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SCANNED DEC 0 1 2010

Form **990-PF**

Department of the Treasury

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

_	_	dar year 2009, or tax year beginning MAY					
_							
G	песк	all that apply: Initial return		ormer public charity	Final return		
		Amended return	Address char	ige	Name change		
Use	the I	RS Name of foundation			A Employer identification number		
	abel						
	erwis				03-0353892		
	print	1	•	Room/suite	B Telephone number		
	type Spec	" OO INDODIKIAH IAMMII			(802)862-4		
	ructio	ine City of town, state, and ZIP code			C If exemption application is p		
		BURLINGTON, VT 05401			D 1. Foreign organizations	s, check here	
H C	heck	type of organization: X Section 501(c)(3) ex			Foreign organizations me check here and attach co	emputation	
	Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private found		E If private foundation sta	tus was terminated	
I Fa	ır ma	rket value of all assets at end of year J Accounti	ng method: L Cash	X Accrual	under section 507(b)(1)		
		, , , , , , , , , , , , , , , , , , , ,	her (specify)		F If the foundation is in a	60-month termination	
∠ ▶	\$		mn (d) must be on cash	basis)	under section 507(b)(1)	(B), check here	
ĮΡε	ırt₁l	Analysis of Revenue and Expenses (The total of amounts in columns (b) (c) and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes	
_		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)	
	1	Contributions, gifts, grants, etc., received	615,300.				
	2	Check fithe foundation is not required to attach Sch. B				us to	
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities				and the strain of the	
	5a	Gross rents					
	b	Net rental income or (loss)		_	1	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
•	6a	Net gain or (loss) from sale of assets not on line 10			a .=	. a	
ž	b	Gross sales price for all assets on line 8a	-	1 = -,		21 - 2 1 2	
Revenue	7	Capital gain net income (from Part IV, line 2)		0.	1 - 5 - 2	Fig. No. 1	
ď	8	Net short-term capital gain			0.	*	
	9	Income modifications					
	10a	Gross sales less returns and allowances	-		= _ = _ = _ = _ = _ = _ = _ = _ = _		
	Ι.	Less Cost of goods sold					
	l	Gross profit or (loss)		-			
	11	Other income	132,914.	0.	132.914.	STATEMENT 1	
	12	Total Add lines 1 through 11	748,214.	0.	132,914.		
	13	Compensation of officers, directors, trustees, etc	72,943.	0.	0.	72,943.	
	14	Other employee salaries and wages	129,651.	0.	0.	129,651.	
	15	Pension plans, employee thenefits	29,666.	0.	0.	29,666.	
ses		Legal fees RECEIVESTMT 2	35,156.	0.	0.	35,156.	
		Accounting tees STMT5 3	53,725.			53,725.	
ă. X	I	Other professional fees 2 2 2010	33,723.			33,723.	
ē.	17	Other professional fees 2 2 2010	<u> </u>				
ativ	18	Taxes SIPMT 4	23,314.	0.	0.	23,314.	
str	19	Depreciation and depletion , SIFM'T 4	8,736.	0.	8,736.	43,314.	
iric	20	Occupancy	29,963.	0.	0.	29,963.	
Ą	21	Travel, conferences, and meetings	19,791.	0.	0.	19,791.	
ğ	22	Printing and publications	<u> </u>		<u> </u>	<u> </u>	
) ar	i		421,842.	0.	0.	421,842.	
Operating and Administrative Expen	l .	•	441,044.		<u> </u>	441,044.	
era	24	Total operating and administrative	824,787.	0.	8,736.	816,051.	
õ	OF.	expenses. Add lines 13 through 23	024,101.	·	0,130.	010,001.	
	l	Contributions, gifts, grants paid					
	26	Total expenses and disbursements	004 707	^	0 726	016 051	
		Add lines 24 and 25	824,787.	0.	8,736.	816,051.	
	i	Subtract line 26 from line 12:	, 20 523		-		
	l	Excess of revenue over expenses and disbursements	-76,573.		n		
		Net investment income (if negative, enter -0-)		0.	104 4 90		
9235		Adjusted net income (if negative, enter -0-)			124,178.	5 000 DT (0000)	

