).

2 Activities Test. **Answer lines 2a and 2b below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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 – Adjusted Net Income

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

Section B – Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i>)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required – <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

BAA

Schedule A (Form 990) 2024

Part VI

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

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>
OTHER	\$ 2,685.	\$ 19,867.	\$ 17,328.	\$ 17,911.	\$ 23,884.
TOTAL	<u>\$ 2,685.</u>	<u>\$ 19,867.</u>	<u>\$ 17,328.</u>	<u>\$ 17,911.</u>	<u>\$ 23,884.</u>

SCHEDULE D
(Form 990)

(Rev. December 2024)

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.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Employer identification number

HILLSIDE HOUSE

95-1816019

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	Held at the End of the Tax Year	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> 2a	Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> 2b	Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	<input type="checkbox"/> 2c	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<input type="checkbox"/> 2d	
a Total number of conservation easements		
b Total acreage restricted by conservation easements		
c Number of conservation easements on a certified historic structure included on line 2a		
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register		
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year		
4 Number of states where property subject to conservation easement is located		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year		
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$		
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.		

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange program
 e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

SEE PART XIII

	Amount
1c	24,762.
1d	111,707.
1e	122,484.
1f	13,985.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

SEE PART XIII

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment %

b Permanent endowment %

c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i)		
3a(ii)		
3b		

(i) Unrelated organizations?

(ii) Related organizations?

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land.....			30,000.	30,000.
b Buildings.....		1,295,703.	968,127.	327,576.
c Leasehold improvements.....		360,123.	208,832.	151,291.
d Equipment.....		1,098,508.	978,341.	120,167.
e Other.....		141,956.	141,956.	0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 629,034.

Part VII Investments – Other Securities		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.		
N/A		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely held equity interests.....		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, column (B)).....		
Part VIII Investments – Program Related		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		
N/A		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, line 13, column (B)).....		
Part IX Other Assets		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		
(a) Description		
(b) Book value		
(1) ADJUSTMENT		-363.
(2) CONSTRUCTION IN PROCESS		1,175,440.
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, line 15, column (B)).....		1,175,077.
Part X Other Liabilities		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.		
1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2) ROUNDING		2.
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, line 25, column (B)).....		2.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. <input checked="" type="checkbox"/> SEE PART XIII. <input checked="" type="checkbox"/>		

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

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

1	Total revenue, gains, and other support per audited financial statements.....	1	8,990,143.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments.....	2a	8,379.
b	Donated services and use of facilities.....	2b	
c	Recoveries of prior year grants.....	2c	
d	Other (Describe in Part XIII.).....	2d	
e	Add lines 2a through 2d.....	2e	8,379.
3	Subtract line 2e from line 1.....	3	8,981,764.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	45,227.
b	Other (Describe in Part XIII.).....	4b	
c	Add lines 4a and 4b.....	4c	45,227.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....	5	9,026,991.

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

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

1	Total expenses and losses per audited financial statements.....	1	8,664,113.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities.....	2a	
b	Prior year adjustments.....	2b	
c	Other losses.....	2c	
d	Other (Describe in Part XIII.).....	2d	
e	Add lines 2a through 2d.....	2e	
3	Subtract line 2e from line 1.....	3	8,664,113.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	45,227.
b	Other (Describe in Part XIII.).....	4b	
c	Add lines 4a and 4b.....	4c	45,227.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....	5	8,709,340.

Part XIII Supplemental Information

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

PART IV, LINE 1B - CONTRIBUTIONS OR OTHER ASSETS NOT INCLUDED ON B/S

PATIENT ACCOUNTS ARE ADMINISTERED BY HILLSIDE HOUSE

PART IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY

PATIENT ACCOUNTS ARE ADMINISTERED BY HILLSIDE HOUSE

PART X - FASB ASC 740 FOOTNOTE

INCOME TAXES

THE ORGANIZATION IS ORGANIZED AS A CALIFORNIA NONPROFIT CORPORATION AND HAS BEEN

RECOGNIZED BY THE IRS AS EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(A)

Part XIII Supplemental Information (continued)**PART X - FASB ASC 740 FOOTNOTE (CONTINUED)**

AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C) (3), QUALIFIED FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTIONS 170(B) (1) (A) (VI), AND HAS BEEN DETERMINED NOT TO BE PRIVATE FOUNDATION. THE ORGANIZATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ORGANIZATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. THE ORGANIZATION HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAVE NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

HILLSIDE HOUSE HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

SCHEDULE G
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public
Inspection**

Name of the organization

HILLSIDE HOUSE

Employer identification number

95-1816019**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

a <input checked="" type="checkbox"/> Mail solicitations	e <input checked="" type="checkbox"/> Solicitation of nongovernment grants
b <input checked="" type="checkbox"/> Internet and email solicitations	f <input checked="" type="checkbox"/> Solicitation of government grants
c <input checked="" type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input checked="" type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

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

CA

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

	(a) Event #1 <u>SUNSET SOIREE</u> (event type)	(b) Event #2 (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col. (a) through col. (c))
1 Gross receipts.....	127,335.			127,335.
2 Less: Contributions.....				
3 Gross income (line 1 minus line 2).....	127,335.			127,335.
4 Cash prizes.....				
5 Noncash prizes.....				
6 Rent/facility costs.....				
7 Food and beverages.....	25,730.			25,730.
8 Entertainment.....	9,655.			9,655.
9 Other direct expenses.....	19,261.			19,261.
10 Direct expense summary. Add lines 4 through 9 in column (d).....				54,646.
11 Net income summary. Subtract line 10 from line 3, column (d).....				72,689.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year... \$ _____

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

SCHEDULE J**(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****Complete if the organization answered "Yes" on Form 990, Part IV, line 23.****Attach to Form 990.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

HILLSIDE HOUSE

Employer identification number

95-1816019**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

First-class or charter travel
 Travel for companions
 Tax indemnification and gross-up payments
 Discretionary spending account

Housing allowance or residence for personal use
 Payments for business use of personal residence
 Health or social club dues or initiation fees
 Personal services (such as maid, chauffeur, chef)

	Yes	No
1a		
1b		
2		

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

Compensation committee
 Independent compensation consultant
 Form 990 of other organizations

Written employment contract
 Compensation survey or study
 Approval by the board or compensation committee

2	

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

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

4a	X
4b	X
4c	X

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

5a	X
5b	X

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

6a	X
6b	X

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

7	X
8	X

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

8	X
9	

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule J (Form 990) (Rev. 12-2024)**

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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MICHAEL RASSLER 1 PRESIDENT/CEO	(i) 166,892. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 6,238. (ii) 0.	(i) 1,130. (ii) 0.	(i) 174,260. (ii) 0.	(i) 0. (ii) 0.
2	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____
3	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____
4	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____
5	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____
6	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____
7	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____
8	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____
9	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____
10	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____
11	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____
12	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____
13	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____
14	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____
15	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____	(i) _____ (ii) _____
16	(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 L
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Transactions With Interested Persons**

OMB No. 1545-0047

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public
Inspection**

Name of the organization

HILLSIDE HOUSE

Employer identification number

95-1816019**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction		(d) Corrected?	
			Yes	No		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$ _____

Part II Loans to and/or From Interested Persons

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total. \$ _____

Part III Grants or Assistance Benefiting Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) (Rev. 12-2024)

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DR. ERIK WIPF, DDS	BOARD MEMBER	7,393.	DENTIST SERVICES	X	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

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

OMB No. 1545-0047

**Open to Public
Inspection**Employer identification number
95-1816019**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

TO PROVIDE A HOME THAT SUPPORTS OUR RESIDENTS' EFFORTS TO MAXIMIZE THEIR PHYSICAL, COGNITIVE, SOCIAL AND EMOTIONAL ABILITIES SO THAT THEY CAN ACHIEVE THE HIGHEST INDIVIDUAL LEVEL OF INDEPENDENCE IN AN ENVIRONMENT WHERE PEOPLE ARE TREATED WITH DIGNITY AND RESPECT.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

WE HAVE SUSTAINED HILLSIDE'S CORE MISSION TO PROVIDE A RESIDENTIAL AND THERAPEUTIC LEARNING COMMUNITY FOR 59 PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. OUR RESIDENTS COME TO US WITH A WIDE RANGE OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. WE SPECIALIZE IN SERVING THOSE WHO HAVE MEDICAL CONDITIONS THAT REQUIRE REGULAR NURSING CARE. OUR COMMITMENT IS TO PROVIDE THE HIGHEST QUALITY OF LIFE FOR EACH RESIDENT, OFFERING A BROAD RANGE OF THERAPEUTIC SERVICES TO HELP THEM ACHIEVE THE GREATEST LEVEL OF THEIR ABILITIES. 24 HOUR NURSING CARE IS ESSENTIAL FOR OUR RESIDENTS TO SUSTAIN AND ENJOY LIFE.

IT HAS BEEN A YEAR OF ACHIEVEMENTS AND CHALLENGES AND FUN AT HILLSIDE IN 2023

OUR PROGRAM DEPARTMENT CONTINUES TO PROVIDE CONTINUOUS ACTIVE TREATMENT TO ALL OF OUR RESIDENTS ON A DAILY BASIS. PHYSICAL, OCCUPATIONAL AND SPEECH THERAPIES AS WELL AS RECREATIONAL ACTIVITIES ARE OFFERED THROUGHOUT THE DAY TO THOSE WHO ARE UNABLE TO ATTEND DAY PROGRAMS ON A FULL TIME BASIS. THE DAY PROGRAMS ARE SLOWLY RE-OPENING PROVIDING RESIDENTS WITH MEANINGFUL ACTIVITIES OUT OF THE FACILITY. IN ADDITION TO THE REGULAR THERAPIES AND ACTIVITIES HELD AT HILLSIDE, OUTSIDE ENTERTAINMENT COMING IN TO THE FACILITY HAS RESUMED. ASSISTANCE LEAGUE BINGO, MOVE SANTA BARBARA FOR BIKE RIDES, THE RHYTHMIC ARTS PROJECT AND FRIENDS AND FAMILY ARE ABLE TO COME INSIDE AGAIN

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

HILLSIDE HOUSE**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**Employer identification number
95-1816019**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

TO VISIT AND ENHANCE THE LIVES OF THE RESIDENTS. PARTICIPATION IN WALK N ROLL AND VISITS TO THE GRACE FISHER INCLUSIVE ARTS CLUBHOUSE WERE HIGHLIGHTS OF COMMUNITY ACTIVITIES THE RESIDENTS PARTICIPATED IN. PARTICIPATION IN THESE ACTIVITIES WAS ENHANCED BY OUR ABILITY TO TRANSPORT RESIDENTS IN OUR NEW VAN FUNDED BY THE SANTA BARBARA WOMEN'S FUND.

FACILITIES & DIETARY

OUR FACILITIES DEPARTMENT HAS CONTINUED TO WORK HARD THIS YEAR TO MAINTAIN THE BUILDING AND GROUNDS, UPDATED RESIDENT ROOMS, BACK YARD GROUNDS BEAUTIFICATION ARE A FEW OF THE HIGHLIGHTS. AN EXTENDED PARKING AREA BY HARMONY HOUSE HAS EASED CROWDING, AN ARBORIST WAS ENGAGED TO TRIM TREES AND AN EAGLE SCOUT PROJECT FENCE ENHANCED THE FRONT ENTRANCE. ALL STAFF WHO USE COMPUTERS AT HILLSIDE COMPLETED A REQUIRED CYBERSECURITY TRAINING. SHINING LIGHTS ON ABILITIES WAS AGAIN A HIT WITH THE RESIDENTS AND THE SANTA BARBARA COMMUNITY. THE COUNTY FIRE DEPARTMENT CONDUCTED, AND HILLSIDE PASSED, THE ANNUAL FIRE INSPECTION.

THE DIETARY DEPARTMENT CONTINUES TO FOCUS ON SERVING AN ABUNDANCE OF FRESH FRUIT AND VEGETABLES AND ENCOURAGING THE RESIDENTS TO MAKE HEALTHY CHOICES. WITH DAY PROGRAMS OPENING THE DEPARTMENT IS TASKED WITH PREPARING MEALS FOR THOSE REMAINING AT HILLSIDE AND PACKING LUNCHES TO GO FOR THOSE GOING TO DAY PROGRAMS. WE CONTINUE TO WORK WITH TWO FOOD VENDORS TO ENSURE WE RECEIVE THE BEST PRICES ON GOODS WE PURCHASE. THE DEPARTMENT HAS PUT ON TWO BARBECUES FOR STAFF, GREAT FOOD AND MUCH APPRECIATION FROM THOSE WHO ATTENDED.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

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

OMB No. 1545-0047

**Open to Public
Inspection**Employer identification number
95-1816019**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS****NURSING:**

OUR NURSING DEPARTMENT CONTINUES TO PROVIDE 24 HOUR NURSING CARE TO OUR MEDICALLY FRAGILE RESIDENTS. OUR GOAL CONTINUES TO BE SETTING STATE OF THE ART STANDARDS IN AN EFFICIENT AND PLEASANT WORK ENVIRONMENT. OUR FOCUS CONTINUES TO BE ON RECRUITMENT AND RETENTION OF LICENSED NURSES AND CERTIFIED NURSING ASSISTANTS AND CREATING A POSITIVE ORGANIZATIONAL CULTURE BASED ON IMPROVEMENT AND SUCCESS. THE COVID STATE OF EMERGENCY HAS OFFICIALLY ENDED ON THE STATE AND FEDERAL LEVELS. WE HAVE HAD TWO EMPLOYEES TAKE ADVANTAGE OF OUR TUITION ASSISTANCE PROGRAM AND BECOME CERTIFIED NURSING ASSISTANTS. THE DIRECTOR OF NURSING AND ADMINISTRATOR CONTINUE TO WORK ON RECRUITMENT ATTENDING JOB FAIRS AND GRADUATION EVENTS AT NURSING SCHOOLS. THE DIRECTOR OF NURSING OFFICE HAS BEEN UPDATED AND RELOCATED TO BE CLOSER TO THE NURSING STATION.

FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOCUMENTATION OF MEETINGS
COMMITTEES REPORT MEETINGS TO GENERAL BOARD AND WERE INCORPORATED IN THE BOARD MEETING MINUTES.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

HILLSIDE HOUSE WILL COMPLETE AN AUDIT OF HILLSIDE HOUSE FINANCIAL RECORDS AT THE CONCLUSION OF EACH BUSINESS YEAR BY A CERTIFIED AUDITOR. PRIOR TO SUBMISSION OF THE ORGANIZATION'S FEDERAL AND STATE FORM 990 REPORTS THE REPORTS WILL BE REVIEWED BY THE HILLSIDE HOUSE BOARD OF DIRECTORS AND STAFF ACCORDING TO THE FOLLOWING PROCEDURES.

2. INTERNAL REVIEW - THE FORM 990 DRAFT WILL BE REVIEWED THE EXECUTIVE DIRECTOR, A MEMBER OF THE BOARD AUDIT COMMITTEE AND THE BOARD TREASURER. AT THAT TIME ANY QUESTIONS OR CONCERNS CAN BE ADDRESSED AND CORRECTIONS MADE, IF WARRANTED.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

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

OMB No. 1545-0047

**Open to Public
Inspection**Employer identification number
95-1816019**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)**

TO THE DRAFT PRIOR TO FINAL APPROVAL.

3. BOARD APPROVAL - ONCE THE INTERNAL REVIEW IS COMPLETED THE FINAL DRAFT OF THE 990 WILL BE E-MAILED OR MAILED TO THE ENTIRE HH BOARD. THE COVER LETTER WILL STATE:

"UNLESS THE RECIPIENT OF THE E-MAIL OR MAIL RESPONDS TO THE CONTRARY IN THE NEXT 5 BUSINESS DAYS, IT WILL BE ASSUMED THAT THE 990 MEETS WITH YOUR APPROVAL AND WILL BE SIGNED AND SUBMITTED TO THE IRS BY HH STAFF."

4. QUESTIONS & CONCERNS - IF QUESTIONS OR CONCERNS ABOUT THE FORM 990 ARE RAISED BY THE HH BOARD THEY WILL BE ADDRESSED BY THE HH AUDITOR AND/OR THE HH STAFF, VIA CORRECTIONS OR EXPLANATIONS.

IF NO CONSENSUS CAN BE REACHED BETWEEN HH STAFF AND THE HH BOARD MEMBER'S CONCERNS THE FINAL DISPENSATION OF THE MATTER WILL GO TO THE HH EXECUTIVE COMMITTEE FOR FINAL APPROVAL OR CHANGES.

5. FINAL APPROVAL - UPON APPROVAL HH STAFF WILL SIGN AND MAIL THE 990 TO THE IRS PRIOR TO DUE DATE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEMBERS ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST STATEMENT ARE AVAILABLE UPON REQUEST.

FINANCIAL STATEMENTS ARE AVAILABLE ON HILLSIDE HOUSE'S WEBSITE AS WELL AS UPON

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

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

OMB No. 1545-0047

**Open to Public
Inspection**Employer identification number
95-1816019**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE (CONTINUED)**

REQUEST.

**FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES**

	(A)	(B)	(C)	(D)
	<u>TOTAL</u>	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUND- RAISING
	1,224,853.	869,646.	355,207.	
TOTAL	<u>\$ 1,224,853.</u>	<u>\$ 869,646.</u>	<u>\$ 355,207.</u>	\$ 0.

12/31/24

2024 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 990/990-PF										
AUTO / TRANSPORT EQUIPMENT										
418	2002 DODGE WHITE VAN #6	11/12/01		42,028		42,028		S/L	5	0
419	1988 FORD PICK-UP #1	1/01/89		11,657		11,657		S/L	5	0
420	FORD E250 2009	4/21/09		37,138		37,138		S/L	5	0
421	FORD E250 2010 SIDE LIFT	9/02/10		37,204		37,204		S/L	5	0
422	FORD F150 2016 TRANSIT VAN	10/01/15		48,682		48,682		S/L	5	0
423	2019 DODGE CARAVAN - REAR EN	12/30/20		38,562		23,137		S/L	5	7,712
429	2023 DODGE RAM PROMASTER T	5/09/23		93,195		9,315		S/L	5	18,639
TOTAL AUTO / TRANSPORT EQUI				308,466		0	209,161			26,351
BUILDINGS										
24	FOREMAN'S HOUSE	11/01/53		8,000		8,000		S/L	40	0
25	GARDEN SHOP BUILDING	11/01/53		2,000		2,000		S/L	40	0
26	HARMONY HOUSE BUILDING	11/01/53		15,000		15,000		S/L	40	0
27	HILLSIDE HOUSE BUILDING	4/01/55		267,066		267,066		S/L	40	0
28	LAUNDRY BUILDING	4/01/55		3,000		3,000		S/L	40	0
29	THERAPY POOL	12/15/59		8,000		8,000		S/L	40	0
30	WHEEL CHAIR RAMP	9/01/79		1,507		1,507		S/L	40	0
31	MOBILITY STORAGE BUILDING	1/01/83		10,859		10,859		S/L	40	0
32	RECORDS & INVENTORY BUILDING	1/01/83		10,859		10,859		S/L	40	0
33	METAL AWNINGS OUTSIDE NURSI	1/01/83		734		734		S/L	40	0
34	MAINTENANCE SHOP	1/01/84		10,609		10,609		S/L	40	0
35	WALL COVERING-WAINSCOATING	7/01/84		13,286		13,120		S/L	40	166
36	NEW ADDITION - FINANCE & DEVE	12/01/84		45,594		44,549		S/L	40	1,045
37	MAIN BUILDING ROOFING 1985	3/01/85		24,240		23,533		S/L	40	606
38	HARMONY HOUSE - NEW SHINGLE	7/01/86		5,050		4,734		S/L	40	126
39	INTERIOR MODIFICATION TO NUR	11/01/86		21,156		19,658		S/L	40	529
40	LABOR TRANSPORTING 2 HOUSES	6/01/87		16,000		14,633		S/L	40	400
41	NEW ROOF & FOUNDATION 2 DON	6/01/87		75,011		68,603		S/L	40	1,875
42	JODI HOUSE	6/01/87		45,505		41,619		S/L	40	1,138
43	STORAGE BUILDING #1	6/01/87		45,505		41,619		S/L	40	1,138
44	WALL COVERING WAINSCOATING-	7/01/87		857		781		S/L	40	21
45	RESIDENTS LOUNGE FLOORING 19	9/01/87		1,156		1,050		S/L	40	29
46	BATHROOM RE-MODEL TUBS198	1/01/88		6,502		5,853		S/L	40	163
47	PERMIT (BUILDING IMPROV) JODI	11/01/89		3,680		3,143		S/L	40	92
48	AIR CONDITIONING DUCTING 1990	9/01/90		2,338		1,948		S/L	40	58

12/31/24

2024 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 2

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS. PCT.	CUR 179 / SDA	PRIOR 179 / SDA / DEPR.	METHOD	LIFE	CURRENT DEPR.
49	KITCHEN FLOOR TILING	10/01/90		21,787			18,111	S/L	40	545
50	ALUMINUM FLOOR GRATE - BASE	1/21/91		1,191			980	S/L	40	30
51	BLDG REMODEL - STORAGE & LIB	1/01/92		10,255			8,204	S/L	40	256
52	ROOFING FOR BUILDING 1, 2, & 3	5/01/92		2,500			1,980	S/L	40	63
53	REMODELING BLDG - NURSING AD	5/01/93		6,000			4,600	S/L	40	150
54	RE-MODEL NURSES OFFICES	5/01/93		6,000			4,600	S/L	40	150
55	STRIPPED & CLEANED BUILDING 1	6/01/94		9,592			7,094	S/L	40	240
56	PRIVATE "RESIDENT'S ROOM"	8/01/94		12,161			8,943	S/L	40	304
57	IMPERIAL TEXTURE - PAINTING R	3/01/95		3,595			2,592	S/L	40	90
58	PAINTING OF POOL ROOM 1994	4/01/95		4,700			3,379	S/L	40	118
59	LAUNDRY BLDG IMPROV & PANEL	6/01/97		11,305			7,513	S/L	40	283
60	MEN'S BATH REMODELING 4/1/9	4/01/98		4,180			2,691	S/L	40	105
61	WOODEN DIVIDER FOLDING DIVIDE	6/01/98		5,977			3,822	S/L	40	149
62	INTERIOR PLASTERING ON WALL	8/01/98		1,650			1,048	S/L	40	41
63	DINING ROOM REMODEL 1999	7/01/99		3,398			2,082	S/L	40	85
64	RESIDENTS LOUNGE REMODEL	8/01/99		2,378			1,451	S/L	40	59
65	RESIDENTS ACTIVITY ROOM REM	8/01/99		2,378			1,451	S/L	40	59
66	WHEELCHAIR CHARGING STATION	1/01/00		6,771			4,062	S/L	40	169
67	AUTOMATIC DOOR HALLWAY 2001	4/01/01		12,982			7,384	S/L	40	325
68	HVAC UPGRADE 2003	7/01/03		21,697			11,119	S/L	40	542
69	AUTOMATIC DOORS LOUNGE 2003	10/01/03		13,784			6,979	S/L	40	345
70	ROOFING PROJECT - 2006	1/31/06		7,450			3,337	S/L	40	186
71	CORREGATED METAL LAUNDRY R	9/29/06		1,102			476	S/L	40	28
72	HOT WATER CIRCULATION SYSTE	9/25/07		5,577			2,265	S/L	40	139
73	KITCHEN ROOFING REPAIR	12/05/07		3,140			1,263	S/L	40	79
74	FIRE ALARM EQUIPMENT	5/01/98		19,732			12,661	S/L	40	493
75	SECURE CARE DOOR ALARM SYS	7/01/95		18,771			13,374	S/L	40	469
76	FIRE SPRINKLER SYSTEM	6/01/98		1,023			655	S/L	40	26
77	CLINIC SINK - NURSE	10/01/84		1,707			1,675	S/L	40	32
78	NURSES CABINETS & FIXTURES	11/01/86		5,492			5,103	S/L	40	137
79	HEATING AND A/C INSTALLATION	9/18/89		57,815			49,504	S/L	40	1,445
80	KITCHEN RE-MODEL 2007-2008	4/30/08		28,817			11,286	S/L	40	720
81	FIRE SPINKLER HEAD REPLACME	6/18/08		13,500			5,232	S/L	40	338
82	KITCHEN DRAINAGE PIPES 12/08	12/09/08		17,656			6,657	S/L	40	441
83	WATER CIRCULATION SYSTEM RE	5/15/09		9,392			3,444	S/L	40	235
84	POOL ROOM REMODEL 081509	8/01/09		9,033			3,256	S/L	40	226
85	ROOFING REPAIR 2009 DERRICK'S	12/04/09		19,017			6,695	S/L	40	475
86	JODI HOUSE RE-MODEL	8/15/10		18,965			6,361	S/L	40	474
87	BATHROOM RE-MODEL TUBS	6/30/97		9,853			6,527	S/L	40	246

12/31/24

2024 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 3

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS. PCT.	CUR 179 / SDA	PRIOR 179 / SDA / DEPR.	METHOD	LIFE	CURRENT DEPR.
88	RAYPAK RAYTHERM 400 HEATER	12/27/10		8,865			2,882	S/L	40	222
89	ROOFING REPAIR	1/27/11		5,680			1,834	S/L	40	142
90	OUTSIDE LIGHTING LOADING DOCK	4/04/11		2,194			700	S/L	40	55
91	ROOM RE-MODEL WALL REFURBI	7/15/11		51,220			16,007	S/L	40	1,281
92	ROOFING REPAIR	11/29/11		1,178			355	S/L	40	29
93	FRONT OFFICE CEILING REPAIR FL	2/14/12		1,390			414	S/L	40	35
94	DINING ROOM AREA ROOFING	11/21/12		3,284			910	S/L	40	82
95	ELECTRICAL MAPPING PROJECT	11/14/12		16,498			4,605	S/L	40	412
96	DINING ROOM DOOR HINGE INSTA	11/14/12		2,109			589	S/L	40	53
97	LAMINATE COUNTER TOP	9/25/12		1,055			296	S/L	40	26
98	SHOWER UPGRADE	10/05/12		1,592			448	S/L	40	40
99	BATHTUB PROJECT	3/19/13		9,036			2,428	S/L	40	226
100	SECURE DOOR	10/24/13		6,420			1,632	S/L	40	161
101	HARMONY HOUSE REMODEL	4/01/15		16,248			3,554	S/L	40	406
102	WATER HEATER/OSHPD PROJECT	7/01/15		84,723			18,004	S/L	40	2,118
103	WATERLINE AND CLEANOUT	7/30/18		4,850			2,627	S/L	10	485
104	ELECTRICAL UPGRADE - BREAKE	8/12/18		7,976			4,321	S/L	10	798
105	LAUNDRY ROOM UPGRADE - SLAB	4/05/20		6,635			4,976	S/L	5	1,327
106	BREAKER BOX & WIRE REPLACE	12/19/07		4,170			1,667	S/L	40	104
107	WATER HEATER REGULATOR & PI	1/27/06		983			441	S/L	40	25
108	RECEPTION AREA GLASS STOREF	2/16/10		3,760			1,300	S/L	40	94
TOTAL BUILDINGS				1,295,703			0	942,323		25,804
FURNITURE AND FIXTURES										
278	SHELVES - MAIN SHOP	12/01/83		450			450	S/L	7	0
279	POOL GRAB BAR - 90 FT. METAL	6/01/89		955			955	S/L	7	0
280	LOUNGE ROOM LIGHTING	8/01/88		2,891			2,891	S/L	7	0
281	HARMONY HOUSE DOORS KNOBS	4/13/11		1,197			1,197	S/L	7	0
282	ROOM RE-MODEL-DRAPE	6/30/11		11,068			11,068	S/L	7	0
283	ROOM RE-MODEL NIGHT STAND R	3/01/11		1,680			1,680	S/L	7	0
284	CLEANING CLOSET FLOORING & C	12/14/11		1,093			1,093	S/L	7	0
285	FRONT OFFICE CARPET	1/18/12		2,545			2,545	S/L	7	0
286	ADMIN OFFICE CARPET	11/15/12		2,774			2,774	S/L	7	0
287	TOILET SEAT PROJECT - RESIDE	1/23/12		3,285			3,285	S/L	7	0
288	SC 900-FULL ELECTRIC BEDS W/	3/19/08		977			977	S/L	7	0
289	ROLL-TOP DESK 3'	7/05/94		350			350	S/L	7	0
290	U-SHAPED WOOD TABLE METAL L	6/05/01		250			250	S/L	7	0
291	U-SHAPED WOOD TABLE METAL L	6/05/01		250			250	S/L	7	0

