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EXTENSION ATTACHED

Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

Depai Intern	tment al Rev	t of the Treasury renue Service	Note. Ti	he foundati		Treated as a Privale to use a copy of this ret			requirements.	2008
Ford	alen	dar year 2008,	·					ending	OCT 31, 2009	
G C	heck	all that apply:	□ In	ıtıal return		Final return	Amended re	turn _	Address change	Name change
Use	the label.	RS Name of fo							A Employer identification (
		se, <u>HILLT</u>				INC.			13-3345688	
	print	1	•			delivered to street address)		Room/suite	B Telephone number	
	type Spec	vitic I J O II.						1	206-655-220	00
Insti	uctio			CT	06840) exempt private foundation		 	C If exemption application is per D 1 Foreign organizations, 2. Foreign organizations meet check here and attach com-	check here
l Fa		ction 4947(a)(1 trket value of all				Other taxable private four		crual	E If private foundation statu under section 507(b)(1)(is was terminated
(fr		Part II, col. (c),		6171		Other (specify) numn (d) must be on cas	h hasis l		F If the foundation is in a 60 under section 507(b)(1)(
_	rt I	Analysis of R								(d) Disbursements
Pa	<u>irt i</u>	(The total of amo	ounts in colun	nns (b), (c), ar	nd (d) may not	(a) Revenue and expenses per books		investment come	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions,	gifts, grants	s, etc., rece	ived				N/A	
	2	Check			to attach Sch B					
	3	Interest on saving cash investments	s and tempor	rary		3027		3027		STATEMENT 2
	4	Dividends and	ınterest fro	m securitie	S	32944	•	32944.		STATEMENT 3
Revenue	5a	Gross rents								
	b	Net rental income	or (loss)							
	6a	Net gain or (loss)				-52753	•			STATEMENT :
	b	Gross sales price assets on line 6a	for all	14	<u> 3573.</u>					
	7	Capital gain net in	ncome (from F	Part IV, line 2))			0 .		
<u> </u>	8	Net short-term	capital gair	n						
	9	Income modific							RECT	
	10a	Gross sales less r and allowances	returns							ဟ
	Ь	Less Cost of goo	ds sold						JUL 2	7 2010 9
	C	Gross profit or	(loss)						O JUL 2	NS.
	11	Other income								
	12	Total Add line	s 1 through	h 11		-16782		35971	OGU	-N. UI
	13	Compensation of	officers, dire	ctors, trustee	s, etc	0	•	0		
	14	Other employe	e salarıes a	nd wages						
	15	Pension plans,	, employee	benefits			_			
ses	16a	Legal fees								
en	ь	Accounting fee	es	នា	MT 4	2975	•	0	•	
Administrative Expens	c	Other profession	onal fees							
<u>ĕ</u>	17	Interest				100		0		
trat	18	Taxes		នា	MT 5	500	•	0	•	
nist	19	Depreciation a	nd depletio	n						
Ē	20	Occupancy								
A	21	Travel, confere	ences, and r	meetings						
and	22	Printing and pi	ublications				_			
Operating and	23	Other expenses	s	នា	rmr 6	88	•	0	•	
aţi	24	Total operatin	g and adm	inistrative						
þer		expenses. Add	d lines 13 th	hrough 23		3663		0		
0	25	Contributions,	gifts, grant	s paid		82500				8250
	26	Total expense	s and disb	ursements.	•					·
		Add lines 24 a	nd 25			86163	•	0	•	8250
	27	Subtract line 2	6 from line	12:						
	a	Excess of revenu	e over expens	ses and disb	ursements	-102945				
	b	Net investmen	nt income (f negative, en	iter -0-)			35971		
	c	Adjusted net i	ncome (if ne	egative, enter	-0-)				N/A	Form 990-PF (20

<u>13-3345688</u>

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Form **990-PF** (2008)

Form 990-PF (2008)