02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

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В		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	a1 L	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	19,261.	54,416.	54,416.
	3	Accounts receivable ► 5,100.			
		Less; allowance for doubtful accounts ▶		5,100.	5,100.
	4	Pledges receivable ►		-	
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable		·	
		Receivables due from officers, directors, trustees, and other			
	-	disqualified persons			
	7	Other notes and loans receivable 104,863.			
		Less: allowance for doubtful accounts ▶	91,979.	104,863.	104,863.
φ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	700.	700.	700.
As	-	Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
		Investments - land, buildings, and equipment basis		-	
	· ·	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
		Land, buildings, and equipment basis ► 31,668.			
	' '	Less accumulated depreciation 25,206.	15,198.	6,462.	6,462.
	15	Other assets (describe ►			- 1
	'				
	16	Total assets (to be completed by all filers)	127,138.	171,541.	171,541.
_	17	Accounts payable and accrued expenses	38,209.	34,185.	
	18	Grants payable			
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ğ	21	Mortgages and other notes payable		125,000.	
Ë	ı	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	38,209.	159,185.	
		Foundations that follow SFAS 117, check here		_	
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted	10,891.	12,356.	
aŭ	25	Temporarily restricted	78,038.	0.	
Bal	26	Permanently restricted	•		
Б		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Assets or Fund Balance	29	Retained earnings, accumulated income, endowment, or other funds			
ě	30	Total net assets or fund balances	88,929.	12,356.	
_					
	31	Total liabilities and net assets/fund balances	127,138.	171,541.	
ſĒ)art	III Analysis of Changes in Net Assets or Fund B	alances		
	ait	The state of the s			
1		ıl net assets or fund balances at beginning of year - Part II, column (a), line	30		_
	-	st agree with end-of-year figure reported on prior year's return)	•	1	88,929.
2		er amount from Part I, line 27a		2	<u>-76,573.</u>
3		er increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3		4	12,356.
5		reases not included in line 2 (itemize)		5	0.
<u>6</u>	Tota	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	12,356.
					Form 990-PF (2009)

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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816,051.

6

7

8

0.

7 Add lines 5 and 6

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

orm	990-PF (2009) THE CHILL FOUNDATION	03	<u>-03</u>	3892		Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), o	r 4948	- se	<u>instru</u>	ctio	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			•		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1	<u> </u>			0.
	of Part I, line 27b					
	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-)	2	_			<u>0.</u>
_	Add lines 1 and 2	3				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	+			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
	Credits/Payments:	-	-			-
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a					
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868) 6c					
	Backup withholding erroneously withheld 6d	┥.				^
	Total credits and payments. Add lines 6a through 6d	7				<u>0.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8		-		0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				<u> </u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<u>10</u>				
	Enter the amount of line 10 to be: Credited to 2010 estimated tax ► Refunded art VII-A Statements Regarding Activities					
_	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inter-	ene in			Yes	No
14	any political campaign?	CHC III		1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition	12		1b		X
Ü	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials public					
	distributed by the foundation in connection with the activities.					_
c	e 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:					
		0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$ 0.					
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 incorporati	on, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	olf "Yes," has it filed a tax return on Form 990-T for this year?		N/A	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						
	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?			<u>6</u> 7	X	<u> X</u>
1	Did the foundation have at least \$5,000 in assets at any time during the year?			\ <u>'</u>	Α_	
o-	If "Yes," complete Part II, col. (c), and Part XV. a Enter the states to which the foundation reports or with which it is registered (see instructions)					
8	NY, MA, VT, CA, CO, IL, MD, OR, UT, DC, WA	<u> </u>		-		
t	b 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	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	calenda	•			
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	X_	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X_
				Form 990	-PF	ronnov

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had not been removed from jeopardy before the first day of the tax year beginning in 2009?