12/31/24 2024 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE PAGE 4

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS. PCT.	CUR 179 / SDA	PRIOR 179 / SDA / DEPR.	METHOD	LIFE	CURRENT DEPR.
292	LAMINATE TABLE 4'X7'	7/05/94		400			400	S/L	7	0
293	FIRE PROOF SAFE - IN DRAWER	4/01/87		557			557	S/L	7	0
294	SAUDER EXECUTIVE DESK	7/05/94		400			400	S/L	7	0
295	LOBBY PAINTING *****THE ROLLER	7/05/94		550			550	S/L	7	0
296	WOOD & GLASS CHINA CABINET	7/05/94		600			600	S/L	7	0
297	HALF-ROUND TABLE	7/05/94		400			400	S/L	7	0
298	CONFERENCE ROOM TABLE & 5 C	7/05/03		750			750	S/L	7	0
299	BKM QMRP DESKS & KEY BOARD	7/03/02		1,291			1,291	S/L	7	0
300	BKM QMRP DESKS & KEY BOARD	7/03/02		1,291			1,291	S/L	7	0
301	BKM QMRP DESKS & KEY BOARD	7/03/02		1,291			1,291	S/L	7	0
302	BKM QMRP DESKS & KEY BOARD	7/03/02		1,291			1,291	S/L	7	0
303	PROG DIRECTOR DESK LARGE	2/23/00		803			803	S/L	7	0
304	HERMAN MILLER PLASTIC DESK	4/24/01		215			215	S/L	7	0
305	PROG DIRECTOR DESK MED	2/23/00		599			599	S/L	7	0
306	PROG DIR 6 SHELF WOOD BOOKCA	7/05/94		375			375	S/L	7	0
307	HILL ROM CO. RETRACTABLE HOS	3/01/88		600			600	S/L	7	0
308	DEV 2 DRAWER WOOD FILE CABIN	12/19/79		179			179	S/L	7	0
309	DEV DESK - DEV. ASST.	7/05/94		500			500	S/L	7	0
310	DEV DESK - DIRECTOR OF DEV	7/05/94		500			500	S/L	7	0
311	MAROON CLOTH ERGONOMIC DES	12/27/06		359			359	S/L	7	0
312	OFFICE DESK-FINANCE 1	2/01/94		600			600	S/L	7	0
313	FIRE PROOF 2 DRAWER FILE CABI	1/01/85		504			504	S/L	7	0
314	OFFICE DESK-FINANCE 3	2/01/94		600			600	S/L	7	0
315	OFFICE DESK-FINANCE 2	2/01/94		600			600	S/L	7	0
316	ALTO FULL ELECTRIC BEDS - FUL	4/19/00		1,624			1,624	S/L	7	0
317	ULTRACARE 770 ELECTRIC BEDS	11/11/04		1,872			1,872	S/L	7	0
318	ULTRACARE 770 ELECTRIC BEDS	11/11/04		1,872			1,872	S/L	7	0
319	ECHO FULL ELECTRIC BED W/ RAI	12/03/04		1,178			1,178	S/L	7	0
320	SC 900-FULL ELECTRIC BEDS W/	3/19/08		977			977	S/L	7	0
321	ULTRACARE 770 ELECTRIC BEDS	11/11/04		1,872			1,872	S/L	7	0
322	ECHO FULL ELECTRIC BED W/ RAI	12/03/04		1,178			1,178	S/L	7	0
323	ECHO FULL ELECTRIC BED W/ RAI	12/03/04		1,178			1,178	S/L	7	0
324	EMPLOYEE DINING ROOM TABLES	12/01/99		340			340	S/L	7	0
325	EMPLOYEE DINING ROOM TABLES	12/01/99		340			340	S/L	7	0
326	EMPLOYEE DINING ROOM TABLES	12/01/99		340			340	S/L	7	0
327	EMPLOYEE DINING ROOM TABLES	12/01/99		340			340	S/L	7	0
328	ECHO FULL ELECTRIC BED W/ RAI	12/03/04		1,178			1,178	S/L	7	0
329	ECHO FULL ELECTRIC BED W/ RAI	12/03/04		1,178			1,178	S/L	7	0
330	ECHO FULL ELECTRIC BED W/ RAI	12/03/04		1,178			1,178	S/L	7	0

12/31/24

2024 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 5

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS. PCT.	CUR 179 / SDA	PRIOR 179 / SDA / DEPR.	METHOD	LIFE	CURRENT DEPR.
331	QMRP HON 6 SHELF STORAGE UNI	7/03/02		257			257	S/L	7	0
332	BOW-SHAPED WOOD TABLE META	5/07/01		525			525	S/L	7	0
333	DINING ROOM TABLES - 6' HALF	7/05/94		400			400	S/L	7	0
334	DINING ROOM TABLES - 6' HALF	7/05/94		400			400	S/L	7	0
335	DINING ROOM TABLES - 6' HALF	7/05/94		400			400	S/L	7	0
336	DINING ROOM TABLES - 6' HALF	7/05/94		400			400	S/L	7	0
337	DINING ROOM TABLES - 6' ROUND	7/05/94		450			450	S/L	7	0
338	DINING ROOM TABLES - 6' ROUND	7/05/94		450			450	S/L	7	0
339	DINING ROOM TABLES - 6' ROUND	7/05/94		450			450	S/L	7	0
340	DINING ROOM TABLES - 6' ROUND	7/05/94		450			450	S/L	7	0
341	DINING ROOM TABLES - 7' RECTA	7/05/94		400			400	S/L	7	0
342	DINING ROOM TABLES - 7' RECTA	7/05/94		400			400	S/L	7	0
343	DINING ROOM TABLES - 7' RECTA	7/05/94		400			400	S/L	7	0
344	DINING ROOM TABLES - 7' RECTA	7/05/94		400			400	S/L	7	0
345	DINING ROOM TABLES - 7' RECTA	7/05/94		400			400	S/L	7	0
346	DINING ROOM TABLES - 6' RECTA	7/05/94		400			400	S/L	7	0
347	DINING ROOM TABLES - 6' RECTA	7/05/94		400			400	S/L	7	0
348	DINING ROOM TABLES - 6' RECTA	7/05/94		400			400	S/L	7	0
349	PAINTING BY HENRY R. BLANEY	7/05/94		500			500	S/L	7	0
350	INVCARE ELECTRIC BED - FULL R	10/07/08		1,269			1,269	S/L	7	0
351	INVCARE ELECTRIC BED - FULL R	10/07/08		1,269			1,269	S/L	7	0
352	HILL-ROM CCU HOSPITAL BED	12/19/08		2,400			2,400	S/L	7	0
353	HILL-ROM CENTURY 842 - 2	12/19/08		1,235			1,235	S/L	7	0
354	HILL-ROM CENTURY 842 - 1	12/19/08		1,235			1,235	S/L	7	0
355	HILL-ROM CCU HOSPITAL BED W/	12/19/08		2,400			2,400	S/L	7	0
356	HILL-ROM CCU HOSPITAL BED W/	12/19/08		2,400			2,400	S/L	7	0
357	HILL-ROM CENTURY 842 - 3	12/19/08		1,235			1,235	S/L	7	0
358	HILL-ROM CENTURY 842 - 4	3/04/09		1,235			1,235	S/L	7	0
359	HILL-ROM CENTURY 842 - 5	3/04/09		1,235			1,235	S/L	7	0
360	HILL-ROM CENTURY 842 - 6	3/04/09		1,235			1,235	S/L	7	0
361	HILL-ROM CENTURY 842 - 7	3/04/09		1,235			1,235	S/L	7	0
362	HILL-ROM CENTURY 842 - 11	3/04/09		1,235			1,235	S/L	7	0
363	HILL-ROM CENTURY 842 - 8	3/04/09		1,235			1,235	S/L	7	0
364	HILL-ROM CENTURY 840 - 1	3/04/09		1,235			1,235	S/L	7	0
365	HILL-ROM CENTURY 842 - 9	3/04/09		1,235			1,235	S/L	7	0
366	HILL-ROM CENTURY 842 - 10	3/04/09		1,235			1,235	S/L	7	0
367	HILL-ROM ADVANCE 1000 BED W/	3/04/09		2,400			2,400	S/L	7	0
368	BLOCKHOUSE NIGHT STAND - 1	9/24/09		328			328	S/L	7	0
369	BLOCKHOUSE NIGHT STAND - 2	9/24/09		328			328	S/L	7	0

12/31/24

2024 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 6

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS. PCT.	CUR 179 / SDA	PRIOR 179 / SDA / DEPR.	METHOD	LIFE	CURRENT DEPR.
370	BLOCKHOUSE NIGHT STAND - 3	9/24/09		328		328	328	S/L	7	0
371	BLOCKHOUSE NIGHT STAND - 4	9/24/09		328		328	328	S/L	7	0
372	BLOCKHOUSE NIGHT STAND - 5	9/24/09		328		328	328	S/L	7	0
373	BLOCKHOUSE NIGHT STAND - 6	9/24/09		328		328	328	S/L	7	0
374	BLOCKHOUSE NIGHT STAND - 7	9/24/09		328		328	328	S/L	7	0
375	BLOCKHOUSE NIGHT STAND - 8	9/24/09		328		328	328	S/L	7	0
376	BLOCKHOUSE NIGHT STAND - 9	9/24/09		328		328	328	S/L	7	0
377	BLOCKHOUSE NIGHT STAND - 10	9/24/09		328		328	328	S/L	7	0
378	BLOCKHOUSE NIGHT STAND - 11	9/24/09		328		328	328	S/L	7	0
379	BLOCKHOUSE NIGHT STAND - 12	9/24/09		328		328	328	S/L	7	0
380	BLOCKHOUSE NIGHT STAND - 13	9/24/09		328		328	328	S/L	7	0
381	BLOCKHOUSE NIGHT STAND - 14	9/24/09		328		328	328	S/L	7	0
382	BLOCKHOUSE NIGHT STAND - 15	9/24/09		328		328	328	S/L	7	0
383	BLOCKHOUSE NIGHT STAND - 16	9/24/09		328		328	328	S/L	7	0
384	BLOCKHOUSE NIGHT STAND - 17	9/24/09		328		328	328	S/L	7	0
385	BLOCKHOUSE NIGHT STAND - 18	9/24/09		328		328	328	S/L	7	0
386	BLOCKHOUSE NIGHT STAND - 19	9/24/09		328		328	328	S/L	7	0
387	BLOCKHOUSE NIGHT STAND - 20	7/24/09		328		328	328	S/L	7	0
388	BLOCKHOUSE NIGHT STAND - 21	9/24/09		328		328	328	S/L	7	0
389	BLOCKHOUSE NIGHT STAND - 22	9/24/09		328		328	328	S/L	7	0
390	BLOCKHOUSE NIGHT STAND - 23	9/24/09		328		328	328	S/L	7	0
391	BLOCKHOUSE NIGHT STAND - 24	9/24/09		328		328	328	S/L	7	0
392	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228		228	228	S/L	7	0
393	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228		228	228	S/L	7	0
394	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228		228	228	S/L	7	0
395	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228		228	228	S/L	7	0
396	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228		228	228	S/L	7	0
397	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228		228	228	S/L	7	0
398	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228		228	228	S/L	7	0
399	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228		228	228	S/L	7	0
400	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228		228	228	S/L	7	0
401	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228		228	228	S/L	7	0
402	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228		228	228	S/L	7	0
403	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228		228	228	S/L	7	0
404	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228		228	228	S/L	7	0
405	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228		228	228	S/L	7	0
406	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228		228	228	S/L	7	0
407	BLOCKHOUSE REGENT CHAIR-BA	10/23/09		1,263		1,263	1,263	S/L	7	0
408	BLOCKHOUSE REGENT CHAIR-BA	10/23/09		1,263		1,263	1,263	S/L	7	0