HILLTOP FOUNDATION,

E 000 136355 5	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					(c) Date acquired (mo., day, yr.)		(d) Date sold (mo., day, yr.)	
la 5,000 LAZARD FUND) How acquired P - Purchase D - Donation		US	02/27/09	
b 100,000 FNMA				P	V	ARIO	US	04/06/09	
<u>c</u>									
d									
<u>e</u>		1	<u> </u>			410		<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale		<u></u>	(h) Gair (e) plus (i	n or (loss f) minus	(g)	
a 43573.			96326					<u>-52753</u>	
ь 100000.	·		100000).				0	
<u>C</u>	<u></u>		<u></u>						
<u>d</u>									
Complete only for assets showin	n dain in column (h) and owned	by the foundation	on 12/31/69		(1) (Gains (Col	(b) dain	minus	
Complete only for assets showin	(j) Adjusted basis		cess of col. (I)	\dashv	còl. (k), but no	t less tha	n -0-) or	
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any		·	Losses (fr	rom col. ((h))	
a		_					•	-52753	
b								0	
C									
d									
е									
	∫ If gain, also e	enter in Part I, line	7	$1 \mid 1$					
2 Capital gain net income or (net ca	ipital loss) 🕴 If (loss), ente	nter in Part I, line i ir -0- in Part I, line	7] 2				<u>-52753</u>	
Net short-term capital gain or (los	ss) as defined in sections 1222(5	5) and (6):							
If gain, also enter in Part I, line 8,	column (c).						/-		
If (loss), enter -0- in Part I, line 8 Part V Qualification U	Inder Section 4940(e)	(- D - I	T N	J 3			N/A		
	e foundations subject to the secti	ion 4940(a) tax on	net investment inc	ome.)				·	
f section 4940(d)(2) applies, leave the Nas the foundation liable for the sections, the foundation does not qual	his part blank. tion 4942 tax on the distributable lify under section 4940(e). Do no	e amount of any ye	ear in the base perio	od?				Yes X No	
For optional use by domestic private if section 4940(d)(2) applies, leave the Was the foundation liable for the sectif "Yes," the foundation does not qual a Enter the appropriate amount in the section of the section	his part blank. tion 4942 tax on the distributable lify under section 4940(e). Do no	e amount of any ye	ear in the base perio	od?					
If section 4940(d)(2) applies, leave the Was the foundation liable for the sectif "Yes," the foundation does not qual 1. Enter the appropriate amount in (a)	tion 4942 tax on the distributable lify under section 4940(e). Do no each column for each year; see ii	e amount of any ye ot complete this pa nstructions before	ear in the base perio rt. making any entries	od? (c)			Distrit	(d)	
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_	990-PF (2008) HILLTOP FOUNDATION, INC. 13-334 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	<u>5688</u> instrเ	ctio	Page 4 ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling letter: (attach copy of ruling letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%		3	60.
	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
3	Add lines 1 and 2		<u>3</u>	60.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		3	60.
6	Credits/Payments:			
а	2008 estimated tax payments and 2007 overpayment credited to 2008 6a 754.			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld 6d 6		-	
7	Total credits and payments. Add lines 6a through 6d		/	<u> 54.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.4
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid The start the amount of line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0.
	Enter the amount of line 10 to be: Credited to 2009 estimated tax ► 394. Refunded ► 11 rt VII-A Statements Regarding Activities	~	•	<u> </u>
			Yes	No
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	1a		X
	any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	10		
	distributed by the foundation in connection with the activities.			
^	Did the foundation file Form 1120-POL for this year?	1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
u	(1) On the foundation. \$ 0 . (2) On foundation managers. \$ 0 .			1
۵	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
·	managers. > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X _
_	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	_	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X_
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_ 5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	● By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		•	
	remain in the governing instrument?	_ 6	X	↓
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	Х	
	If "Yes," complete Part II, col. (c), and Part XV.		ļ	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	Х	1
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10		10	X	<u></u>
	F	orm 99 0)-PF	(2008)

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Form **990-PF** (2008)

had not been removed from jeopardy before the first day of the tax year beginning in 2008?