orm 990-PF (2009) THE CHILL FOUNDATION			<u>03-03538</u>	92	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	uea)		
5a During the year did the foundation pay or incur any amount to:				T .	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	14945(e))?	Ye	s 🗶 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?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes'	7	☐ Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization			İ		-
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Ye	s X No		-
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			- [- 1
the prevention of cruelty to children or animals?	, , , , , , , , , , , , , , , , , , , ,		s X No		-
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the exceptions described i				
section 53.4945 or in a current notice regarding disaster assistance (see instru		ga.ao	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	•				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned		- 1	
expenditure responsibility for the grant?		//A 🗀 Ye	s No	- 1	
If "Yes," attach the statement required by Regulations section 53.4945		1/A16	3 110	- 1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •			- 1	
, , , , , , , , , , , , , , , , , , , ,	Day premiums on		s X No		
a personal benefit contract?		TE	S LAL NO	۱,	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal denetit contract?			6b	X
If "Yes" to 6b, file Form 8870.	h - H 4 0		s X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		; Ye		_ +	
b If yes, did the foundation receive any proceeds or have any net income attribute			N/A	7b	
Part VIII Information About Officers, Directors, Trustors Paid Employees, and Contractors	ees, roundation Ma	inagers, nigniy	<i>,</i>		
List all officers, directors, trustees, foundation managers and their	compensation.				
		(c) Compensation	(d) Contributions to	(e)	Expense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acco	Expense ount, other owances
	to position	enter -u-j	Compensation	1 411	Jwances
SEE STATEMENT 6		72,943.	0.		^
SEE STATEMENT 0		12,343.	<u></u>	+	0.
	<u> </u>			┼─	
				ł	
				├	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If neme	enter "NONE "			
2 Compensation of five nignest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(0)	Evnanca
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accc	Expense ount, other
	devoted to position		compensation	alle	owances _
NONE					
				 	
				<u> </u>	
				ļ	
					_
Total number of other employees paid over \$50,000			▶ 1		0

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All other program-related investments. See instructions.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
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	0.
b	Average of monthly cash balances .	1b	
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and	.	
	1c (attach detailed explanation) 1e 0.]	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return Enter 5% of line 5	6	0.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here X and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	
	1 - 1		
2a b	Income tax for 2009. (This does not include the tax from Part VI.)	1 [
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	· · · · · · · · · · · · · · · · · · ·
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
_			
	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	816,051.
b	Program-related investments - total from Part IX-B	1b	0.
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	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	816,051.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	816,051.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for th	ne section
	4940(e) reduction of tax in those years.		

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,		·		
line 7				0.
2 Undistributed income, if any, as of the end of 2009	Ì		0	-
a Enter amount for 2008 only			0.	
b Total for prior years:		0	'	
		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007			1	
e From 2008	0			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ►\$ N/A			•	
a Applied to 2008, but not more than line 2a			0.	
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 2009 distributable amount		· · · · · · · · · · · · · · · · · · ·		0.
e Remaining amount distributed out of corpus	0.	_		
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.		<u> </u>	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 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	1
f Undistributed income for 2009. Subtract	•			
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				1
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	-			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	0.			-
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007			ļ	
d Excess from 2008				
e Excess from 2009				}
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Grants and Contributions Paid During	the Year or Approved for Future F	Payment		
Recipient	If recipient is an individual,			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substitution contributor			
a value during the year				
NONE				
			·	
	i			
	ļ			
	İ			
		}		
				
Total b Approved for future payment			▶ 3a	
Approved for future payment				
NONE				
Total		1	▶ 3b	
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(a) Business code	(b) Amount	(C) Exclu- sion	(d)	(e) Related or exempt
code	Amount		Amount	function income
		code	Aillount	
1 1				
	_			
		1	1	
				132,262
[]				572
				80
	· · -			
		0.	0.	132,914
			13	132,914
the Accor	nnlichment of	Evernt D	urnosas	
THE ACCUIT	iibiiaiiiieiif Oi	Evellibt L	ni hoses	
		o the Accomplishment of		the Accomplishment of Exempt Purposes The is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of Exempt Purposes

Line No.								
	the foundation's exempt purposes (other than by providing funds for such purposes).							
9	THE ABOVE REVENUE-GENERATING ACTIVITIES SUPPORT THE OPERATIONS							
	OF THE CHILL FOUNDATION WHICH IS A PROGRAM TO TEACH INNER CITY YOUTH							
	HOW TO SNOWBOARD. THIS IS AN INTERNATIONAL PROGRAM WITH 3 SITES IN							
	CANADA AND 10 THROUGHOUT THE UNITED STATES. THE PROGRAM SERVES OVER							
	1500 YOUTH, AND THE COSTS TO RUN THIS PROGRAM							
	TOTALED \$827,787 IN 2009.							