12/31/24

2024 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 7

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS. PCT.	CUR 179 / SDA	PRIOR 179 / SDA / DEPR.	METHOD	LIFE	CURRENT DEPR.
409	BLOCKHOUSE REGENT CHAIR-ST	10/23/19		1,263			1,263	S/L	7	0
410	BLOCKHOUSE REGENT CHAIR-ST	10/23/09		1,263			1,263	S/L	7	0
411	BLOCKHOUSE REGENT SOFA-TEA	10/23/09		2,470			2,470	S/L	7	0
412	BLOCKHOUSE REGENT SOFA-SPO	10/23/09		2,221			2,221	S/L	7	0
413	BLOCKHOUSE REGENT SOFA-SPO	10/23/09		1,669			1,669	S/L	7	0
414	BLOCKHOUSE REGENT LOVE SEA	10/23/09		1,669			1,669	S/L	7	0
415	HON LOCKING 4 DRAWER VERTICA	12/21/12		539			539	S/L	7	0
416	HON LOCKING 4 DRAWER VERTICA	12/21/12		539			539	S/L	7	0
417	HOSPITAL BEDS	7/01/16		20,000			20,000	S/L	3	0
TOTAL FURNITURE AND FIXTURE				141,956		0	141,956			0
IMPROVEMENTS										
2	BLACKTOP PAVING	6/01/81		12,981			12,981	S/L	40	0
3	PARTIAL FENCE	6/01/84		850			841	S/L	40	9
4	HYDRANT INSTALLATION	2/01/90		10,886			9,230	S/L	40	272
5	PERMIT FOR POOL ROOM OSPD	4/01/90		406			343	S/L	40	10
6	CITY OF SB INSTALLATION FEES	6/01/90		3,200			2,687	S/L	40	80
7	DAVIS LANE SURVEY	6/01/90		1,140			958	S/L	40	29
8	PAVING ROAD HH FROM ENTRANC	7/01/91		30,166			24,510	S/L	40	754
9	PAVING - PATCH ROAD	6/01/93		4,743			3,627	S/L	40	119
10	WOODEN FENCE	7/01/93		1,740			1,327	S/L	40	44
11	SIDEWALKS & ASPHALT	5/01/95		24,045			17,232	S/L	40	601
12	CHAIN LINK FENCE	10/01/95		3,900			2,755	S/L	40	98
13	PAVING - FRONT YARD BUILDING	3/01/97		6,678			4,480	S/L	40	167
14	ASPHALT (NEW BASE, STRIPE, P	10/01/98		8,060			5,088	S/L	40	202
15	SEWER CLEAR OUT-FRONT LAWN	2/25/08		4,241			1,679	S/L	40	106
16	WATER METER #47-010-39 1988	10/01/88		1,715			1,512	S/L	40	43
17	WATER METER INSTALLATION 19	9/01/90		715			596	S/L	40	18
18	FRONT DRIVE ASPHALT & ROAD R	6/11/11		10,070			3,168	S/L	40	252
19	BUS LOOP & PARKING SEALING &	8/02/11		4,950			1,537	S/L	40	124
20	ASPHALT PATCH AND SEAL COAT	8/27/13		12,300			3,178	S/L	40	308
21	SEAL COATING, ASPHALT MAITEN	10/22/18		29,199			15,086	S/L	10	2,920
22	GENERATOR SLAB AND IMPROVE	4/22/19		144,676			67,515	S/L	10	14,468
23	LAUNDRY ROAD ASPHALT SEALIN	1/21/10		5,346			1,860	S/L	40	134
424	PAVING OF EXIT DRIVE FROM PAR	3/31/23		14,500			1,088	S/L	10	1,450
425	PATIO PAVERS	7/18/23		23,616			984	S/L	10	2,362
TOTAL IMPROVEMENTS				360,123		0	184,262			24,570

12/31/24

2024 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 8

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
LAND										
1	LAND	11/01/53		30,000						0
	TOTAL LAND			30,000		0	0			0
MACHINERY AND EQUIPMENT										
109	DAY & NIGHT HEATING UNIT	2/01/91		2,200		2,200	2,200	S/L	5	0
110	BOILER CIRCULATING PUMPS 1	1/09/92		750		750	750	S/L	5	0
111	BOILER CIRCULATING PUMPS 2	1/09/92		750		750	750	S/L	5	0
112	SMOKE DETECTORS & CALIBRATI	8/04/06		4,547		4,547	4,547	S/L	5	0
113	MCGOWAN GUNTERMANN - ACCPA	1/01/00		10,700		10,700	10,700	S/L	5	0
114	HABILITATION SOFTWARE	6/14/96		7,697		7,697	7,697	S/L	5	0
115	COIL REPLACEMENT YORK FC-5	7/12/07		4,660		4,660	4,660	S/L	5	0
116	COIL REPLACEMENT YORK FC-8	7/12/07		4,660		4,660	4,660	S/L	5	0
117	ROLL OFF #1	5/01/94		3,707		3,707	3,707	S/L	5	0
118	BOILER ROOM FAN	12/01/62		3,547		3,547	3,547	S/L	5	0
119	WALK-IN FREEZER-OVER-HAUL	7/09/92		3,810		3,810	3,810	S/L	5	0
120	WICK BOILER CAST IRON SECTION	6/12/98		3,310		3,310	3,310	S/L	5	0
121	WALK-IN FREEZER DOOR REPLAC	4/01/98		2,317		2,317	2,317	S/L	5	0
122	WHITE RODGERS THERMOSTATS	5/01/98		1,775		1,775	1,775	S/L	5	0
123	ROYAL ALUMINUM STORAGE SHE	6/07/96		1,300		1,300	1,300	S/L	5	0
124	WICK BOILER CAST IRON SECTION	5/04/07		5,775		5,775	5,775	S/L	5	0
125	COMPUTER NETWORK WIRING FOR	2/09/06		1,050		1,050	1,050	S/L	5	0
126	HOT WATER REGULATOR VACUUM	2/19/07		841		841	841	S/L	5	0
127	CU-7 HVAC COMPRESSOR UNIT	7/17/08		4,269		4,269	4,269	S/L	5	0
128	2010 YORK A/C UNIT-CU-1&5 COM	11/02/10		5,890		5,890	5,890	S/L	5	0
129	MS EXHANGE SERVER SOFTWARE	12/15/10		1,737		1,737	1,737	S/L	5	0
130	ROOM RE-MODEL TELEVISIONS	7/15/11		14,848		14,848	14,848	S/L	5	0
131	CARETRACKER SYSTEM	6/12/12		12,762		12,762	12,762	S/L	5	0
132	KEANE CARE SYSTEM NURSING S	10/01/12		31,119		31,119	31,119	S/L	5	0
133	SWINGMASTER 900 RETROFIT	6/12/12		1,009		1,009	1,009	S/L	5	0
134	HVAC EXHAUST FAN REPLACEME	9/10/12		7,400		7,400	7,400	S/L	5	0
135	JOHN DEERE D170 TRACTOR	10/04/12		3,123		3,123	3,123	S/L	5	0
136	RAYPAK HYDRONIC HEATING BOIL	12/18/12		8,385		8,385	8,385	S/L	5	0
137	HVAC SUPERVISORY PANEL	2/06/13		2,000		2,000	2,000	S/L	5	0
138	WATTS MIXING VALVE INSTALLAT	5/30/13		3,500		3,500	3,500	S/L	5	0
139	COMPRESSOR A/C	7/28/13		1,401		1,401	1,401	S/L	5	0
140	HILLSIDE ANTHEM VIDEO	8/05/19		15,330		15,330	15,330	S/L	5	0

12/31/24 2024 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE PAGE 9

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS. PCT.	CUR 179 / SDA	PRIOR 179 / SDA / DEPR.	METHOD	LIFE	CURRENT DEPR.
141	FIRE ALARM SYSTEM	7/01/16		8,793			8,793	S/L	5	0
142	SLICER - HOBART	6/29/96		3,152			3,152	S/L	5	0
143	DISH WARMER	2/01/98		1,100			1,100	S/L	5	0
144	GARBAGE DISPOSAL	8/03/07		2,224			2,224	S/L	5	0
145	WOLF STOVE & GRIDDLE	7/08/68		2,500			2,500	S/L	5	0
146	WOLF STOVE & RANGE	7/08/68		2,500			2,500	S/L	5	0
147	HUEBSCH DRYER #2	8/22/00		3,020			3,020	S/L	5	0
148	SPEED QUEEN DRYER #1	10/18/96		3,615			3,615	S/L	5	0
149	PRIME ENGINEER LIFT 2	8/14/00		2,150			2,150	S/L	5	0
150	PRIME ENGINEER LIFT 1	8/14/00		2,150			2,150	S/L	5	0
151	RIFTON 3 WHEEL BIKE	1/01/00		1,725			1,725	S/L	5	0
152	TIILT TABLE - MANUAL ADULT SI	10/02/98		1,971			1,971	S/L	5	0
153	E-Z STAND PREMIERE 400LB	9/29/06		4,995			4,995	S/L	5	0
154	GULDmann LIFT	4/13/04		12,299			12,299	S/L	5	0
155	H2O SOFTNER CONTROLS & TANK	1/11/06		1,775			1,775	S/L	5	0
156	UNIMAC WASHER #2	12/01/05		11,517			11,517	S/L	5	0
157	SPEED QUEEN WASHER #3	4/01/06		7,897			7,897	S/L	5	0
158	SPEED QUEEN DRYER #3	10/18/96		2,945			2,945	S/L	5	0
159	MIDLAND PARALLEL BARS	6/15/98		1,565			1,565	S/L	5	0
160	EXECUTONE NURSES ROOM MONI	2/01/92		16,483			16,483	S/L	5	0
161	DELTA TABLE SAW	1/01/95		1,115			1,115	S/L	5	0
162	SIGMA 205 LIFT	7/13/06		1,200			1,200	S/L	5	0
163	FIRE ALARM PANEL	3/23/07		6,275			6,275	S/L	5	0
164	POTTER ROEMER FIRE HOSE SYS	5/20/93		700			700	S/L	5	0
165	POTTER ROEMER FIRE HOSE SYS	5/20/93		700			700	S/L	5	0
166	POTTER ROEMER FIRE HOSE SYS	5/20/93		700			700	S/L	5	0
167	RAY PAK POOL HEATER	2/05/89		1,895			1,895	S/L	5	0
168	MIDLAND STANDING SUPPORT	6/15/98		750			750	S/L	5	0
169	FLAGHOUSE TABLE & ROYAL BLU	6/09/99		457			457	S/L	5	0
170	FLAGHOUSE TABLE & ROYAL BLU	6/09/99		457			457	S/L	5	0
171	FLAGHOUSE TABLE & ROYAL BLU	6/09/99		457			457	S/L	5	0
172	DUAL GEM PROJECTOR	2/12/04		1,200			1,200	S/L	5	0
173	GROOVE WHEEL PROJECTOR	9/01/01		750			750	S/L	5	0
174	H2O II PROJECTOR	9/01/01		750			750	S/L	5	0
175	PROFESSIONALS LIGHT MIXER	2/12/01		850			850	S/L	5	0
177	WEIL-MCLAIN BOILER 1	12/08/68		3,500			3,500	S/L	5	0
178	WEIL-MCLAIN BOILER 2	12/08/68		3,500			3,500	S/L	5	0
179	METASYS BOILER CONTROL SYS	12/05/07		2,994			2,994	S/L	5	0
180	JOHN DEERE RIDING MOWER	12/13/00		4,500			4,500	S/L	5	0

12/31/24 2024 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE PAGE 10

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS. PCT.	CUR 179 / SDA	PRIOR 179 / SDA / DEPR.	METHOD	LIFE	CURRENT DEPR.
181	LINCOLN WELDER WIRE-MATIC	1/25/96		2,541			2,541	S/L	5	0
182	YORK A/C UNIT-CU-7	9/18/89		4,000			4,000	S/L	5	0
183	RCA CAMCORDER W/CHARGER &	4/01/94		885			885	S/L	5	0
184	HARLOFF TREATMENT CART	9/13/07		1,114			1,114	S/L	5	0
185	HOSPITAL CHART CART-#1	5/01/88		719			719	S/L	5	0
186	HOSPITAL CHART CART-#2	5/01/88		719			719	S/L	5	0
187	YORK A/C UNIT-CU-9	9/18/89		4,000			4,000	S/L	5	0
188	YORK A/C UNIT-CU-8	9/18/99		4,000			4,000	S/L	5	0
189	YORK A/C UNIT-CU-10	9/18/99		4,000			4,000	S/L	5	0
190	YORK A/C UNIT-CU-5	9/18/99		4,000			4,000	S/L	5	0
191	YORK A/C UNIT-CU-2	9/18/99		4,000			4,000	S/L	5	0
192	YORK A/C UNIT-CU-1	9/18/99		4,000			4,000	S/L	5	0
193	BRYANT A/C UNIT-CU-3	9/18/99		4,000			4,000	S/L	5	0
194	BRYANT A/C UNIT-CU-6	9/18/89		4,000			4,000	S/L	5	0
195	YORK A/C UNIT-CU-4	9/18/89		4,000			4,000	S/L	5	0
196	COOK ACE AIR MOVER 100 ACE B	9/18/89		1,500			1,500	S/L	5	0
197	COOK ACE AIR MOVER 100 ACE B	9/18/89		1,500			1,500	S/L	5	0
198	COOK ACE AIR MOVER 100 ACE B	9/18/99		1,500			1,500	S/L	5	0
199	COOK ACE AIR MOVER 100 ACE B	9/18/89		1,500			1,500	S/L	5	0
200	COOK ACE AIR MOVER 100 ACE B	9/18/89		1,500			1,500	S/L	5	0
201	COOK ACE AIR MOVER 100 ACE B	9/18/89		1,500			1,500	S/L	5	0
202	COOK ACE AIR MOVER 100 ACE B	9/18/89		1,500			1,500	S/L	5	0
203	COOK ACE AIR MOVER 100 ACE B	9/18/89		1,500			1,500	S/L	5	0
204	COOK ACE AIR MOVER 100 ACE B	9/18/89		1,500			1,500	S/L	5	0
205	COOK ACE AIR MOVER 100 ACE B	9/18/89		1,500			1,500	S/L	5	0
206	COOK ACE AIR MOVER 100 ACE B	9/18/89		1,500			1,500	S/L	5	0
207	COOK ACE AIR MOVER 100 ACE B	9/18/89		1,500			1,500	S/L	5	0
208	BDP/CARRIER A/C UNIT-FINANCE	2/01/86		3,500			3,500	S/L	5	0
209	SQUARE D BREAKER PANELS	9/18/89		4,000			4,000	S/L	5	0
210	SQUARE D BREAKER PANELS	9/18/89		4,000			4,000	S/L	5	0
211	ADOBE AIR EVAPORATIVE AIR CO	6/02/84		1,500			1,500	S/L	5	0
212	UTILITY AIR BLOWER/KITCHEN E	8/01/87		3,957			3,957	S/L	5	0
213	YORK AIR HANDLER FC-5	9/18/89		15,000			15,000	S/L	5	0
214	YORK AIR HANDLER FC-3	9/18/89		15,000			15,000	S/L	5	0
215	YORK AIR HANDLER FC-1	9/18/89		15,000			15,000	S/L	5	0
216	YORK AIR HANDLER FC-2	9/18/89		15,000			15,000	S/L	5	0
217	YORK AIR HANDLER FC-4	9/18/89		15,000			15,000	S/L	5	0
218	YORK AIR HANDLER FC-8	9/18/89		15,000			15,000	S/L	5	0
219	YORK AIR HANDLER FC-9	9/18/89		15,000			15,000	S/L	5	0