Form 990-PF (2008) HILLTOP FOUNDATION, INC.			<u> 13-33456</u>	88	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be f	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,			
any voter registration drive?	•		s X No		-
(3) Provide a grant to an individual for travel, study, or other similar purposes'	7		s X No		-
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?		□ V¢	s X No		İ
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or t				- 1
the prevention of cruelty to children or animals?	or concational purposes, or		s X No		
	for the eventions described		:8 L21 110		- 1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		in negulations	N/A	5b	
section 53.4945 or in a current notice regarding disaster assistance (see instru				30	
Organizations relying on a current notice regarding disaster assistance check h				- 1	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			. 🗀 ".		- 1
expenditure responsibility for the grant?		I/A	es L No		
If "Yes," attach the statement required by Regulations section 53 4945					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		(TE)		
a personal benefit contract?		Y€	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		_	6b	<u> </u>
If you answered "Yes" to 6b, also file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗶 No 💄		
b If yes, did the foundation receive any proceeds or have any net income attribute				7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	/		
1 List all officers, directors, trustees, foundation managers and their		T::::	(-1) o		
() No see and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
(a) Name and address	to position	enter -0-)	compensation	allo	wances
AUSTIN O. FURST	PRESIDENT/DIF	ECTOR			
138 FROGTOWN ROAD					
NEW CANAAN, CT 06840	0.00	0.	0.		0.
LESLIE F. FURST	SECRETARY/DIF	ECTOR			
138 FROGTOWN ROAD					
NEW CANAAN, CT 06840	0.00	0.	0.		0.
	DIRECTOR				
PROSKAUER, ROSE LLP, 1585 BROADWAY					
NEW YORK, NY 10036	0.00	0.	0.		0.
MIN TORRY INT 20000	<u> </u>				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
2 Component of the state of the	(b) Title, and average		(d) Contributions to employee benefit plans	(e)	Expense unt, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	acco	ount, other owances
MONE	devoted to position		compensation		
NONE				ļ	
		<u> </u>		<u> </u>	
	1				
				 	
	1				
		 		<u> </u>	
	1				
				 	
	1				
	<u> </u>	<u> </u>	<u> </u>	l	
Total number of other employees paid over \$50,000					0

Form **990-PF** (2008)

Form 990-PF (2008) HILLTOP FOUNDATION, INC.	13-3	345688 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	 -
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		, , , , , , , , , , , , , , , , , , ,
210312	1	
	1	
	7	
	7	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced.	cal information such as the iced, etc.	Expenses
1 N/A	,	
1N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2.	Amount
1 <u>N/A</u>		
		
2		
All other program-related investments. See instructions.		
3		
		
Total, Add lines 1 through 3	<u></u>	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part	oreign four	ndations, see	nstructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
а	Average monthly fair market value of securities		1a	337225.
b	Average of monthly cash balances		1b	1163815.
C	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)		1d	1501040.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets	-	2	0.
3	Subtract line 2 from line 1d		3	1501040.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	22516.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		5	1478524.
6	Minimum investment return. Enter 5% of line 5		6	73926.
P	part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for foreign organizations check here and do not complete this part.)	undations an	d certain	
1	Minimum investment return from Part X, line 6		1	73926.
2a	Tax on investment income for 2008 from Part VI, line 5	360.		
b	Income tax for 2008. (This does not include the tax from Part VI.)			
C			2c	360.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	73566.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	73566.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7	73566.
P	Part XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		4.	92500
а			1a	82500. 0.
b			1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:		_	
a			3a	
b	· · · · · · · · · · · · · · · · · · ·		3b	00500
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4		4	82500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_	260
	income. Enter 1% of Part I, line 27b		5	360.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	82140.
	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the	foundation (jualifies for th	e section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI,				
line 7				73566.
2 Undistributed income, if any, as of the end of 2007				
a Enter amount for 2007 only			49751.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2008:				
a From 2003	<u> </u>			
b From 2004]			
c From 2005				
d From 2006				
e From 2007				
f Total of lines 3a through e	0.			<u> </u>
4 Qualifying distributions for 2008 from				
Part XII, line 4: ►\$ 82500.				
a Applied to 2007, but not more than line 2a			49751.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2008 distributable amount				32749.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	:			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2007. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2008. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2009				40817.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2003				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2009.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2004	1		:	
b Excess from 2005	_		1	
c Excess from 2006	_			
d Excess from 2007	_			
e Excess from 2008				Form 990-PF (2008)

