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Form

990-PF

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

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

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▶ Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 05-01-2015, and ending 04-30-2016

Name of foundation THE CHILL FOUNDATION		A Employer identification number  03-0353892	
Number and street (or P O box number if mail is not delivered to street address) 80 INDUSTRIAL PARKWAY		B Telephone number (see instructions)  (802) 383-6912	
City or town, state or province, country, and ZIP or foreign postal code BURLINGTON, VT 05401		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here ▶ <input type="checkbox"/>  2. Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 292,550		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule) . . . . .	1,348,093			
	2 Check ▶ <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments	16	16	16	
	4 Dividends and interest from securities . . . . .				
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . .		0		
	8 Net short-term capital gain . . . . .			0	
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	390,556	0	390,556	
	12 Total.Add lines 1 through 11 . . . . .	1,738,665	16	390,572	
	13 Compensation of officers, directors, trustees, etc	110,000	0	0	0
	14 Other employee salaries and wages . . . . .	528,040	0	0	528,040
	15 Pension plans, employee benefits . . . . .	94,160	0	0	94,160
	16a Legal fees (attach schedule). . . . .	12,125	0	0	12,125
	b Accounting fees (attach schedule). . . . .	12,191	0	0	12,191
	c Other professional fees (attach schedule) . . . . .	25,400	0	0	25,400
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . .	54,915	0	0	54,915
	19 Depreciation (attach schedule) and depletion . . .	12,138	0	0	
	20 Occupancy . . . . .	43,032	0	0	43,032
	21 Travel, conferences, and meetings. . . . .	33,951	0	0	33,951
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule). . . . .	797,481	0	0	797,481
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	1,723,433	0	0	1,601,295
	25 Contributions, gifts, grants paid . . . . .	50,000			50,000
	26 Total expenses and disbursements.Add lines 24 and 25	1,773,433	0	0	1,651,295
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-34,768			
	b Net investment income (if negative, enter -0-)		16		
c Adjusted net income(if negative, enter -0-) . . .				390,572	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .			
	2	Savings and temporary cash investments . . . . .	143,839	234,303	234,303
	3	Accounts receivable ▶ <u>288</u>			
		Less allowance for doubtful accounts ▶ _____		288	288
	4	Pledges receivable ▶ _____			
		Less allowance for doubtful accounts ▶ _____	175,000		
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____			
		Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .			
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____			
	Less accumulated depreciation (attach schedule) ▶ _____				
12	Investments—mortgage loans. . . . .				
13	Investments—other (attach schedule) . . . . .				
14	Land, buildings, and equipment basis ▶ <u>43,700</u>				
	Less accumulated depreciation (attach schedule) ▶ <u>43,700</u>	12,138	0	0	
15	Other assets (describe ▶ _____)	15,111	57,959	57,959	
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	346,088	292,550	292,550	
Liabilities	17	Accounts payable and accrued expenses . . . . .	57,585	31,436	
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .	7,054	14,433	
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule). . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	64,639	45,869	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted . . . . .	281,449	246,681	
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	281,449	246,681	
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	346,088	292,550		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . .	1	281,449
2	Enter amount from Part I, line 27a . . . . .	2	-34,768
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3 . . . . .	4	246,681
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	246,681

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr )	Date sold (d) (mo , day, yr )
1a				
b				
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . . }		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )  
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	1,437,675	202,461	7 100997
2013	1,129,632	56,503	19 992425
2012	1,231,564	106,535	11 560182
2011	999,478	222,168	4 498749
2010	695,167	219,408	3 168376

2	Total of line 1, column (d). . . . .	2	46 320729
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	9 264146
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. . . . .	4	202,461
5	Multiply line 4 by line 3. . . . .	5	1,875,628
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	0
7	Add lines 5 and 6. . . . .	7	1,875,628
8	Enter qualifying distributions from Part XII, line 4. . . . .	8	1,651,295

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

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

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% 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-)

2

0

3

Add lines 1 and 2. . . . .

3

0

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

4

0

5

**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0- . . . . .

5

0

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

b

Exempt foreign organizations—tax withheld at source. . . . .

6b

c

Tax paid with application for extension of time to file (Form 8868). . . . .

6c

d

Backup withholding erroneously withheld. . . . .