12/31/24 2024 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE PAGE 11

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS. PCT.	CUR 179 / SDA	PRIOR 179 / SDA / DEPR.	METHOD	LIFE	CURRENT DEPR.
220	YORK AIR HANDLER FC-10	9/18/89		15,000			15,000	S/L	5	0
221	YORK AIR HANDLER FC-6	9/18/89		15,000			15,000	S/L	5	0
222	YORK AIR HANDLER FC-7	9/18/89		15,000			15,000	S/L	5	0
223	ALLIED SAFE	6/07/67		250			250	S/L	5	0
224	GULDmann DH 2000 POOL LIFT &	1/25/99		7,537			7,537	S/L	5	0
225	HOSHIZAKI ICE DISPENSER	5/25/06		3,371			3,371	S/L	5	0
226	WALK-IN FREEZER-DOUBLE AIR F	5/01/98		2,180			2,180	S/L	5	0
227	STOVE EXHAUST HOOD & FIRE S	6/09/06		8,913			8,913	S/L	5	0
228	WALK-IN FREEZER COMPRESSOR	7/01/88		2,755			2,755	S/L	5	0
229	WALK-IN REFRIGERATOR COMPRE	4/01/97		1,618			1,618	S/L	5	0
230	WALK-IN REFRIGERATOR-DOUBLE	4/05/97		1,200			1,200	S/L	5	0
231	DUKE STEAM TABLE	10/08/92		734			734	S/L	5	0
232	STAINLESS STEEL TABLE - 8' X	8/06/87		729			729	S/L	5	0
233	MIXER-HOBART	2/07/88		2,300			2,300	S/L	5	0
234	FOOD PROCESSOR - ROBOT COUP	10/24/07		1,159			1,159	S/L	5	0
235	E-Z STAND 400 LB W/SCALE	3/30/00		5,227			5,227	S/L	5	0
236	NEC LCD PROJECTOR	11/22/06		1,193			1,193	S/L	5	0
237	POT RACK IN KITCHEN	8/01/88		551			551	S/L	5	0
238	SPG CO. H2O SOFTNER	1/11/06		4,525			4,525	S/L	5	0
239	KOHLER POWER SYSTEM TRANSF	8/01/86		2,171			2,171	S/L	5	0
240	MOVEABLE BINDERS	7/01/87		593			593	S/L	5	0
241	KEY MACHINE	11/15/96		610			610	S/L	5	0
242	MOVE THERAPY EQUIP 1	4/01/03		3,162			3,162	S/L	5	0
243	MOVE THERAPY EQUIP 2	4/01/03		3,162			3,162	S/L	5	0
244	GULDmann HD 440LB LIFT	6/14/04		3,939			3,939	S/L	5	0
245	3 SECTION MOBILE MIRROR	10/01/98		929			929	S/L	5	0
246	DELL OPTI-PLEX 755 #2	10/31/08		1,411			1,411	S/L	5	0
247	DELL OPTI-PLEX 755 #3	10/31/08		1,411			1,411	S/L	5	0
248	PWEHEART G3 AUTOMATIC AED	10/29/08		2,325			2,329	S/L	5	0
249	DELL OPTI-PLEX 755 #4 - 273914	2/27/09		1,437			1,437	S/L	5	0
250	DELL OPTI-PLEX 755 #5	2/27/09		1,437			1,437	S/L	5	0
251	E-Z STAND-2	8/10/09		1,960			1,960	S/L	5	0
252	SNAC FIRE PANEL	8/17/09		2,970			2,970	S/L	5	0
253	GENDRON GURNEY 1	12/30/09		1,659			1,659	S/L	5	0
254	GENDRON GURNEY 2	12/30/09		1,659			1,659	S/L	5	0
255	STRYKER 1027 TRAUMA STRETC	5/26/10		2,100			2,100	S/L	5	0
256	DELL OPTIPLEX 780 #2	5/21/10		1,253			1,253	S/L	5	0
257	STRYKER 1020 TRAUMA STRETC	5/26/10		2,100			2,100	S/L	5	0
258	VOLROTH FOOD CARTS MODEL 97	12/15/10		542			542	S/L	5	0

12/31/24 2024 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE PAGE 12

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS. PCT.	CUR 179 / SDA	PRIOR 179 / SDA / DEPR.	METHOD	LIFE	CURRENT DEPR.
259	VOLROTH FOOD CARTS MODEL 97	12/15/10		542			542	S/L	5	0
260	VOLROTH FOOD CARTS MODEL 97	12/15/10		542			542	S/L	5	0
261	ROBCOUP R301 ULTRA SERIES D	12/02/10		1,458			1,458	S/L	5	0
262	KITCHEN ROOF EVAPORATION CO	8/22/11		8,624			8,624	S/L	5	0
263	RELIANT 450 SERIES FLOOR LIFT	7/11/12		3,279			3,279	S/L	5	0
264	TENNANT DUAL SPEED FLOOR BU	7/08/12		1,321			1,321	S/L	5	0
265	DELL - OPTIPLEX 7010 DESKTOP	2/26/13		1,478			1,478	S/L	5	0
266	DELL - OPTIPLEX 7010 DESKTOP	2/26/13		1,479			1,479	S/L	5	0
267	DELL - OPTIPLEX 7010 DESKTOP	2/26/13		1,479			1,479	S/L	5	0
268	DELL - OPTIPLEX 7010 DESKTOP	2/26/13		1,479			1,479	S/L	5	0
269	SUMMIT WET DRY VAC WITH SQU	12/31/12		1,059			1,059	S/L	5	0
270	SOLO PRO FIREPROOF WATERPRO	2/12/13		1,953			1,953	S/L	5	0
271	SONIC WALL	3/18/13		1,116			1,116	S/L	5	0
272	PANASONIC TELEPHONE SYSTEM	7/05/13		10,603			10,603	S/L	5	0
273	SERVER - POWEREDGE T620	8/15/13		11,061			11,061	S/L	5	0
274	SERVER	12/31/17		12,147			12,147	S/L	5	0
275	BACKUP GENERATOR - CATERPIL	4/22/16		55,854			52,131	S/L	5	3,723
276	HOSHIZAKI ICE MAKER -WATER D	4/28/22		5,395			895	S/L	10	540
277	YORK A/C UNIT-CU-7 COMPRESSO	6/01/10		2,710			2,710	S/L	5	0
428	HOBART LEGACY PLUS	3/16/23		15,058			2,259	S/L	5	3,012
430	COMMANDER WATER SOFTENER	5/20/24		5,495				S/L	5	641
431	CEILING LIFT - EZ WAY INC	7/18/24		13,842				S/L	5	1,154
432	HIPPOCAMPE ALL TERRAIN BEAC	10/01/24		8,383				S/L	5	419
433	HIPPOCAMPE ALL TERRAIN BEAC	10/01/24		8,383				S/L	5	419
TOTAL MACHINERY AND EQUIPM				790,042			0	732,921		9,908
TOTAL DEPRECIATION				2,926,290			0	2,210,623		86,633
GRAND TOTAL DEPRECIATION				2,926,290			0	2,210,623		86,633

12/31/24

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
AUTO / TRANSPORT EQUIPMENT																
418	2002 DODGE WHITE VAN #6	11/12/01		42,028						42,028	42,028	S/L	5		0	
419	1988 FORD PICK-UP #1	1/01/89		11,657						11,657	11,657	S/L	5		0	
420	FORD E250 2009	4/21/09		37,138						37,138	37,138	S/L	5		0	
421	FORD E250 2010 SIDE LIFT	9/02/10		37,204						37,204	37,204	S/L	5		0	
422	FORD F150 2016 TRANSIT VAN	10/01/15		48,682						48,682	48,682	S/L	5		0	
423	2019 DODGE CARAVAN - REAR EN	12/30/20		38,562						38,562	23,137	S/L	5		7,712	
429	2023 DODGE RAM PROMASTER TR	5/09/23		93,195						93,195	9,315	S/L	5		18,639	
TOTAL AUTO / TRANSPORT EQUIP				308,466		0	0	0	0	308,466	209,161				26,351	
BUILDINGS																
24	FOREMAN'S HOUSE	11/01/53		8,000						8,000	8,000	S/L	40		0	
25	GARDEN SHOP BUILDING	11/01/53		2,000						2,000	2,000	S/L	40		0	
26	HARMONY HOUSE BUILDING	11/01/53		15,000						15,000	15,000	S/L	40		0	
27	HILLSIDE HOUSE BUILDING	4/01/55		267,066						267,066	267,066	S/L	40		0	
28	LAUNDRY BUILDING	4/01/55		3,000						3,000	3,000	S/L	40		0	
29	TERAPY POOL	12/15/59		8,000						8,000	8,000	S/L	40		0	
30	WHEEL CHAIR RAMP	9/01/79		1,507						1,507	1,507	S/L	40		0	
31	MOBILITY STORAGE BUILDING	1/01/83		10,859						10,859	10,859	S/L	40		0	
32	RECORDS & INVENTORY BUILDING	1/01/83		10,859						10,859	10,859	S/L	40		0	
33	METAL AWNINGS OUTSIDE NURSI	1/01/83		734						734	734	S/L	40		0	
34	MAINTENANCE SHOP	1/01/84		10,609						10,609	10,609	S/L	40		0	
35	WALL COVERING-WAINSQUATING	7/01/84		13,286						13,286	13,120	S/L	40		166	
36	NEW ADDITION - FINANCE & DEVE	12/01/84		45,594						45,594	44,549	S/L	40		1,045	

12/31/24

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
37	MAIN BUILDING ROOFING 1985	3/01/85		24,240							24,240	23,533	S/L	40		606
38	HARMONY HOUSE - NEW SHINGLE	7/01/86		5,050							5,050	4,734	S/L	40		126
39	INTERIOR MODIFICATION TO NUR	11/01/86		21,156							21,156	19,658	S/L	40		529
40	LABOR TRANSPORTING 2 HOUSES	6/01/87		16,000							16,000	14,633	S/L	40		400
41	NEW ROOF & FOUNDATION 2 DONA	6/01/87		75,011							75,011	68,603	S/L	40		1,875
42	JODI HOUSE	6/01/87		45,505							45,505	41,619	S/L	40		1,138
43	STORAGE BUILDING #1	6/01/87		45,505							45,505	41,619	S/L	40		1,138
44	WALL COVERING WAINSCOATING- H	7/01/87		857							857	781	S/L	40		21
45	RESIDENTS LOUNGE FLOORING 19	9/01/87		1,156							1,156	1,050	S/L	40		29
46	BATHROOM RE-MODEL TUBS1988	1/01/88		6,502							6,502	5,853	S/L	40		163
47	PERMIT (BUILDING IMPROV) JODI	11/01/89		3,680							3,680	3,143	S/L	40		92
48	AIR CONDITIONING DUCTING 1990	9/01/90		2,338							2,338	1,948	S/L	40		58
49	KITCHEN FLOOR TILING	10/01/90		21,787							21,787	18,111	S/L	40		545
50	ALUMINUM FLOOR GRATE - BASE	1/21/91		1,191							1,191	980	S/L	40		30
51	BLDG REMODEL - STORAGE & LIB	1/01/92		10,255							10,255	8,204	S/L	40		256
52	ROOFING FOR BUILDING 1, 2, & 3	5/01/92		2,500							2,500	1,980	S/L	40		63
53	REMODELING BLDG - NURSING AD	5/01/93		6,000							6,000	4,600	S/L	40		150
54	RE-MODEL NURSES OFFICES	5/01/93		6,000							6,000	4,600	S/L	40		150
55	STRIPPED & CLEANED BUILDING 1	6/01/94		9,592							9,592	7,094	S/L	40		240
56	PRIVATE """"RESIDENT'S ROOM"""	8/01/94		12,161							12,161	8,943	S/L	40		304
57	IMPERIAL TEXTURE - PAINTING R	3/01/95		3,595							3,595	2,592	S/L	40		90
58	PAINTING OF POOL ROOM 1994	4/01/95		4,700							4,700	3,379	S/L	40		118
59	LAUNDRY BLDG IMPROV & PANEL	6/01/97		11,305							11,305	7,513	S/L	40		283
60	MEN'S BATH REMODELING 4/1/98	4/01/98		4,180							4,180	2,691	S/L	40		105
61	WOODEN DIVIDER FOLDING DIVIDE	6/01/98		5,977							5,977	3,822	S/L	40		149
62	INTERIOR PLASTERING ON WALL	8/01/98		1,650							1,650	1,048	S/L	40		41
63	DINING ROOM REMODEL 1999	7/01/99		3,398							3,398	2,082	S/L	40		85