	FOUNDATION			13-33	345688 Page 10
Part XIV Private Operating F	oundations (see ins	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2008, enter the date of t	he ruling	▶		
b Check box to indicate whether the found	dation is a private operatin	g foundation described i	n section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a		- · -			
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the		· · · · · · · · · · · · · · · · · · ·			
alternative test relied upon:					
 a "Assets" alternative test - enter: (1) Value of all assets 		`			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	:				
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income			<u> </u>		
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
1 Information Regarding Foundation					
a List any managers of the foundation wi	no have contributed more	than 2% of the total cont	tributions received by th	e foundation before the cl	ose of any tax
year (but only if they have contributed NONE	more man \$5,000). (See S	ection 507(a)(2).)			
b List any managers of the foundation wi	no own 10% or more of th	e stock of a cornoration	or an equally large port	ion of the ownership of a	partnership or
other entity) of which the foundation ha	as a 10% or greater interes	st.	(or all oqually large port	ion or the ownersing or a	-
NONE		<u> </u>			
2 Information Regarding Contribut Check here ► X If the foundation	only makes contributions	to preselected charitable	organizations and does		
the foundation makes gifts, grants, etc.				Joinpiele ileins za, u, c, ai	iu u.
a The name, address, and telephone nun	iber of the person to who	n applications should be	addressed:		
b The form in which applications should	be submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	ds, such as by geographic	al areas, charitable fields.	, kınds of institutions, or	other factors:	
2 - my 100 meneral or minimum of an armit		,	,		

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Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment	-	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year SEE STATEMENT 10	or substantial contributor	recipient		
Total	, <u> </u>		▶ 3a	82500
b Approved for future payment NONE			▶ 3b	0

...

Part.XVI-A **Analysis of Income-Producing Activities**

Enter gros	s amounts unless	otherwise indica	ited.	Unrela	ted bus	iness income		ded by secti	on 512, 513, or 514	(e)	
1 Progra	m service revenue:	:		(a) Business code		(b) Amount	Exclu- sion code		(d) Amount	Related or exe	•
				-	-		-				
b				-			<u> </u>				
c				-	_		-				
d				-	_						
e				_		 .					
f	· · · · · · · · · · · · · · · · · · ·			_							
g Fee	s and contracts fro	om government a	agencies								
2 Membe	ership dues and as	sessments									
3 Interes	t on savings and te	emporary cash									
investr	_									_3	027
4 Divider	ids and interest fro	m securities			1						944.
5 Net ren	tal income or (loss	s) from real esta	te:								
	t-financed propert	•			1	· · ·					-
	debt-financed pro										
	tal income or (loss		;		1						
	•	ואוטטו איני איני איני איני	1								
propert	•				+		1				
	nvestment income				+		+-	 			
	(loss) from sales	or assets other								_ 5.2	753.
	ventory			-	+		+			-52	133.
	ome or (loss) from						-				
	profit or (loss) from	n sales of invent	tory	-	╂		-			 -	
1 Other r	evenue:							ļ			
a		••		_							
b				_				<u> </u>			
c							<u> </u>				
d				_							
е					j						
12 Subtot	al. Add columns (b	o), (d), and (e)				0.			0.	-16	782.
	Add line 12, colum		(e)			<u> </u>			13	-16	782.
	sheet in line 13 ins										
				An Alba Ana		liabonant of E		+ D			
Part X	VI-B Reia	ationsnip o	1 Activities	to the Acc	omp	lishment of Ex	kemp	rurpe)SES		
Line No						umn (e) of Part XVI-A	A contri	buted impo	rtantly to the accon	nplishment of	
▼						or such purposes).					
3 4	PASSIVE	INCOME	EARNED	SOLELY	TO	CONTINUE	TO	FUND	CHARITAB	LE PURPOS	SES_
	PASSIVE	INCOME	EARNED	SOLELY	TO	CONTINUE	TO	FUND	CHARITAB	LE PURPOS	SES
8	PASSIVE	INCOME	EARNED	SOLELY	TO	CONTINUE	TO	FUND	CHARITAB	<u>LE PURPOS</u>	SES
			_	_							
		· · -	-								
	-					-					
-											
			-								
	 				_		-				
	-										
	+					·					
	-										
						<u> </u>					
			 								
823621 01-02-09										Form 990-P	F (2008)
, 1-04-UB											

F		
Form	990-PF	(2008)