6d

7

Total credits and payments. Add lines 6a through 6d. . . . .

7

0

8

Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.

8

9

**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** . . . . .

9

0

10

**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**. . . . .

10

11

Enter the amount of line 10 to be **Credited to 2015 estimated tax** ☐ **Refunded** ☐

11

Part VII-A

Statements Regarding Activities

1a

During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .

1a

No

b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .  
*If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*

1b

No

c

Did the foundation file **Form 1120-POL** for this year? . . . . .

1c

No

d

Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  
(1) On the foundation ☐ \$ \_\_\_\_\_ 0 (2) On foundation managers ☐ \$ \_\_\_\_\_ 0

e

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? . . . . .  
*If "Yes," attach a detailed description of the activities.*

2

No

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

No

4a

Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .

4a

No

b

If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . .

4b

5

Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .  
*If "Yes," attach the statement required by General Instruction T.*

5

No

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

No

7

Did the foundation have at least \$5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.* . . . . .

7

Yes

8a

Enter the states to which the foundation reports or with which it is registered (see instructions)  
☐ See Additional Data Table

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

Yes

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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?  
*If "Yes," complete Part XIV* . . . . .

9

Yes

10

Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.* . . . . .

10

No

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>WWW CHILL ORG</b>	13	Yes	
14	The books are in care of <b>ALEX BORNSTEIN</b> Telephone no <b>(802) 652-3570</b> Located at <b>80 INDUSTRIAL PARKWAY BURLINGTON VT</b> ZIP+4 <b>054015435</b>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <b>15</b>			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country <b>CA</b>	16	Yes	No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>20</b> , <b>20</b> , <b>20</b> , <b>20</b>			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions ). <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>20</b> , <b>20</b> , <b>20</b> , <b>20</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.</i> ) <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes

☒ No

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes

☒ No

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes

☒ No

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A )? (see instructions).

☐ Yes

☒ No

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes

☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

☐

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes

☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes

☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes

☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total

number of other employees paid over \$50,000.

0

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

<b>Total</b> number of others receiving over \$50,000 for professional services. . . . .	0
------------------------------------------------------------------------------------------	---

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> CHILL IS A YOUTH DEVELOPMENT PROGRAM SERVING UNDERSERVED YOUTH IN 13 CITIES ACROSS NORTH AMERICA	1,645,194
<b>2</b>	
<b>3</b>	
<b>4</b>	

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments See instructions	
<b>3</b>	

[illegible]



Part X

Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations,see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	0
b	Average of monthly cash balances. . . . .	1b	205,544
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	Total (add lines 1a, b, and c). . . . .	1d	205,544
e	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	205,544
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	3,083
5	Net value of noncharitable-use assets.Subtract line 4 from line 3 Enter here and on Part V, line 4	5	202,461
6	Minimum investment return.Enter 5% of line 5. . . . .	6	10,123

Part XI

Distributable Amount

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	
2a	Tax on investment income for 2015 from Part VI, line 5. . . . .	2a	
b	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	2b	
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 amountas 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		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	1,651,295
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	1,651,295
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 (see instructions). . . . .	5	0
6	Adjusted qualifying distributions.Subtract line 5 from line 4. . . . .	6	1,651,295

**Note:**The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only. . . . .				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2015				
a From 2010. . . . .				
b From 2011. . . . .				
c From 2012. . . . .				
d From 2013. . . . .				
e From 2014. . . . .				
f Total of lines 3a through e. . . . .				
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ _____				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions). . . . .				
c Treated as distributions out of corpus (Election required—see instructions). . . . .				
d Applied to 2015 distributable amount. . . . .				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
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. . . . .				
d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a . . . . .				
10 Analysis of line 9				
a Excess from 2011. . . . .				
b Excess from 2012. . . . .				
c Excess from 2013. . . . .				
d Excess from 2014. . . . .				
e Excess from 2015. . . . .				

Part XIV

Private Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . .

1997-03-24

b

Check box to indicate whether the organization is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

2a

Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	
10,123	2,825	2,825	5,327	21,100
8,605	2,401	2,401	4,528	17,935
1,651,295	1,437,675	1,129,632	1,231,564	5,450,166
0	0	0	0	0
1,651,295	1,437,675	1,129,632	1,231,564	5,450,166

b 85% of line 2a . . . . .

c

Qualifying distributions from Part XII, line 4 for each year listed . . . . .