12/31/24

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 3

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/BONUS/SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG/BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
64	RESIDENTS LOUNGE REMODEL	8/01/99		2,378							2,378	1,451	S/L	40		59
65	RESIDENTS ACTIVITY ROOM REM	8/01/99		2,378							2,378	1,451	S/L	40		59
66	WHEELCHAIR CHARGING STATION	1/01/00		6,771							6,771	4,062	S/L	40		169
67	AUTOMATIC DOOR HALLWAY 2001	4/01/01		12,982							12,982	7,384	S/L	40		325
68	HVAC UPGRADE 2003	7/01/03		21,697							21,697	11,119	S/L	40		542
69	AUTOMATIC DOORS LOUNGE 2003	10/01/03		13,784							13,784	6,979	S/L	40		345
70	ROOFING PROJECT - 2006	1/31/06		7,450							7,450	3,337	S/L	40		186
71	CORREGATED METAL LAUNDRY R	9/29/06		1,102							1,102	476	S/L	40		28
72	HOT WATER CIRCULATION SYSTE	9/25/07		5,577							5,577	2,265	S/L	40		139
73	KITCHEN ROOFING REPAIR	12/05/07		3,140							3,140	1,263	S/L	40		79
74	FIRE ALARM EQUIPMENT	5/01/98		19,732							19,732	12,661	S/L	40		493
75	SECURE CARE DOOR ALARM SYST	7/01/95		18,771							18,771	13,374	S/L	40		469
76	FIRE SPRINKLER SYSTEM	6/01/98		1,023							1,023	655	S/L	40		26
77	CLINIC SINK - NURSE	10/01/84		1,707							1,707	1,675	S/L	40		32
78	NURSES CABINETS & FIXTURES	11/01/86		5,492							5,492	5,103	S/L	40		137
79	HEATING AND A/C INSTALLATION	9/18/89		57,815							57,815	49,504	S/L	40		1,445
80	KITCHEN RE-MODEL 2007-2008	4/30/08		28,817							28,817	11,286	S/L	40		720
81	FIRE SPINKLER HEAD REPLACMEN	6/18/08		13,500							13,500	5,232	S/L	40		338
82	KITCHEN DRAINAGE PIPES 12/08	12/09/08		17,656							17,656	6,657	S/L	40		441
83	WATER CIRCULATION SYSTEM RE	5/15/09		9,392							9,392	3,444	S/L	40		235
84	POOL ROOM REMODEL 081509	8/01/09		9,033							9,033	3,256	S/L	40		226
85	ROOFING REPAIR 2009 DERRICK'S	12/04/09		19,017							19,017	6,695	S/L	40		475
86	JODI HOUSE RE-MODEL	8/15/10		18,965							18,965	6,361	S/L	40		474
87	BATHROOM RE-MODEL TUBS	6/30/97		9,853							9,853	6,527	S/L	40		246
88	RAYPAK RAYTHERM 400 HEATER	12/27/10		8,865							8,865	2,882	S/L	40		222
89	ROOFING REPAIR	1/27/11		5,680							5,680	1,834	S/L	40		142
90	OUTSIDE LIGHTING LOADING DOCK	4/04/11		2,194							2,194	700	S/L	40		55

12/31/24

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 4

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/BONUS/SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG/BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
91	ROOM RE-MODEL WALL REFURBIS	7/15/11		51,220							51,220	16,007	S/L	40		1,281
92	ROOFING REPAIR	11/29/11		1,178							1,178	355	S/L	40		29
93	FRONT OFFICE CEILING REPAIR FL	2/14/12		1,390							1,390	414	S/L	40		35
94	DINING ROOM AREA ROOFING	11/21/12		3,284							3,284	910	S/L	40		82
95	ELECTRICAL MAPPING PROJECT	11/14/12		16,498							16,498	4,605	S/L	40		412
96	DINING ROOM DOOR HINGE INSTAL	11/14/12		2,109							2,109	589	S/L	40		53
97	LAMINATE COUNTER TOP	9/25/12		1,055							1,055	296	S/L	40		26
98	SHOWER UPGRADE	10/05/12		1,592							1,592	448	S/L	40		40
99	BATHTUB PROJECT	3/19/13		9,036							9,036	2,428	S/L	40		226
100	SECURE DOOR	10/24/13		6,420							6,420	1,632	S/L	40		161
101	HARMONY HOUSE REMODEL	4/01/15		16,248							16,248	3,554	S/L	40		406
102	WATER HEATER/OSHPD PROJECT	7/01/15		84,723							84,723	18,004	S/L	40		2,118
103	WATERLINE AND CLEANOUT	7/30/18		4,850							4,850	2,627	S/L	10		485
104	ELECTRICAL UPGRADE - BREAKER	8/12/18		7,976							7,976	4,321	S/L	10		798
105	LAUNDRY ROOM UPGRADE - SLAB	4/05/20		6,635							6,635	4,976	S/L	5		1,327
106	BREAKER BOX & WIRE REPLACEM	12/19/07		4,170							4,170	1,667	S/L	40		104
107	WATER HEATER REGULATOR & PI	1/27/06		983							983	441	S/L	40		25
108	RECEPTION AREA GLASS STOREF	2/16/10		3,760							3,760	1,300	S/L	40		94
TOTAL BUILDINGS				1,295,703		0	0	0	0	0	1,295,703	942,323				25,804
FURNITURE AND FIXTURES																
278	SHELVES - MAIN SHOP	12/01/83		450							450	450	S/L	7		0
279	POOL GRAB BAR - 90 FT. METAL	6/01/89		955							955	955	S/L	7		0
280	LOUNGE ROOM LIGHTING	8/01/88		2,891							2,891	2,891	S/L	7		0
281	HARMONY HOUSE DOORS KNOBS	4/13/11		1,197							1,197	1,197	S/L	7		0
282	ROOM RE-MODEL-DRAPES	6/30/11		11,068							11,068	11,068	S/L	7		0

12/31/24

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 5

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
283	ROOM RE-MODEL NIGHT STAND R	3/01/11		1,680							1,680	1,680	S/L	7		0
284	CLEANING CLOSET FLOORING & CO	12/14/11		1,093							1,093	1,093	S/L	7		0
285	FRONT OFFICE CARPET	1/18/12		2,545							2,545	2,545	S/L	7		0
286	ADMIN OFFICE CARPET	11/15/12		2,774							2,774	2,774	S/L	7		0
287	TOILET SEAT PROJECT - RESIDEN	1/23/12		3,285							3,285	3,285	S/L	7		0
288	SC 900-FULL ELECTRIC BEDS W/R	3/19/08		977							977	977	S/L	7		0
289	ROLL-TOP DESK 3'	7/05/94		350							350	350	S/L	7		0
290	U-SHAPED WOOD TABLE METAL L	6/05/01		250							250	250	S/L	7		0
291	U-SHAPED WOOD TABLE METAL L	6/05/01		250							250	250	S/L	7		0
292	LAMINATE TABLE 4'X7'	7/05/94		400							400	400	S/L	7		0
293	FIRE PROOF SAFE - IN DRAWER	4/01/87		557							557	557	S/L	7		0
294	SAUDER EXECUTIVE DESK	7/05/94		400							400	400	S/L	7		0
295	LOBBY PAINTING """"THE ROLLER	7/05/94		550							550	550	S/L	7		0
296	WOOD & GLASS CHINA CABINET	7/05/94		600							600	600	S/L	7		0
297	HALF-ROUND TABLE	7/05/94		400							400	400	S/L	7		0
298	CONFERENCE ROOM TABLE & 5 C	7/05/03		750							750	750	S/L	7		0
299	BKM QMRP DESKS & KEY BOARD	7/03/02		1,291							1,291	1,291	S/L	7		0
300	BKM QMRP DESKS & KEY BOARD	7/03/02		1,291							1,291	1,291	S/L	7		0
301	BKM QMRP DESKS & KEY BOARD	7/03/02		1,291							1,291	1,291	S/L	7		0
302	BKM QMRP DESKS & KEY BOARD	7/03/02		1,291							1,291	1,291	S/L	7		0
303	PROG DIRECTOR DESK LARGE	2/23/00		803							803	803	S/L	7		0
304	HERMAN MILLER PLASTIC DESK C	4/24/01		215							215	215	S/L	7		0
305	PROG DIRECTOR DESK MED	2/23/00		599							599	599	S/L	7		0
306	PROG DIR 6 SHELF WOOD BOOKCA	7/05/94		375							375	375	S/L	7		0
307	HILL ROM CO. RETRACTABLE HOS	3/01/88		600							600	600	S/L	7		0
308	DEV 2 DRAWER WOOD FILE CABIN	12/19/79		179							179	179	S/L	7		0
309	DEV DESK - DEV. ASST.	7/05/94		500							500	500	S/L	7		0

12/31/24

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 6

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
310	DEV DESK - DIRECTOR OF DEV	7/05/94		500							500	500	S/L	7		0
311	MAROON CLOTH ERGONOMIC DES	12/27/06		359							359	359	S/L	7		0
312	OFFICE DESK-FINANCE 1	2/01/94		600							600	600	S/L	7		0
313	FIRE PROOF 2 DRAWER FILE CABINET	1/01/85		504							504	504	S/L	7		0
314	OFFICE DESK-FINANCE 3	2/01/94		600							600	600	S/L	7		0
315	OFFICE DESK-FINANCE 2	2/01/94		600							600	600	S/L	7		0
316	ALTO FULL ELECTRIC BEDS - FULL	4/19/00		1,624							1,624	1,624	S/L	7		0
317	ULTRACARE 770 ELECTRIC BEDS/	11/11/04		1,872							1,872	1,872	S/L	7		0
318	ULTRACARE 770 ELECTRIC BEDS/	11/11/04		1,872							1,872	1,872	S/L	7		0
319	ECHO FULL ELECTRIC BED W/ RAI	12/03/04		1,178							1,178	1,178	S/L	7		0
320	SC 900-FULL ELECTRIC BEDS W/R	3/19/08		977							977	977	S/L	7		0
321	ULTRACARE 770 ELECTRIC BEDS/	11/11/04		1,872							1,872	1,872	S/L	7		0
322	ECHO FULL ELECTRIC BED W/ RAI	12/03/04		1,178							1,178	1,178	S/L	7		0
323	ECHO FULL ELECTRIC BED W/ RAI	12/03/04		1,178							1,178	1,178	S/L	7		0
324	EMPLOYEE DINING ROOM TABLES	12/01/99		340							340	340	S/L	7		0
325	EMPLOYEE DINING ROOM TABLES	12/01/99		340							340	340	S/L	7		0
326	EMPLOYEE DINING ROOM TABLES	12/01/99		340							340	340	S/L	7		0
327	EMPLOYEE DINING ROOM TABLES	12/01/99		340							340	340	S/L	7		0
328	ECHO FULL ELECTRIC BED W/ RAI	12/03/04		1,178							1,178	1,178	S/L	7		0
329	ECHO FULL ELECTRIC BED W/ RAI	12/03/04		1,178							1,178	1,178	S/L	7		0
330	ECHO FULL ELECTRIC BED W/ RAI	12/03/04		1,178							1,178	1,178	S/L	7		0
331	QMRP HON 6 SHELF STORAGE UNI	7/03/02		257							257	257	S/L	7		0
332	BOW-SHAPED WOOD TABLE META	5/07/01		525							525	525	S/L	7		0
333	DINING ROOM TABLES - 6' HALF R	7/05/94		400							400	400	S/L	7		0
334	DINING ROOM TABLES - 6' HALF R	7/05/94		400							400	400	S/L	7		0
335	DINING ROOM TABLES - 6' HALF R	7/05/94		400							400	400	S/L	7		0
336	DINING ROOM TABLES - 6' HALF R	7/05/94		400							400	400	S/L	7		0

12/31/24

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 7

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
337	DINING ROOM TABLES - 6' ROUND	7/05/94		450							450	450	S/L	7		0
338	DINING ROOM TABLES - 6' ROUND	7/05/94		450							450	450	S/L	7		0
339	DINING ROOM TABLES - 6' ROUND	7/05/94		450							450	450	S/L	7		0
340	DINING ROOM TABLES - 6' ROUND	7/05/94		450							450	450	S/L	7		0
341	DINING ROOM TABLES - 7' RECTA	7/05/94		400							400	400	S/L	7		0
342	DINING ROOM TABLES - 7' RECTA	7/05/94		400							400	400	S/L	7		0
343	DINING ROOM TABLES - 7' RECTA	7/05/94		400							400	400	S/L	7		0
344	DINING ROOM TABLES - 7' RECTA	7/05/94		400							400	400	S/L	7		0
345	DINING ROOM TABLES - 7' RECTA	7/05/94		400							400	400	S/L	7		0
346	DINING ROOM TABLES - 6' RECTA	7/05/94		400							400	400	S/L	7		0
347	DINING ROOM TABLES - 6' RECTA	7/05/94		400							400	400	S/L	7		0
348	DINING ROOM TABLES - 6' RECTA	7/05/94		400							400	400	S/L	7		0
349	PAINTING BY HENRY R. BLANEY	7/05/94		500							500	500	S/L	7		0
350	INVCARE ELECTRIC BED - FULL RA	10/07/08		1,269							1,269	1,269	S/L	7		0
351	INVCARE ELECTRIC BED - FULL RA	10/07/08		1,269							1,269	1,269	S/L	7		0
352	HILL-ROM CCU HOSPITAL BED	12/19/08		2,400							2,400	2,400	S/L	7		0
353	HILL-ROM CENTURY 842 - 2	12/19/08		1,235							1,235	1,235	S/L	7		0
354	HILL-ROM CENTURY 842 - 1	12/19/08		1,235							1,235	1,235	S/L	7		0
355	HILL-ROM CCU HOSPITAL BED W/	12/19/08		2,400							2,400	2,400	S/L	7		0
356	HILL-ROM CCU HOSPITAL BED W/	12/19/08		2,400							2,400	2,400	S/L	7		0
357	HILL-ROM CENTURY 842 - 3	12/19/08		1,235							1,235	1,235	S/L	7		0
358	HILL-ROM CENTURY 842 - 4	3/04/09		1,235							1,235	1,235	S/L	7		0
359	HILL-ROM CENTURY 842 - 5	3/04/09		1,235							1,235	1,235	S/L	7		0
360	HILL-ROM CENTURY 842 - 6	3/04/09		1,235							1,235	1,235	S/L	7		0
361	HILL-ROM CENTURY 842 - 7	3/04/09		1,235							1,235	1,235	S/L	7		0
362	HILL-ROM CENTURY 842 - 11	3/04/09		1,235							1,235	1,235	S/L	7		0
363	HILL-ROM CENTURY 842 - 8	3/04/09		1,235							1,235	1,235	S/L	7		0