_	Part XVII Information Regarding Transfers To		nd Relationships With Nonchar		Pa	ige 13
÷	Exempt Organizations	and mansactions at	nd helationships with Nonchan	labit	7	
1		ing with any other organization	described in section 501(c) of	_	Yes	No
	the Code (other than section 501(c)(3) organizations) or in section 5	•	` , *		100	
a	a Transfers from the reporting foundation to a noncharitable exempt of	· - · · · -				
	(1) Cash			1a(1)		х
	(2) Other assets			1a(2)		X
t	b Other transactions:					
	(1) Sales of assets to a noncharitable exempt organization			1b(1)		Х
	(2) Purchases of assets from a noncharitable exempt organization			16(2)		X
	(3) Rental of facilities, equipment, or other assets			1b(3)		X
	(4) Reimbursement arrangements			1b(4)		X
	(5) Loans or loan guarantees			1b(5)		X
	(6) Performance of services or membership or fundraising solicitation	ons		1b(6)		X
	c Sharing of facilities, equipment, mailing lists, other assets, or paid en	• •		1 <u>c</u>		X
C	d If the answer to any of the above is "Yes," complete the following sch	edule. Column (b) should alwa	ays show the fair market value of the goods, ot	ner ass	ets,	
	or services given by the reporting foundation. If the foundation received		in any transaction or sharing arrangement, sh	ow in		
_	column (d) the value of the goods, other assets, or services received					
(a)	Line no (b) Amount involved (c) Name of noncharitable	le exempt organization	(d) Description of transfers, transactions, and sh	aring arr	angeme	nts
	N/A			<u> </u>		
					_	
			<u> </u>			
			<u> </u>		-	
					_	
						
						
_						
_		·				
2:	a Is the foundation directly or indirectly affiliated with, or related to, one	e or more tax-exempt organiza	ations described			
-	in section 501(c) of the Code (other than section 501(c)(3)) or in sec			Yes	X] No
Ł	b If "Yes," complete the following schedule.					
	(a) Name of organization	(b) Type of organization	(c) Description of relationship	<u> </u>		
	N/A					
		<u> </u>				
	Under penalties of perjury, I declare that I have examined this return, including acc and complete Declaration of preparer (other than taxpayer or fiduciary) is based or			e, corre	ct,	
	disability of the same of the	1/10/10				
a	MATERIAL XWAX	11/3/10	NY WARR			
Sign Here	Signature of officer or trustee	Date /	Title 0			
P	Preparer's	Da	l self-			na
เร	signature signature		//02/10 employed ▶ [] P00		023	
	signature Firm's name (or yours BURRUANO DOLAN GLAS if self-employed). 200 BUSINESS PARK I		EIN ► 06-1138	<u>54U</u>		
	address, and ZIP code 200 BUSINESS PARK I	ORIVE STE. 307	i i	72	E 2 0	Λ
	address, and ZIP code ARMONK, NY 10504		Phone no. 914-2	<u>, </u>	<u> </u>	<u>~</u>

FORM 990-P1	? G	AIN OR (LOSS)	FROM SALE	OF	ASSETS		STA	TEMENT	1
	(A) N OF PROPERTY			Z	MANNER ACQUIRED	DA ACQU	TE IRED	DATE SO)LD
5,000 LAZA	RD FUND			PU	JRCHASED	VARI	ous	02/27	/09
Si	(B) GROSS ALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F)	3
	43573.	96326.		0.	,	0.		-5275	53.
	(A) N OF PROPERTY			7	MANNER ACQUIRED	DA ACQU	TE IRED	DATE SO	OLD
100,000 FN	AM	_		PŢ	JRCHASED	VARI	ous	04/06	/09
S	(B) GROSS ALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F)	3
	100000.	100000.		0.	•	0.			0.
		FROM PART IV						-527!	0. 53.
FORM 990-P	F INTEREST C	N SAVINGS AND	TEMPORARY	CAS	SH INVEST	MENTS	STA	TEMENT	2
SOURCE								AMOUNT	
BANK OF AM	ERICA							7	03. 45. 79.
JP MORGAN MERRILL LY	NCH							8	19.

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUI	RITIES	STATEMENT	3
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
JP MORGAN INTEREST	•		20000.		0.	200	00.
MERRILL LYNCH DIVIDENDS MERRILL LYNCH INTEREST			4127. 8817.		0. 0.	41: 88:	
	_		0017.				
TOTAL TO FM 990-PF, PART I, L	iN 4 =	 -	32944.		<u> </u>	329	44.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS			(C) ADJUSTED NET INCOME		
ACCOUNTING FEES		2975.		0.			0.
TO FORM 990-PF, PG 1, LN 16B		2975.		0.			0.
FORM 990-PF		TAX	ES			STATEMENT	5
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOME		
FEDERAL EXCISE TAXES	 -	500.		0.			0.
TO FORM 990-PF, PG 1, LN 18		500.		0.			0.
FORM 990-PF	0'	THER E	XPENSES			STATEMENT	6
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC	EST-			
BANK FEES		88.		0.			0.
TO FORM 990-PF, PG 1, LN 23	_	88.		0.			0.