			HILL FOUNDATIO			<u> 353892 </u>	Page 13
P	art X\	Information Re Exempt Organi		and Transactions an	d Relationships With None	charitable	
4	Did th			wing with any other organization	described in section 501(c) of	Y	es No
1				527, relating to political organization		- - -	30 110
			ation to a noncharitable exempt		aions:		
đ	(1) C		ation to a nonchantable exempt	organization of.		1a(1)	x
		ther assets				1a(2)	X
h		transactions:				10(2)	- -
D		ales of assets to a noncharital	hle evemnt organization			1b(1)	х
			ncharitable exempt organization	•		1b(2)	X
		tental of facilities, equipment,		1		1b(3)	X
	. ,	termar or racinities, equipment, the second of the second	or other assets			1b(4)	X
		•				1b(5)	X
	٠.	oans or loan guarantees	mbership or fundraising solicit	atione		1b(6)	X
_	٠,		iling lists, other assets, or paid			1c	$\frac{x}{x}$
					us show the four market value of the go		
a		•			ys show the fair market value of the go		,
		• • •	other assets, or services receiv		in any transaction or sharing arrangem	ciit, Silow iii	
۵)		(b) Amount involved	T' .	able exempt organization	(d) Describes of transfers transactions	and showns or on	
4)	Line no	(b) Airiodili ilivolved	. '	<u> </u>	(0) Description of transfers, transactions	, and sharing arrain	Jenens
			N/2	1			
				<u>.</u> .			
							
			<u> </u>				· - ·
		<u> </u>			<u> </u>		
2a				one or more tax-exempt organiza	tions described		
			r than section 501(c)(3)) or in s	section 527?		L Yes	X No
t	If "Ye	s," complete the following sch					
		(a) Name of org	ganization	(b) Type of organization	(c) Description of rela	itionship	
		N/A					
			<u> </u>				
_							
_							
				accompanying schedules and statemer don all information of which preparer ha	nts, and to the best of my knowledge and belie as any knowledge	of, it is true, correct,	
	21000	RiPar	a sia, aspaya a nasaay, o saso	1116/15		-'. / A -	G-4
	\ -	MALM		11/9/10	Board Co-ch	un per	2004
Sign Here	S	ignature of officer or trustee		Date	Title		
드	o .	Preparer's	1111 Jullan	Da	te Check if self-	Preparer's identifying	g number
Sign	<u>. e</u> e	signature	WAU YUUVL		Self- employed ►	1,010,92	6 W
GALLAGHER, FLYNN & COMPANY, LLP							
	Paid Preparer's Use Only	if self-employed), 55 C	COMMUNITY DRIV				
		address, and ZIP code SOUT	H BURLINGTON,	<u>VT 05403</u>	Phone no. 80	<u> 2-863-1</u>	331

923622 02-02-10

802-863-1331 Form **990-PF** (2009)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Name of the organization	n	Employer identification number			
	THE CHILL FOUNDATION	03-0353892			
Organization type (chec	k one):				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt chantable trust not treated as a private founda	ition			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ı			
	501(c)(3) taxable private foundation				
, ,	on is covered by the General Rule or a Special Rule . I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See instructions.			
General Rule					
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or implete Parts I and II.	more (in money or property) from any one			
Special Rules					
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support tes 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and	ution of the greater of (1) \$5,000 or (2) 2%			
aggregate cont	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any inbutions of more than \$1,000 for use exclusively for religious, chantable, scientiful of cruelty to children or animals. Complete Parts I, II, and III.				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.					
but it must answer "No"	on that is not covered by the General Rule and/or the Special Rules does not file on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				
LHA For Privacy Act a for Form 990, 990	and Paperwork Reduction Act Notice, see the Instructions D-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2009			