1,651,295

1,437,675

1,129,632

1,231,564

5,450,166

d

Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .

0

0

0

0

0

e

Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .

1,651,295

1,437,675

1,129,632

1,231,564

5,450,166

3

Complete 3a, b, or c for the alternative test relied upon

a

"Assets" alternative test—enter

(1)

Value of all assets . . . . .

346,088

277,752

283,416

340,854

1,248,110

(2)

Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .

346,088

277,752

283,416

340,854

1,248,110

b

"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .

0

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) . . . . .

0

(2)

Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .

0

(3)

Largest amount of support from an exempt organization . . . . .

0

(4)

Gross investment income . . . . .

0

Part XV

Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a

The name, address, and telephone number or email address of the person to whom applications should be addressed

b

The form in which applications should be submitted and information and materials they should include

c

Any submission deadlines

d

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Form 990-PF (2015)

### 3 Grants and Contributions Paid During the Year or Approved for Future Payment

Form **990-PF** (2015)

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount		
<b>1</b> Program service revenue						
<b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> _____						
<b>g</b> Fees and contracts from government agencies						
<b>2</b> Membership dues and assessments. . . . .						
<b>3</b> Interest on savings and temporary cash investments . . . . .			14		16	
<b>4</b> Dividends and interest from securities. . . . .						
<b>5</b> Net rental income or (loss) from real estate						
<b>a</b> Debt-financed property. . . . .						
<b>b</b> Not debt-financed property. . . . .						
<b>6</b> Net rental income or (loss) from personal property . . . . .						
<b>7</b> Other investment income. . . . .						
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .						
<b>9</b> Net income or (loss) from special events						300,931
<b>10</b> Gross profit or (loss) from sales of inventory . . . . .						
<b>11</b> Other revenue <b>a</b> <u>PRODUCT SALES</u>		10,208	01			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>12</b> Subtotal Add columns (b), (d), and (e). . . . .		10,208			16	300,931
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .						311,155

(See worksheet in line 13 instructions to verify calculations )

[illegible]

If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

[illegible]

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Title

May the IRS discuss this return with the preparer shown below  
(see instr )? ☒ Yes ☐ No

Phone no	(802) 658-1808
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Form 990PF Part VII-A Line 8a

Enter the states to which the foundation reports or with which it is registered	AL,AK,AZ,AR,CA,CT,DC,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,CO,FL,NH,ND,OH,OK,OR,PA,RI,SC,TN,UT,NY,NM,NJ,NC,VA,WA,WV,WI
---------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ALEX BORNSTEIN	EXECUTIVE	110,000	0	0
80 INDUSTRIAL PARKWAY BURLINGTON,VT 05401	DIRECTOR 40 00			
JAKE BURTON CARPENTER	CO-CHAIR	0	0	0
80 INDUSTRIAL PARKWAY BURLINGTON,VT 05401	1 00			
DONNA CARPENTER	CO-CHAIR	0	0	0
80 INDUSTRIAL PARKWAY BURLINGTON,VT 05401	1 00			
SCOTT BARRETT	SECRETARY	0	0	0
80 INDUSTRIAL PARKWAY BURLINGTON,VT 05401	1 00			
ANDREW MCCONNELL	TREASURER	0	0	0
80 INDUSTRIAL PARKWAY BURLINGTON,VT 05401	1 00			
DAVID INGEMIE	MEMBER	0	0	0
80 INDUSTRIAL PARKWAY BURLINGTON,VT 05401	1 00			
JEFF BOLIBA	MEMBER	0	0	0
80 INDUSTRIAL PARKWAY BURLINGTON,VT 05401	1 00			
ABBY YOUNG	MEMBER	0	0	0
80 INDUSTRIAL PARKWAY BURLINGTON,VT 05401	1 00			
JOSH FISHER	MEMBER	0	0	0
80 INDUSTRIAL PARKWAY BURLINGTON,VT 05401	1 00			
HENRY BECK	MEMBER	0	0	0
80 INDUSTRIAL PARKWAY BURLINGTON,VT 05401	1 00			