12/31/24

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 8

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
364	HILL=ROM CENTURY 840 - 1	3/04/09		1,235							1,235	1,235	S/L	7		0
365	HILL=ROM CENTURY 842 - 9	3/04/09		1,235							1,235	1,235	S/L	7		0
366	HILL=ROM CENTURY 842 - 10	3/04/09		1,235							1,235	1,235	S/L	7		0
367	HILL-ROM ADVANCE 1000 BED W/	3/04/09		2,400							2,400	2,400	S/L	7		0
368	BLOCKHOUSE NIGHT STAND - 1	9/24/09		328							328	328	S/L	7		0
369	BLOCKHOUSE NIGHT STAND - 2	9/24/09		328							328	328	S/L	7		0
370	BLOCKHOUSE NIGHT STAND - 3	9/24/09		328							328	328	S/L	7		0
371	BLOCKHOUSE NIGHT STAND - 4	9/24/09		328							328	328	S/L	7		0
372	BLOCKHOUSE NIGHT STAND - 5	9/24/09		328							328	328	S/L	7		0
373	BLOCKHOUSE NIGHT STAND - 6	9/24/09		328							328	328	S/L	7		0
374	BLOCKHOUSE NIGHT STAND - 7	9/24/09		328							328	328	S/L	7		0
375	BLOCKHOUSE NIGHT STAND - 8	9/24/09		328							328	328	S/L	7		0
376	BLOCKHOUSE NIGHT STAND - 9	9/24/09		328							328	328	S/L	7		0
377	BLOCKHOUSE NIGHT STAND - 10	9/24/09		328							328	328	S/L	7		0
378	BLOCKHOUSE NIGHT STAND - 11	9/24/09		328							328	328	S/L	7		0
379	BLOCKHOUSE NIGHT STAND - 12	9/24/09		328							328	328	S/L	7		0
380	BLOCKHOUSE NIGHT STAND - 13	9/24/09		328							328	328	S/L	7		0
381	BLOCKHOUSE NIGHT STAND - 14	9/24/09		328							328	328	S/L	7		0
382	BLOCKHOUSE NIGHT STAND - 15	9/24/09		328							328	328	S/L	7		0
383	BLOCKHOUSE NIGHT STAND - 16	9/24/09		328							328	328	S/L	7		0
384	BLOCKHOUSE NIGHT STAND - 17	9/24/09		328							328	328	S/L	7		0
385	BLOCKHOUSE NIGHT STAND - 18	9/24/09		328							328	328	S/L	7		0
386	BLOCKHOUSE NIGHT STAND - 19	9/24/09		328							328	328	S/L	7		0
387	BLOCKHOUSE NIGHT STAND - 20	7/24/09		328							328	328	S/L	7		0
388	BLOCKHOUSE NIGHT STAND - 21	9/24/09		328							328	328	S/L	7		0
389	BLOCKHOUSE NIGHT STAND - 22	9/24/09		328							328	328	S/L	7		0
390	BLOCKHOUSE NIGHT STAND - 23	9/24/09		328							328	328	S/L	7		0

12/31/24

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 9

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
391	BLOCKHOUSE NIGHT STAND - 24	9/24/09		328							328	328	S/L	7		0
392	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228							228	228	S/L	7		0
393	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228							228	228	S/L	7		0
394	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228							228	228	S/L	7		0
395	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228							228	228	S/L	7		0
396	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228							228	228	S/L	7		0
397	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228							228	228	S/L	7		0
398	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228							228	228	S/L	7		0
399	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228							228	228	S/L	7		0
400	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228							228	228	S/L	7		0
401	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228							228	228	S/L	7		0
402	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228							228	228	S/L	7		0
403	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228							228	228	S/L	7		0
404	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228							228	228	S/L	7		0
405	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228							228	228	S/L	7		0
406	BLOCKHOUSE BENTPLY STACK CH	9/24/09		228							228	228	S/L	7		0
407	BLOCKHOUSE REGENT CHAIR-BAS	10/23/09		1,263							1,263	1,263	S/L	7		0
408	BLOCKHOUSE REGENT CHAIR-BAS	10/23/09		1,263							1,263	1,263	S/L	7		0
409	BLOCKHOUSE REGENT CHAIR-STR	10/23/19		1,263							1,263	1,263	S/L	7		0
410	BLOCKHOUSE REGENT CHAIR-STR	10/23/09		1,263							1,263	1,263	S/L	7		0
411	BLOCKHOUSE REGENT SOFA-TEA	10/23/09		2,470							2,470	2,470	S/L	7		0
412	BLOCKHOUSE REGENT SOFA-SPO	10/23/09		2,221							2,221	2,221	S/L	7		0
413	BLOCKHOUSE REGENT SOFA-SPO	10/23/09		1,669							1,669	1,669	S/L	7		0
414	BLOCKHOUSE REGENT LOVE SEAT	10/23/09		1,669							1,669	1,669	S/L	7		0
415	HON LOCKING 4 DRAWER VERTICA	12/21/12		539							539	539	S/L	7		0
416	HON LOCKING 4 DRAWER VERTICA	12/21/12		539							539	539	S/L	7		0
417	HOSPITAL BEDS	7/01/16		20,000							20,000	20,000	S/L	3		0
TOTAL FURNITURE AND FIXTURE				141,956		0	0	0	0	0	141,956	141,956				0

12/31/24

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 10

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
IMPROVEMENTS																
2	BLACKTOP PAVING	6/01/81		12,981							12,981	12,981	S/L	40		0
3	PARTIAL FENCE	6/01/84		850							850	841	S/L	40		9
4	HYDRANT INSTALLATION	2/01/90		10,886							10,886	9,230	S/L	40		272
5	PERMIT FOR POOL ROOM OSPD	4/01/90		406							406	343	S/L	40		10
6	CITY OF SB INSTALLATION FEES -	6/01/90		3,200							3,200	2,687	S/L	40		80
7	DAVIS LANE SURVEY	6/01/90		1,140							1,140	958	S/L	40		29
8	PAVING ROAD HH FROM ENTRANC	7/01/91		30,166							30,166	24,510	S/L	40		754
9	PAVING - PATCH ROAD	6/01/93		4,743							4,743	3,627	S/L	40		119
10	WOODEN FENCE	7/01/93		1,740							1,740	1,327	S/L	40		44
11	SIDEWALKS & ASPHALT	5/01/95		24,045							24,045	17,232	S/L	40		601
12	CHAIN LINK FENCE	10/01/95		3,900							3,900	2,755	S/L	40		98
13	PAVING - FRONT YARD BUILDING	3/01/97		6,678							6,678	4,480	S/L	40		167
14	ASPHALT (NEW BASE, STRIPE, PA	10/01/98		8,060							8,060	5,088	S/L	40		202
15	SEWER CLEAR OUT-FRONT LAWN	2/25/08		4,241							4,241	1,679	S/L	40		106
16	WATER METER #47-010-39 1988	10/01/88		1,715							1,715	1,512	S/L	40		43
17	WATER METER INSTALLATION 19	9/01/90		715							715	596	S/L	40		18
18	FRONT DRIVE ASPHALT & ROAD R	6/11/11		10,070							10,070	3,168	S/L	40		252
19	BUS LOOP & PARKING SEALING &	8/02/11		4,950							4,950	1,537	S/L	40		124
20	ASPHALT PATCH AND SEAL COAT	8/27/13		12,300							12,300	3,178	S/L	40		308
21	SEAL COATING, ASPHALT MAITEN	10/22/18		29,199							29,199	15,086	S/L	10		2,920
22	GENERATOR SLAB AND IMPROVE	4/22/19		144,676							144,676	67,515	S/L	10		14,468
23	LAUNDRY ROAD ASPHALT SEALIN	1/21/10		5,346							5,346	1,860	S/L	40		134
424	PAVING OF EXIT DRIVE FROM PAR	3/31/23		14,500							14,500	1,088	S/L	10		1,450
425	PATIO PAVERS	7/18/23		23,616							23,616	984	S/L	10		2,362
TOTAL IMPROVEMENTS				360,123		0	0	0	0	0	360,123	184,262				24,570

12/31/24

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 11

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/BONUS/SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
LAND																	
1	LAND		11/01/53	30,000							30,000						0
	TOTAL LAND			30,000		0	0	0	0	0	30,000	0					0
MACHINERY AND EQUIPMENT																	
109	DAY & NIGHT HEATING UNIT	2/01/91		2,200							2,200	2,200	S/L	5			0
110	BOILER CIRCULATING PUMPS 1	1/09/92		750							750	750	S/L	5			0
111	BOILER CIRCULATING PUMPS 2	1/09/92		750							750	750	S/L	5			0
112	SMOKE DETECTORS & CALIBRATI	8/04/06		4,547							4,547	4,547	S/L	5			0
113	MCGOWAN GUNTERMANN - ACCPA	1/01/00		10,700							10,700	10,700	S/L	5			0
114	HABILITATION SOFTWARE	6/14/96		7,697							7,697	7,697	S/L	5			0
115	COIL REPLACEMENT YORK FC-5	7/12/07		4,660							4,660	4,660	S/L	5			0
116	COIL REPLACEMENT YORK FC-8	7/12/07		4,660							4,660	4,660	S/L	5			0
117	ROLL OFF #1	5/01/94		3,707							3,707	3,707	S/L	5			0
118	BOILER ROOM FAN	12/01/62		3,547							3,547	3,547	S/L	5			0
119	WALK-IN FREEZER-OVER-HAUL	7/09/92		3,810							3,810	3,810	S/L	5			0
120	WICK BOILER CAST IRON SECTION	6/12/98		3,310							3,310	3,310	S/L	5			0
121	WALK-IN FREEZER DOOR REPLACE	4/01/98		2,317							2,317	2,317	S/L	5			0
122	WHITE RODGERS THERMOSTATS	5/01/98		1,775							1,775	1,775	S/L	5			0
123	ROYAL ALUMINUM STORAGE SHE	6/07/96		1,300							1,300	1,300	S/L	5			0
124	WICK BOILER CAST IRON SECTION	5/04/07		5,775							5,775	5,775	S/L	5			0
125	COMPUTER NETWORK WIRING FOR	2/09/06		1,050							1,050	1,050	S/L	5			0
126	HOT WATER REGULATOR VACUUM	2/19/07		841							841	841	S/L	5			0
127	CU-7 HVAC COMPRESSOR UNIT	7/17/08		4,269							4,269	4,269	S/L	5			0
128	2010 YORK A/C UNIT-CU-1&5 COM	11/02/10		5,890							5,890	5,890	S/L	5			0

12/31/24

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 12

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
129	MS EXCHANGE SERVER SOFTWARE	12/15/10		1,737							1,737	1,737	S/L	5		0
130	ROOM RE-MODEL TELEVISIONS	7/15/11		14,848							14,848	14,848	S/L	5		0
131	CARETRACKER SYSTEM	6/12/12		12,762							12,762	12,762	S/L	5		0
132	KEANE CARE SYSTEM NURSING S	10/01/12		31,119							31,119	31,119	S/L	5		0
133	SWINGMASTER 900 RETROFIT	6/12/12		1,009							1,009	1,009	S/L	5		0
134	HVAC EXHAUST FAN REPLACEME	9/10/12		7,400							7,400	7,400	S/L	5		0
135	JOHN DEERE D170 TRACTOR	10/04/12		3,123							3,123	3,123	S/L	5		0
136	RAYPAK HYDRONIC HEATING BOIL	12/18/12		8,385							8,385	8,385	S/L	5		0
137	HVAC SUPERVISORY PANEL	2/06/13		2,000							2,000	2,000	S/L	5		0
138	WATTS MIXING VALVE INSTALLAT	5/30/13		3,500							3,500	3,500	S/L	5		0
139	COMPRESSOR A/C	7/28/13		1,401							1,401	1,401	S/L	5		0
140	HILLSIDE ANTHEM VIDEO	8/05/19		15,330							15,330	15,330	S/L	5		0
141	FIRE ALARM SYSTEM	7/01/16		8,793							8,793	8,793	S/L	5		0
142	SLICER - HOBART	6/29/96		3,152							3,152	3,152	S/L	5		0
143	DISH WARMER	2/01/98		1,100							1,100	1,100	S/L	5		0
144	GARBAGE DISPOSAL	8/03/07		2,224							2,224	2,224	S/L	5		0
145	WOLF STOVE & GRIDDLE	7/08/68		2,500							2,500	2,500	S/L	5		0
146	WOLF STOVE & RANGE	7/08/68		2,500							2,500	2,500	S/L	5		0
147	HUEBSCH DRYER #2	8/22/00		3,020							3,020	3,020	S/L	5		0
148	SPEED QUEEN DRYER #1	10/18/96		3,615							3,615	3,615	S/L	5		0
149	PRIME ENGINEER LIFT 2	8/14/00		2,150							2,150	2,150	S/L	5		0
150	PRIME ENGINEER LIFT 1	8/14/00		2,150							2,150	2,150	S/L	5		0
151	RIFTON 3 WHEEL BIKE	1/01/00		1,725							1,725	1,725	S/L	5		0
152	TIFF TABLE - MANUAL ADULT SIZ	10/02/98		1,971							1,971	1,971	S/L	5		0
153	E-Z STAND PREMIERE 400LB	9/29/06		4,995							4,995	4,995	S/L	5		0
154	GULDmann LIFT	4/13/04		12,299							12,299	12,299	S/L	5		0
155	H2O SOFTNER CONTROLS & TANK	1/11/06		1,775							1,775	1,775	S/L	5		0