•					
•					
Schedule B (F	orm 990, 990-EZ, or 990-PF) (2009)	1	Page 1 of 2 of Part I Employer identification number		
	HILL FOUNDATION	<u> </u>	03	-0353892	
Part I	Contributors (see instructions)	· _ · · · · -			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	ons	(d) Type of contribution	
1	BURTON SNOWBOARDS	_		Person X	
	80 INDUSTRIAL PARK	\$\$8428,08	<u> 88.</u>	Noncash (Complete Part II if there	
	BURLINGTON, VT 05401	_	:	is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	ons	(d) Type of contribution	
2	BURTON SNOWBOARDS			Person Payroll	
	80 INDUSTRIAL PARK	\$\$	<u>11.</u>	Noncash X (Complete Part II if there	
	BURLINGTON, VT 05401	_		is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	ons	(d) Type of contribution	
3	ISLANDS FUND			Person X Payroll	
	6523 CALIFORNIA AVE S.W. PMB 137	_ \$ 35,00	00.	Noncash (Complete Part II if there	
	SEATTLE, WA 98136	_		is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	ions	(d) Type of contribution	
4	JP MORGAN CHASE	_	i	Person X	
	12 CORPORATE WOODS BOULEVARD	\$5,00	00.	Payroll Noncash	
	ALBANY, NY 12211	_		(Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	ions	(d) Type of contribution	
5	WOLF GREENFIELD	_		Person X	
	600 ATLANTIC AVE	\$5,00	00.	Payroll Noncash	

(Complete Part II if there BOSTON, MA 02210 is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 6 TRANSWORLD MAGAZINE CORP X Person Payroll 5,000. 353 AIRPORT RD Noncash (Complete Part II if there OCEANSIDE, CA 92054 is a noncash contribution.)

923452 02-01-10

. •					
\$chedule B (F	orm 990, 990-EZ, or 990-PF) (2009)		Page 2 of 2 of Parti		
Name of or			Employer identification number		
THE C	HILL FOUNDATION		03-0353892		
Part I	Contributors (see instructions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	(d) ons Type of contribution		
7	TOTINO'S/ GENERAL MILLS INC.		Person X Payroll		
	ONE GENERAL MILLS BLVD. MINNEAPOLIS, MN 55426	\$5,10	(Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	(d)		
8	JEFF & MARGARET JONES 7501 E PINE GROVE RD BLOOMINGTON, IL 47401	\$10,00	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	(d) ions Type of contribution		
9	TAG PHILANTHROPIC FOUNDATION 699 S MAIN ST STOWE, VT 05672	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	(d) ions Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	(d) ions Type of contribution		
190.	Trustie, doubless, and Eff T T	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a)	(b)	(c)	(d)		

923452 02-01-10

No.

Person Payroll Noncash

Aggregate contributions

Name, address, and ZIP + 4

Type of contribution

(Complete Part II if there is a noncash contribution)

Page 1 of 1 of Part II

Employer identification number

THE CHILL FOUNDATION

03-0353892

	HILL FOUNDATION		-0353892
art II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	FACILITIES		
2		<u> </u>	
		\$\\$\\$\	VARIOUS
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I		(see ilisu uctions)	
		 \$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I		(See IIISU UCUOTIS)	
		\$	
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
		\$	
3453 02-	01-10	Schedule B (Form 9	90, 990-EZ, or 990-PF) (

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization 990PF (Including Information on Listed Property)