# TY 2015 Accounting Fees Schedule

**Name:** THE CHILL FOUNDATION

**EIN:** 03-0353892

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	12,191	0	0	12,191



**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2015 Depreciation Schedule**

**Name:** THE CHILL FOUNDATION

**EIN:** 03-0353892

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
WEBSITE DESIGN	2013-02-28	43,700	43,700	SL	3 0000000000000	0	0	0	

TY 2015 Land, Etc.  
Schedule

**Name:** THE CHILL FOUNDATION  
**EIN:** 03-0353892

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
WEBSITE DESIGN	43,700	43,700	0	

TY 2015 Legal Fees Schedule

**Name:** THE CHILL FOUNDATION

**EIN:** 03-0353892

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	12,125	0	0	12,125

TY 2015 Other Assets Schedule

**Name:** THE CHILL FOUNDATION

**EIN:** 03-0353892

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
OTHER RECEIVALBES	15,111	57,959	57,959

## TY 2015 Other Expenses Schedule

**Name:** THE CHILL FOUNDATION

**EIN:** 03-0353892

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING AND PROMOTION	19,204	0	0	19,204
COMPUTER SERVICE FEES	2,361	0	0	2,361
HOST MOUNTAIN TICKET FEES	459,330	0	0	459,330
U S OPEN EXPENSES	18,843	0	0	18,843
OTHER PROGRAM EXPENSES	109,769	0	0	109,769
TRANSPORTATION EXPENSE	71,957	0	0	71,957
OTHER OPERATING EXPENSES	1,981	0	0	1,981
SPECIAL EVENTS EXPENSES	79,417	0	0	79,417
PAYROLL PROCESSING FEES	3,665	0	0	3,665
BANK FEES	1,843	0	0	1,843
DUES, MEMBERSHIPS, SUBSCRIPTIONS, & LICENSES	965	0	0	965
PRINTING & COPYING	2,151	0	0	2,151
TELEPHONE & INTERNET	10,213	0	0	10,213
POSTAGE & DELIVERY	8,684	0	0	8,684
OFFICE SUPPLES	1,510	0	0	1,510
STORAGE RENTAL	5,588	0	0	5,588

## TY 2015 Other Income Schedule

**Name:** THE CHILL FOUNDATION

**EIN:** 03-0353892

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PRODUCT SALES	10,208		10,208
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	380,348		380,348

**TY 2015 Other Professional Fees Schedule**

**Name:** THE CHILL FOUNDATION

**EIN:** 03-0353892

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER PROFESSIONAL FEES	25,400	0	0	25,400

TY 2015 Taxes Schedule

**Name:** THE CHILL FOUNDATION

**EIN:** 03-0353892

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	54,915	0	0	54,915



<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>THE CHILL FOUNDATION</div>	<div>Employer identification number</div> <div>03-0353892</div>
---------------------------------------------------------------------	-----------------------------------------------------------------

Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)( ) (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>
----------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

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

<b>Name of organization</b> THE CHILL FOUNDATION	<b>Employer identification number</b> 03-0353892
-----------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table   	  \$  	Person Payroll Noncash  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	   	  \$  	Person Payroll Noncash  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	   	  \$  	Person Payroll Noncash  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	   	  \$  	Person Payroll Noncash  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	   	  \$  	Person Payroll Noncash  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	   	  \$  	Person Payroll Noncash  (Complete Part II for noncash contribution )

<b>Name of organization</b> THE CHILL FOUNDATION	<b>Employer identification number</b>  03-0353892
-----------------------------------------------------	---------------------------------------------------------

Part II

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

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

<b>Name of organization</b> THE CHILL FOUNDATION	<b>Employer identification number</b> 03-0353892
-----------------------------------------------------	-----------------------------------------------------