FORM 990-PF U.S. AND	STATE/CITY GOVERN	MENT OBLIGATIONS	STATEMENT 7
DESCRIPTION		HER V'T BOOK VALUE	FAIR MARKET VALUE
MERRILL LYNCH	<u> </u>	0.	0.
TOTAL U.S. GOVERNMENT OBLIG	ATIONS		
TOTAL STATE AND MUNICIPAL G	GOVERNMENT OBLIGATI	ONS	
TOTAL TO FORM 990-PF, PART	II, LINE 10A	0.	0.
FORM 990-PF	CORPORATE BON	DS	STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
MERRILL LYNCH JP MORGAN		196187. 301071.	197100. 293400.
TOTAL TO FORM 990-PF, PART	II, LINE 10C	497258.	490500.
FORM 990-PF	OTHER INVESTME	INTS	STATEMENT 9
DESCRIPTION	VALUATI METHOI		FAIR MARKET VALUE
MERRILL LYNCH JP MORGAN	COST	49866. 103320.	12470. 102707.
TOTAL TO FORM 990-PF, PART	II, LINE 13	153186.	115177.

	AND CONTRIBUTIONS DURING THE YEAR	STAT	EMENT 10
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
AMERICARES, 88 HAMILTON AVE, STAMFORD, CT 06902	NONE GENERAL USE	EXEMPT UNDER 170(C)	10000.
CHOCORUA CHAPEL ASSOCIATION, P.O. BOX 356, HOLDERNESS, NH 03245-0356	NONE GENERAL USE	EXEMPT UNDER 170(C)	1000.
FRIENDS OF CAMP HALE UNITED SOUTH END SETTLEMENTS 566 COLUMBUS AVE, BOSTON, MA 02118-1195		EXEMPT UNDER 170(C)	5000.
HORIZONS, P.O. BOX 997, NEW CANAAN, CT 06840	NONE GENERAL USE	EXEMPT UNDER 170(C)	2500.
LEHIGH UNIVERSITY, 27 MEMORIAL DRIVE WEST, BETHLEHEM, PA 18015-3086	NONE GENERAL USE	EXEMPT UNDER 170(C)	5000.
LMG PROGRAMS, INC. LIBERATION MERIDIAN GUENSTER 4 ELMCREST TERRACE, NORWALK, CT	NONE GENERAL USE	EXEMPT UNDER 170(C)	1000.
LOON PRESERVATION COMMITTEE, LEE'S MILL ROAD PO BOX 604, MOULTONBOROUGH, NH	NONE GENERAL USE	EXEMPT UNDER 170(C)	500.

HILLTOP FOUNDATION, INC.			13-3345688
MEALS-ON-WHEELS, INC., P.O. BOX 231, NEW CANAAN, CT 06840	NONE	EXEMPT UNDER 170(C)	500.
	GENERAL USE	170(0)	300.
NEW CANAAN HISTORICAL SOCIETY, 13 OENOKE RIDGE, NEW CANAAN, CT 06840	NONE	EXEMPT UNDER 170(C)	500.
00040	GENERAL USE	170(0)	300.
NEW CANAAN VOLUNTEER AMBULANCE CORPS.INC.	NONE	EXEMPT UNDER 170(C)	500.
182 SOUTH AVE PO BOX 598, NEW CANAAN, CT 06840	GENERAL USE	1,0(0)	3001
NEW CANAAN YMCA, 564 SOUTH AVENUE, NEW CANAAN, CT 06840	NONE	EXEMPT UNDER 170(C)	1000.
	GENERAL USE	170(0)	1000.
NEW HAMPSHIRE MUSIC FESTIVAL, 52 SYMPHONY LANE, CENTER HARBOR, NH 03226	NONE	EXEMPT UNDER 170(C)	1000.
	GENERAL USE	` '	
SHELTER FOR THE HOMELESS, P.O. BOX 1252, STAMFORD, CT 06901	NONE	EXEMPT UNDER 170(C)	5000.
	GENERAL USE		
CENTER HARBOR HISTORICAL SOCIETY, 94 DANE ROAD, CENTER HARBOR, NH 03226	NONE	EXEMPT UNDER 170(C)	500.
	GENERAL USE		
SOUTH AVENUE COTTAGE, 162 SOUTH AVENUE, NEW CANAAN, CT 06840	NONE	EXEMPT UNDER 170(C)	500.
	GENERAL USE		
SQUAM LAKES ASSOCIATION, P.O. BOX 204, HOLDERNESS, NH 03245		EXEMPT UNDER 170(C)	1000.
	GENERAL USE		