► Attach to your tax return. Sequence No 67

OMB No 1545-01/2

Name(s) shown on return

► See separate instructions. Business or activity to which this form relates

Identifying number

						•			
THE	CHILL FOUNDATION			Į. E	ORM 9	90-F	F PAGE	1	03-0353892
Part		rty Under Section 17	79 Note: /f yo						
1 Ma	eximum amount. See the instructions	-						1	250,000.
	tal cost of section 179 property place	-				••		2	
	reshold cost of section 179 property							3	800,000.
	duction in limitation. Subtract line 3				•		•	4	
	lar limitation for tax year Subtract line 4 from lin		· ·		lv. see instruct	ions		5	
6	(a) Description of pi			1	(business use	1	(c) Elected	l cost	
		_							
					· · ·				
7 Lis	sted property. Enter the amount from	n line 29				7			
	tal elected cost of section 179 proper	•	s in column (c), lines 6	and 7		·	8	
	ntative deduction. Enter the smaller	•	, ,	,-,,				9	
	rryover of disallowed deduction from		008 Form 45	562		•		10	
	isiness income limitation. Enter the s				n zero) or l	ne 5		11	
	ction 179 expense deduction. Add I		-				•	12	
	arryover of disallowed deduction to 2				•	13	•		
	Do not use Part II or Part III below fo				•				
Part					include list	ed prop	erty.)		
	pecial depreciation allowance for qua			· ·					
	e tax year	amou property (ea		р. оро	·,, p.a.coc .		g	14	
	operty subject to section 168(f)(1) el	ection				•		15	
	her depreciation (including ACRS)			•				16	
Part		ot include listed pr	roperty.) (Se	e instruct	ions.)				
				ection A					
17 M	ACRS deductions for assets placed	ın service in tax ve	ears beginni	na before	2009			17	
	ou are electing to group any assets placed in se					 heck here	. ▶ □		
,	Section B - Assets						neral Deprecia	ation Syste	em
		(b) Month and		or depreciation		Recovery	(1) (2)	(0.00-41	(a) Danasation de duration
	(a) Classification of property	year placed in service		investment u e instruction:	136 ''	period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property	7							
	7-year property			-					
_ _	10-year property	\neg							
e	15-year property	\neg							
_ 	20-year property								
	25-year property	7			2	5 yrs.		S/L	
		/		-		7.5 yrs	ММ	S/L	
h	Residential rental property	/				7.5 yrs.	ММ	S/L	· · · · ·
-	-	/				9 yrs.	MM	S/L	
i	Nonresidential real property	,				<u></u>	MM	S/L	
	Section C - Assets	Placed in Service	During 200	09 Tax Ye	ar Using t	he Alte			stem
 20a	Class Irfe	T						S/L	
<u>20a</u> b	12-year					2 yrs.		S/L	
C	40-year					0 yrs.	ММ	S/L	
Par						, . o.	1 171171		1
	sted property. Enter amount from Irr						_	24	
			 nee 10 and 1	On un activi	 mp (a) and	 line 21		21	
	otal. Add amounts from line 12, lines oter here and on the appropriate line	-						22	8,736.
						Sec iiis	···	1 22	0,130.
	or assets shown above and placed in	-	e current ye	a, enter	u I C	23			
918251 11-04-0	ortion of the basis attributable to sec		· consects !	netrueti-	ne	23			Form 4562 (2009)
11-04-0	_e LHA For Paperwork Reduction	AT ACT NOTICE, SEE	separate II	เเอนเนตเนื่อ	113.				1 01111 4002 (2009)