12/31/24

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 13

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
156	UNIMAC WASHER #2	12/01/05		11,517							11,517	11,517	S/L	5		0
157	SPEED QUEEN WASHER #3	4/01/06		7,897							7,897	7,897	S/L	5		0
158	SPEED QUEEN DRYER #3	10/18/96		2,945							2,945	2,945	S/L	5		0
159	MIDLAND PARALLEL BARS	6/15/98		1,565							1,565	1,565	S/L	5		0
160	EXECUTONE NURSES ROOM MONI	2/01/92		16,483							16,483	16,483	S/L	5		0
161	DELTA TABLE SAW	1/01/95		1,115							1,115	1,115	S/L	5		0
162	SIGMA 205 LIFT	7/13/06		1,200							1,200	1,200	S/L	5		0
163	FIRE ALARM PANEL	3/23/07		6,275							6,275	6,275	S/L	5		0
164	POTTER ROEMER FIRE HOSE SYS	5/20/93		700							700	700	S/L	5		0
165	POTTER ROEMER FIRE HOSE SYS	5/20/93		700							700	700	S/L	5		0
166	POTTER ROEMER FIRE HOSE SYS	5/20/93		700							700	700	S/L	5		0
167	RAY PAK POOL HEATER	2/05/89		1,895							1,895	1,895	S/L	5		0
168	MIDLAND STANDING SUPPORT	6/15/98		750							750	750	S/L	5		0
169	FLAGHOUSE TABLE & ROYAL BLU	6/09/99		457							457	457	S/L	5		0
170	FLAGHOUSE TABLE & ROYAL BLU	6/09/99		457							457	457	S/L	5		0
171	FLAGHOUSE TABLE & ROYAL BLU	6/09/99		457							457	457	S/L	5		0
172	DUAL GEM PROJECTOR	2/12/04		1,200							1,200	1,200	S/L	5		0
173	GROOVE WHEEL PROJECTOR	9/01/01		750							750	750	S/L	5		0
174	H2O II PROJECTOR	9/01/01		750							750	750	S/L	5		0
175	PROFESSIONALS LIGHT MIXER	2/12/01		850							850	850	S/L	5		0
177	WEIL-MCLAIN BOILER 1	12/08/68		3,500							3,500	3,500	S/L	5		0
178	WEIL-MCLAIN BOILER 2	12/08/68		3,500							3,500	3,500	S/L	5		0
179	METASYS BOILER CONTROL SYST	12/05/07		2,994							2,994	2,994	S/L	5		0
180	JOHN DEERE RIDING MOWER	12/13/00		4,500							4,500	4,500	S/L	5		0
181	LINCOLN WELDER WIRE-MATIC	1/25/96		2,541							2,541	2,541	S/L	5		0
182	YORK A/C UNIT-CU-7	9/18/89		4,000							4,000	4,000	S/L	5		0
183	RCA CAMCORDER W/CHARGER & T	4/01/94		885							885	885	S/L	5		0

12/31/24

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 14

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
184	HARLOFF TREATMENT CART	9/13/07		1,114							1,114	1,114	S/L	5		0
185	HOSPITAL CHART CART-#1	5/01/88		719							719	719	S/L	5		0
186	HOSPITAL CHART CART-#2	5/01/88		719							719	719	S/L	5		0
187	YORK A/C UNIT-CU-9	9/18/89		4,000							4,000	4,000	S/L	5		0
188	YORK A/C UNIT-CU-8	9/18/99		4,000							4,000	4,000	S/L	5		0
189	YORK A/C UNIT-CU-10	9/18/99		4,000							4,000	4,000	S/L	5		0
190	YORK A/C UNIT-CU-5	9/18/99		4,000							4,000	4,000	S/L	5		0
191	YORK A/C UNIT-CU-2	9/18/99		4,000							4,000	4,000	S/L	5		0
192	YORK A/C UNIT-CU-1	9/18/99		4,000							4,000	4,000	S/L	5		0
193	BRYANT A/C UNIT-CU-3	9/18/99		4,000							4,000	4,000	S/L	5		0
194	BRYANT A/C UNIT-CU-6	9/18/89		4,000							4,000	4,000	S/L	5		0
195	YORK A/C UNIT-CU-4	9/18/89		4,000							4,000	4,000	S/L	5		0
196	COOK ACE AIR MOVER 100 ACE B	9/18/89		1,500							1,500	1,500	S/L	5		0
197	COOK ACE AIR MOVER 100 ACE B	9/18/89		1,500							1,500	1,500	S/L	5		0
198	COOK ACE AIR MOVER 100 ACE B	9/18/99		1,500							1,500	1,500	S/L	5		0
199	COOK ACE AIR MOVER 100 ACE B	9/18/89		1,500							1,500	1,500	S/L	5		0
200	COOK ACE AIR MOVER 100 ACE B	9/18/89		1,500							1,500	1,500	S/L	5		0
201	COOK ACE AIR MOVER 100 ACE B	9/18/89		1,500							1,500	1,500	S/L	5		0
202	COOK ACE AIR MOVER 100 ACE B	9/18/89		1,500							1,500	1,500	S/L	5		0
203	COOK ACE AIR MOVER 100 ACE B	9/18/89		1,500							1,500	1,500	S/L	5		0
204	COOK ACE AIR MOVER 100 ACE B	9/18/89		1,500							1,500	1,500	S/L	5		0
205	COOK ACE AIR MOVER 100 ACE B	9/18/89		1,500							1,500	1,500	S/L	5		0
206	COOK ACE AIR MOVER 100 ACE B	9/18/89		1,500							1,500	1,500	S/L	5		0
207	COOK ACE AIR MOVER 100 ACE B	9/18/89		1,500							1,500	1,500	S/L	5		0
208	BDP/CARRIER A/C UNIT-FINANCE	2/01/86		3,500							3,500	3,500	S/L	5		0
209	SQUARE D BREAKER PANELS	9/18/89		4,000							4,000	4,000	S/L	5		0
210	SQUARE D BREAKER PANELS	9/18/89		4,000							4,000	4,000	S/L	5		0

12/31/24

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 15

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
211	ADOBE AIR EVAPORATIVE AIR COO	6/02/84		1,500							1,500		1,500	S/L	5	0
212	UTILITY AIR BLOWER/KITCHEN EX	8/01/87		3,957							3,957		3,957	S/L	5	0
213	YORK AIR HANDLER FC-5	9/18/89		15,000							15,000		15,000	S/L	5	0
214	YORK AIR HANDLER FC-3	9/18/89		15,000							15,000		15,000	S/L	5	0
215	YORK AIR HANDLER FC-1	9/18/89		15,000							15,000		15,000	S/L	5	0
216	YORK AIR HANDLER FC-2	9/18/89		15,000							15,000		15,000	S/L	5	0
217	YORK AIR HANDLER FC-4	9/18/89		15,000							15,000		15,000	S/L	5	0
218	YORK AIR HANDLER FC-8	9/18/89		15,000							15,000		15,000	S/L	5	0
219	YORK AIR HANDLER FC-9	9/18/89		15,000							15,000		15,000	S/L	5	0
220	YORK AIR HANDLER FC-10	9/18/89		15,000							15,000		15,000	S/L	5	0
221	YORK AIR HANDLER FC-6	9/18/89		15,000							15,000		15,000	S/L	5	0
222	YORK AIR HANDLER FC-7	9/18/89		15,000							15,000		15,000	S/L	5	0
223	ALLIED SAFE	6/07/67		250							250		250	S/L	5	0
224	GULDmann DH 2000 POOL LIFT &	1/25/99		7,537							7,537		7,537	S/L	5	0
225	HOSHIZAKI ICE DISPENSER	5/25/06		3,371							3,371		3,371	S/L	5	0
226	WALK-IN FREEZER-DOUBLE AIR F	5/01/98		2,180							2,180		2,180	S/L	5	0
227	STOVE EXHAUST HOOD & FIRE SU	6/09/06		8,913							8,913		8,913	S/L	5	0
228	WALK-IN FREEZER COMPRESSOR	7/01/88		2,755							2,755		2,755	S/L	5	0
229	WALK-IN REFRIGERATOR COMPRE	4/01/97		1,618							1,618		1,618	S/L	5	0
230	WALK-IN REFRIGERATOR-DOUBLE	4/05/97		1,200							1,200		1,200	S/L	5	0
231	DUKE STEAM TABLE	10/08/92		734							734		734	S/L	5	0
232	STAINLESS STEEL TABLE - 8' X 3	8/06/87		729							729		729	S/L	5	0
233	MIXER-HOBART	2/07/88		2,300							2,300		2,300	S/L	5	0
234	FOOD PROCESSOR - ROBOT COUPE	10/24/07		1,159							1,159		1,159	S/L	5	0
235	E-Z STAND 400 LB W/SCALE	3/30/00		5,227							5,227		5,227	S/L	5	0
236	NEC LCD PROJECTOR	11/22/06		1,193							1,193		1,193	S/L	5	0
237	POT RACK IN KITCHEN	8/01/88		551							551		551	S/L	5	0

12/31/24

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 16

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
238	SPG CO. H2O SOFTNER	1/11/06		4,525							4,525		4,525	S/L	5	0
239	KOHLER POWER SYSTEM TRANSF	8/01/86		2,171							2,171		2,171	S/L	5	0
240	MOVEABLE BINDERS	7/01/87		593							593		593	S/L	5	0
241	KEY MACHINE	11/15/96		610							610		610	S/L	5	0
242	MOVE THERAPY EQUIP 1	4/01/03		3,162							3,162		3,162	S/L	5	0
243	MOVE THERAPY EQUIP 2	4/01/03		3,162							3,162		3,162	S/L	5	0
244	GULDmann HD 440LB LIFT	6/14/04		3,939							3,939		3,939	S/L	5	0
245	3 SECTION MOBILE MIRROR	10/01/98		929							929		929	S/L	5	0
246	DELL OPTI-PLEX 755 #2	10/31/08		1,411							1,411		1,411	S/L	5	0
247	DELL OPTI-PLEX 755 #3	10/31/08		1,411							1,411		1,411	S/L	5	0
248	PWEHEART G3 AUTOMATIC AED	10/29/08		2,325							2,325		2,329	S/L	5	0
249	DELL OPTI-PLEX 755 #4 - 2739140	2/27/09		1,437							1,437		1,437	S/L	5	0
250	DELL OPTI-PLEX 755 #5	2/27/09		1,437							1,437		1,437	S/L	5	0
251	E-Z STAND-2	8/10/09		1,960							1,960		1,960	S/L	5	0
252	SNAC FIRE PANEL	8/17/09		2,970							2,970		2,970	S/L	5	0
253	GENDRON GURNEY 1	12/30/09		1,659							1,659		1,659	S/L	5	0
254	GENDRON GURNEY 2	12/30/09		1,659							1,659		1,659	S/L	5	0
255	STRYKER 1027 TRAUMA STRETC	5/26/10		2,100							2,100		2,100	S/L	5	0
256	DELL OPTIPLEX 780 #2	5/21/10		1,253							1,253		1,253	S/L	5	0
257	STRYKER 1020 TRAUMA STRETC	5/26/10		2,100							2,100		2,100	S/L	5	0
258	VOLROTH FOOD CARTS MODEL 97	12/15/10		542							542		542	S/L	5	0
259	VOLROTH FOOD CARTS MODEL 97	12/15/10		542							542		542	S/L	5	0
260	VOLROTH FOOD CARTS MODEL 97	12/15/10		542							542		542	S/L	5	0
261	ROBCOUP R301 ULTRA SERIES D F	12/02/10		1,458							1,458		1,458	S/L	5	0
262	KITCHEN ROOF EVAPORATION COO	8/22/11		8,624							8,624		8,624	S/L	5	0
263	RELIANT 450 SERIES FLOOR LIFT,	7/11/12		3,279							3,279		3,279	S/L	5	0
264	TENNANT DUAL SPEED FLOOR BU	7/08/12		1,321							1,321		1,321	S/L	5	0

12/31/24

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 17

CLIENT HILLSIDE

HILLSIDE HOUSE

95-1816019

11/13/25

01:52PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
265	DELL - OPTIPLEX 7010 DESKTOP	2/26/13		1,478							1,478	1,478	S/L	5		0
266	DELL - OPTIPLEX 7010 DESKTOP	2/26/13		1,479							1,479	1,479	S/L	5		0
267	DELL - OPTIPLEX 7010 DESKTOP	2/26/13		1,479							1,479	1,479	S/L	5		0
268	DELL - OPTIPLEX 7010 DESKTOP	2/26/13		1,479							1,479	1,479	S/L	5		0
269	SUMMIT WET DRY VAC WITH SQU	12/31/12		1,059							1,059	1,059	S/L	5		0
270	SOLO PRO FIREPROOF WATERPRO	2/12/13		1,953							1,953	1,953	S/L	5		0
271	SONIC WALL	3/18/13		1,116							1,116	1,116	S/L	5		0
272	PANASONIC TELEPHONE SYSTEM	7/05/13		10,603							10,603	10,603	S/L	5		0
273	SERVER - POWEREDGE T620	8/15/13		11,061							11,061	11,061	S/L	5		0
274	SERVER	12/31/17		12,147							12,147	12,147	S/L	5		0
275	BACKUP GENERATOR - CATERPILL	4/22/16		55,854							55,854	52,131	S/L	5		3,723
276	HOSHIZAKI ICE MAKER -WATER DI	4/28/22		5,395							5,395	895	S/L	10		540
277	YORK A/C UNIT-CU-7 COMPRESSO	6/01/10		2,710							2,710	2,710	S/L	5		0
428	HOBART LEGACY PLUS	3/16/23		15,058							15,058	2,259	S/L	5		3,012
430	COMMANDER WATER SOFTENER	5/20/24		5,495							5,495		S/L	5		641
431	CEILING LIFT - EZ WAY INC	7/18/24		13,842							13,842		S/L	5		1,154
432	HIPPOCAMPE ALL TERRAIN BEACH	10/01/24		8,383							8,383		S/L	5		419
433	HIPPOCAMPE ALL TERRAIN BEACH	10/01/24		8,383							8,383		S/L	5		419
TOTAL MACHINERY AND EQUIPME				790,042		0	0	0	0	0	790,042	732,921				9,908
TOTAL DEPRECIATION				2,926,290		0	0	0	0	0	2,926,290	2,210,623				86,633
GRAND TOTAL DEPRECIATION				2,926,290		0	0	0	0	0	2,926,290	2,210,623				86,633