•			
SQUAM LAKES CONSERVATION SOCIETY, P.O. BOX 696, HOLDERNESS, NH 03245-0696	NONE	EXEMPT UNDER 170(C)	1000.
	GENERAL USE	-/-(-/	20000
SQUAM LAKES NATURAL SCIENCE CENTER	NONE	EXEMPT UNDER 170(C)	1000.
P.O. BOX 173, HOLDERNESS, NH 03245	GENERAL USE	_,,,	2000
STEPHENS COLLEGE, 1200 E. BROADWAY, COLUMBIA, MO 65201-9955	NONE	EXEMPT UNDER 170(C)	5000.
	GENERAL USE	, ,	
CENTER ASIA INSTITUTE, PO BOX 7209, BOZEMAN, MT 59771	NONE	EXEMPT UNDER 170(C)	2500.
	GENERAL USE		
STRAYS & OTHERS, INC., P.O. BOX 473, NEW CANAAN, CT 06840	NONE	EXEMPT UNDER 170(C)	500.
	GENERAL USE		
THE BARNSTORMERS, INC., P.O. BOX 434, TAMWORTH, NH 03886	NONE	EXEMPT UNDER 170(C)	1000.
	GENERAL USE		
THE CIRCLE PROGRAM, 85 MAIN STREET, P.O. BOX 815, PLYMOUTH, NH 03264	NONE	EXEMPT UNDER 170(C)	500.
	GENERAL USE		
THE HILL SCHOOL, 717 EAST HIGH STREET, POTTSTOWN, PA 19464-5791	NONE	EXEMPT UNDER 170(C)	5000.
	GENERAL USE		
UNITED WAY OF NEW CANAAN, P.O. BOX 1738, NEW CANAAN, CT 06840	NONE	EXEMPT UNDER 170(C)	1500.
	GENERAL USE		

			
•			
CENTER HARBOR FOOD PANTRY, 80 BEAN ROAD, CENTER HARBOR, NH 03226	NONE	EXEMPT UNDER 170(C)	5000.
	GENERAL USE	170(0)	3000.
GETABOUT INC., 61 MAIN STREET, NEW CANAAN, CT 06840	NONE	EXEMPT UNDER	500
	GENERAL USE	170(C)	500.
JUNIOR LEAGUE OF STAMFORD AND NORWALK	NONE	EXEMPT UNDER	500.
748 POST ROAD, DARIEN, CT 06820	GENERAL USE	170(C)	500.
MSF DOCTORS WITHOUT BORDERS, PO BOX 5030, HAGERSTONWN, MD 21741	NONE	EXEMPT UNDER 170(C)	10000.
	GENERAL USE	170(0)	10000.
PARTNERS IN HEALTH, PO BOX 845578, BOSTON, MA 02284	NONE	EXEMPT UNDER 170(C)	10000.
	GENERAL USE	170(0)	10000.
SAINT GAUDENS MEMORIAL,	NONE	EXEMPT UNDER 170(C)	500.
	GENERAL USE	1,0(0)	3001
WAVENY CARE CENTER, 3 FARM ROAD, NEW CANAAN, CT 06840	NONE	EXEMPT UNDER 170(C)	2000.
	GENERAL USE	170(0)	2000.
NEW CANAAN LIBRARY, 151 MAIN STREET, NEW CANAAN, CT 06840	NONE	EXEMPT UNDER 170(C)	500.
	GENERAL USE	• •	
momat no nonv 000 na nana			02500
TOTAL TO FORM 990-PF, PART XV, LI	LNE 3A		82500.