Part V		h. (Include a	utomobiles, ce	rtain oth	er vehic	الاعم عما	ılar teler	hone	s certain o	compute	rs and	property	used fo	r enterta	inment
	recreation, or a			i telli oti i	or verne	163, 66116	aidi tolop		o, cortain t	Jonipute	io, uno	ргорогсу	4304 10	Cittoria	minicine
	Note: For any	vehicle for wi	hich you are u	sing the	standard	l mileage	e rate or	dedu	ctıng lease	expens	e, comp	leteonly	24a, 24	b, colum	ns (a)
	through (c) of S		or Section B, on and Other					nstruc	tions for li	mıts for	oasseno	er auton	nobiles)		
24a Do vo	ou have evidence to					Ye		7	24b If "Y				$\overline{}$	Yes	No
E-10 50 J		(b)	(c)		(d)	<u>一, </u>	(e)	3 110	(f)	i .	g)		h)		<u> </u>
	(a) ne of property vehicles first)	Date placed in service	Business/ investment use percentag	1 011	Cost or ner basis		s for depre iness/inves use only	stment	Recovery period	Met	thod/ ention	Depre	ciation iction	Elec sectio co	n 179
25 Spec	ıal depreciation all	owance for q	ualified listed	property	placed	ın servic	e dunng	the ta	ax year an	d					
	more than 50% in									•	25			-	
26 Prope	erty used more tha	ın 50% ın a q	ualified busin	ess use		- 1						r			
		ļ		%											
		<u> </u>	† - · · · ·	%								ļ		-	
			<u> </u>	%											
27 Prope	erty used 50% or l	ess in a quali		-						I 0.11					
				% %						S/L ·		-			
_		 		% %					-	S/L·					
00 Add	amounts in column	/b) linco 25	·	· · · · · · · · · · · · · · · · · · ·	and on	June 21	page 1		<u> </u>	3/L -	28				
	amounts in columi amounts in columi		ū				page i		•				29		
29 Auu_	amounts in column	1 (1), 11110 20. E		Section E			on Usa	of Vet	nicles				. 23		
Complete	e this section for ve	obiolog ugod								ar rolator	t norcor				
	ovided vehicles to												ng this s	ection fo	r
_				(4	a)	(t	b)		(c)	(4	d)	(e)	(f)
30 Total	business/investment	miles driven d	luring the	Vet	ncle	Veh	nicle		/ehicle	Vet	ncle	Vet	ncle	Veh	ıcle
year (do not include com	muting miles)													
31 Total	commuting miles	driven during	the year												
32 Total	other personal (no	oncommuting	g) miles							1					
drive	n .											ļ. <u> </u>			
	l miles driven durin														
	lines 30 through 3	•					ι				·	ļ		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	the vehicle availab	ole for persor	nai use	_Yes_	No	Yes_	No	Yes	s No	Yes	No	Yes	No	Yes	No
	ng off-duty hours? the vehicle used p								-	 		<u> </u>			
	5% owner or relat		THOIE												ļ
	other vehicle avail	•	onal			<u> </u>									
use?		able for perso	onai												
	••	Section C	- Questions	for Empl	lovers V	Vho Prov	vide Vet	icles	for Use b	v Their I	Employ	ees			
Answer t	hese questions to			-	-					_			re not m	ore than	5%
	or related persons								 					T.:	
•	ou maintain a writt	en policy sta	itement that p	rohibits a	all persor	nal use o	of vehicle	es, inc	cluding cor	nmuting	, by you	ır		Yes	No
•	loyees?													-	+
•	ou maintain a writt	· ·									our/				
•	loyees? See the in					mcers, a	irectors,	or 19	6 or more	owners				-	+
•	ou treat all use of vou provide more the	-				informat					•••••				+
,	ou provide more to use of the vehicles		•		-	omat	HOH HOH	your	employee	s auvul					1
	ou meet the requir	•			• • •	 monetra	 ition use				•				+
•	e: If your answer to		• •						covered ve	 ehicles		•		•	+
	/I Amortization	07,00,00,	10, 01 11 10 10	30, GO 11.	<u> </u>	.0.00			oovered ve						
	(a)			(b)	Γ	(c)		\top	(d)		(e)			(f)	
	Description	of costs	Dat	e amortization begins	<u></u>	Amortizat amount			Code section		Amortiz penod or pe			mortization or this year	
	rtization of costs t	hat begins di	uring your 200	9 tax yea	ar:										
42 Amo			1				_	1		_ [
42 Amo					 										
42 Amo				•	<u> </u>										
43 Amo	ortization of costs t	_	-	=				<u> </u>	•-		_	43			

FORM 990-PF	OTHER	INCOME		STATEMENT 1		
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME		
GAIN ON FOREIGN EXCHANGE APPLICATION FEES	_	572. 80.	0.			
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS		132,262.	0.	132,262.		
TOTAL TO FORM 990-PF, PART I,	LINE 11	132,914.	0.	132,914.		
FORM 990-PF	LEGA	AL FEES	STATEMENT 2			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- S MENT INCOME				
LEGAL FEES	35,15	5. 0	• 0	35,156.		
TO FM 990-PF, PG 1, LN 16A	35,156. 0		. 0	35,156.		
FORM 990-PF	ACCOUN	ring fees		STATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOK	(B) NET INVEST- S MENT INCOME		(D) CHARITABLE PURPOSES		
ACCOUNTING SERVICES	53,72	5. 0	. 0	53,725.		
TO FORM 990-PF, PG 1, LN 16B	53,72	5. 0	•	53,725.		