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

		3-Month Extension, complete or (Not Automatic) 3-Month Extens	nly Part I and check this box ion, complete only Part II (on page 2 of	this form)).	► X
Part I			atomatic 3-month extension on a previous any submit onginal (no copies needed).	sly filed Fo	orm 8868.	
Farti	Automatic 5-W	onth Extension of Time. Of	ny submit original (no copies needed).			
A corporat Part I only	on required to file Form	990-T and requesting an automatic	: 6-month extension - check this box and	complete	•	>
	orporations (including 11: me tax returns.	20-C filers), partnerships, REMICs,	and trusts must use Form 7004 to reques	st an exte	nsion of tim	e
noted belo not autom rou must s	ow (6 months for a corpor natic) 3-month extension of submit the fully complete	ration required to file Form 990-T). I or (2) you file Forms 990-BL, 6069,	B68 if you want a 3-month automatic extended and the serving of the electron and the electron of the serving of the electron of th	tronically r consolic	ıf (1) you wa dated Form	ant the additional 990-T. Instead,
ype or orint	Name of Exempt Organ	ization		Emp	oloyer iden	tification number
ile by the	HILLTOP FOUR	NDATION, INC.		11	13-334	5688
lue date for ling your	Number, street, and room 138 FROGTOWN	om or suite no. If a P.O. box, see in ROAD	structions.			
eturn See nstructions	City, town or post office NEW CANAAN,	e, state, and ZIP code. For a foreign	n address, see instructions.			
Check typ	e of return to be filed(fi	le a separate application for each r	etum):		· · · · · ·	
Form	n 990 n 990-BL n 990-EZ n 990-PF	Form 990-T (corporation) Form 990-T (sec. 401(a) or 4 Form 990-T (trust other than Form 1041-A	408(a) trust) Forn n above) Forn	n 4720 n 5227 n 6069 n 8870		
		HILLTOP FOUNDATIO	ON, INC. NEW CANAAN, CT 06 FAX No. ►	840		
			nited States, check this box		· · · · · · · · · · · · · · · · · · ·	ightharpoons
			emption Number (GEN)	If this is fo	or the whole	group, check this
			ach a list with the names and EINs o	f all memi	bers the ext	tension will cover
			to file Form 990-T) extension of time ation return for the organization name		The extens	sion
			nd ending OCT 31, 2009		·	
			al retum Final retum		Change in	accounting period
			enter the tentative tax, less any	3a	\$	1254.
			redits and estimated		1	
			a credit.	3ь	\$	1254.
			rth this form, or, if required,			
			Federal Tax Payment System).	<u> </u>	1	0
				3c	\$	0.
			form 8868, see Form 8453.FO and F	orm 8879	-FO for nav	ment inetructions

LHA

Form 8868	(Rev. 4-2009)			Page 2
	tre filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check the	s box		▶ X
Note. Onl	ly complete Part II if you have already been granted an automatic 3-month extension on a previously f	iled Form	8868.	
If you a	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (r	o copies	needed).	
Type or	Name of Exempt Organization	Em	oloyer ident	ification number
print File by the	HILLTOP FOUNDATION, INC.		L3-3345	
extended due date for	Number, street, and room or suite no. If a P.O. box, see instructions 138 FROGTOWN ROAD	For	IRS use only	
filing the return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW CANAAN, CT 06840			
For	pe of return to be filed (File a separate application for each return): m 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A m 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720		Form 5227 Form 6069	Form 8870
STOP! Do	o not complete Part II if you were not already granted an automatic 3-month extension on a prev	iously fil	ed Form 88	68.
Teleph If the c If this i box ▶ 4	reganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box ■ and attach a list with the names and EINs of a guest an additional 3-month extension of time until SEPTEMBER 15, 2010 calendar year, or other tax year beginning NOV 1, 2008, and ending the stax year is for less than 12 months, check reason: Initial return Final return to the in detail why you need the extension NOT TO FILE A COMPLETE AND A COMPLETE AND A	f all mem	Change in a	ension is for 2009 .accounting period
	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any prefundable credits. See instructions	8a	\$	1254.
tax	nis application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated payments made. Include any prior year overpayment allowed as a credit and any amount paid eviously with Form 8868.	8b	\$	2008.
	ance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit in FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruction	ons 8c	\$	0.
	Signature and Verification			
	alties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and t orrect, and complete, and that I am authorized to prepare this form.	o the best	of my knowled	ige and belief,
Signature	► Title ►	Dat	e 🕨	

Form **8868** (Rev. 4-2009)