FORM 990-PF	TAX	ES	Sī	STATEMENT 4			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES			
PAYROLL TAXES	23,314.	0.	0.	23,314.			
TO FORM 990-PF, PG 1, LN 18	23,314.	0.	0.	23,314.			
FORM 990-PF	OTHER E	XPENSES	នា	STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES			
OTHER HOST MOUNTAIN TICKET FEES TRANSPORTATION OFFICE SUPPLIES POSTAGE	25,022. 60,369. 110,903. 33,304. 1,477.	0. 0. 0. 0.	0. 0. 0. 0.	25,022. 60,369. 110,903. 33,304. 1,477.			
CONTRACTED SERVICES - LOCAL COORDINATORS PROMOTIONAL ITEMS U.S. OPEN EXPENSES SHIPPING EQUIPMENT PROGRAM EQUIPMENT FUND RAISING EXPENSES TRAINING STATE CHARITABLE	98,335. 4,032. 25,092. 8,367. 4,730. 44,132. 5,929.	0. 0. 0. 0. 0.	0. 0. 0. 0. 0.	98,335. 4,032. 25,092. 8,367. 4,730. 44,132. 5,929.			
REGISTRATIONS TO FORM 990-PF, PG 1, LN 23	421,842.	0.	0.	421,84			

FORM 990-PF PART VIII - LI TRUSTEES AN	STATEMENT 6			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KATHERINE MCCONNELL 80 INDUSTRIAL PARKWAY BURLINGTON, VT 05401	EXECUTIVE DIRE	CTOR 72,943.	0.	0.
JAKE BURTON 80 INDUSTRIAL PARKWAY BURLINGTON, VT 05401	CHAIRMAN 1.00	0.	0.	0.
DONNA CARPENTER 80 INDUSTRIAL PARKWAY BURLINGTON, VT 05401	BOARD MEMBER 1.00	0.	0.	0.
SCOTT BARRETT 80 INDUSTRIAL PARKWAY BURLINGTON, VT 05401	BOARD MEMBER 1.00	0.	0.	0.
WOODBURY D SAUNDERS, JR. 80 INDUSTRIAL PARKWAY BURLINGTON, VT 05401	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	72,943.	0.	0.



Form **8868**

(Rev. April 2009)
Department of the Treasur

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

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box	▶ 🕱							
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).								
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previous	sly filed Form 8868.							
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).								
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and	complete							
Part I only	▶ □							
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to reques to file income tax returns.	st an extension of time							
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extended below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 elections automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite of you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electron www irs gov/efile and click on e-file for Chanties & Nonprofits.	ronically if (1) you want the additional ronsolidated Form 990-T. Instead,							
Type or Name of Exempt Organization	Employer identification number							
THE CHILL FOUNDATION	03-0353892							
Number, street, and room or suite no. If a P.O box, see instructions 80 INDUSTRIAL PARKWAY								
cturn See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions BURLINGTON, VT 05401								
Check type of return to be filed (file a separate application for each return):								
Form 990 Form 990-T (corporation)	m 4720							
	m 5227							
	m 6069							
	m 8870							
JIM BOGER • The books are in the care of ▶ 80 INDUSTRIAL PARKWAY - BURLINGTON, V Telephone No. ▶ 802-652-3570 FAX No. ▶ • If the organization does not have an office or place of business in the United States, check this box . • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs or								
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time DECEMBER 15, 2010 , to file the exempt organization return for the organization name.								
is for the organization's return for								
calendar year or								
► X tax year beginning MAY 1, 2009 , and ending APR 30, 2010	· · · · · · · · · · · · · · · · · · ·							
2 If this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period							
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any								
nonrefundable credits. See instructions.	3a \$ 0.							
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated								
tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ 0.							
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,								
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c \$ 0.							
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and F	· · · · · · · · · · · · · · · · · · ·							
Caudion in you are going to make an electronic rane minimum with this restriction, see Fellin 0-30-EO and I	om coro do foi payment mondedona							

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For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

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