Part III

*Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		

Additional Data

Software ID:  
Software Version:  
EIN: 03-0353892  
Name: THE CHILL FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>1</div>	<div>ROXITICUS FOUNDATION</div> <div>570 LEXINGTON AVENUE</div> <div>NEW YORK, NY 10022</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash</div> <div>(Complete Part II for noncash contribution )</div>
<div>2</div>	<div>TURNER CONSTUCTION COMPANY</div> <div>375 HUDSON STREET</div> <div>NEW YORK, NY 10014</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash</div> <div>(Complete Part II for noncash contribution )</div>
<div>3</div>	<div>THE COLOR RUN LLC</div> <div>1957 S 4800 W</div> <div>SALT LAKE CITY, UT 84104</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash</div> <div>(Complete Part II for noncash contribution )</div>
<div>4</div>	<div>THE COLOR RUN LLC</div> <div>1957 S 4800 W</div> <div>SALT LAKE CITY, UT 84104</div>	<div>\$ 8,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash</div> <div>(Complete Part II for noncash contribution )</div>
<div>5</div>	<div>JAMES GRAVES</div> <div>1365 DETROIT STREET</div> <div>DENVER, CO 80206</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash</div> <div>(Complete Part II for noncash contribution )</div>
<div>6</div>	<div>JP MORGAN CHASE</div> <div>1 CHASE SQUARE 4TH FLOOR</div> <div>ROCHESTER, NY 14643</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash</div> <div>(Complete Part II for noncash contribution )</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7			<b>Person</b> <input checked="" type="checkbox"/>
	PRICEWATERHOUSE COOPERS LLP		<b>Payroll</b> <input checked="" type="checkbox"/>
	125 HIGH STREET	\$ 5,000	<b>Noncash</b>
	BOSTON, MA 02110		(Complete Part II for noncash contribution )
8			<b>Person</b> <input checked="" type="checkbox"/>
	JASON KRIKORIAN		<b>Payroll</b> <input checked="" type="checkbox"/>
	166 FISHER AVENUE	\$ 5,000	<b>Noncash</b>
	BROOKLINE, MA 02445		(Complete Part II for noncash contribution )
9			<b>Person</b> <input checked="" type="checkbox"/>
	GRAND GENEVA RESORT SPA		<b>Payroll</b> <input checked="" type="checkbox"/>
	7036 GRAND GENEVA WAY	\$ 6,000	<b>Noncash</b>
	LAKE GENEVA, WI 53147		(Complete Part II for noncash contribution )
10			<b>Person</b> <input checked="" type="checkbox"/>
	WOLF GREENFIELD SACKS PC		<b>Payroll</b> <input checked="" type="checkbox"/>
	600 ATLANTIC AVENUE	\$ 6,000	<b>Noncash</b>
	BOSTON, MA 02210		(Complete Part II for noncash contribution )
11			<b>Person</b> <input checked="" type="checkbox"/>
	HALLORAN SAGE LLP		<b>Payroll</b> <input checked="" type="checkbox"/>
	225 ASYLUM STREET	\$ 6,000	<b>Noncash</b>
	HARTFORD, CT 06103		(Complete Part II for noncash contribution )
12			<b>Person</b> <input checked="" type="checkbox"/>
	BURTON SNOWBOARDS		<b>Payroll</b> <input checked="" type="checkbox"/>
	80 INDUSTRIAL PARKWAY	\$ 5,400	<b>Noncash</b>
	BURLINGTON, VT 05401		(Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>13</div>	<div>BARCELONA ENTERPRISES</div> <div>5203 ALHAMA DRIVE</div> <div>WOODLAND HILLS, CA 91364</div>	<div>\$ 10,000</div>	<div>Person</div> <div>Payroll</div> <div>Noncash</div> <div>(Complete Part II for noncash contribution )</div>
<div>14</div>	<div>BANK OF AMERICA</div> <div>110 MAIN STREET</div> <div>BRUNSWICK, ME 04011</div>	<div>\$ 10,000</div>	<div>Person</div> <div>Payroll</div> <div>Noncash</div> <div>(Complete Part II for noncash contribution )</div>
<div>15</div>	<div>JEFF MARGARET JONES</div> <div>7501 EAST PINE GROVE ROAD</div> <div>BLOOMINGTON, IN 47401</div>	<div>\$ 10,000</div>	<div>Person</div> <div>Payroll</div> <div>Noncash</div> <div>(Complete Part II for noncash contribution )</div>
<div>16</div>	<div>JAKE DONNA CARPENTER</div> <div>PO BOX 4449</div> <div>BURLINGTON, VT 05406</div>	<div>\$ 100,000</div>	<div>Person</div> <div>Payroll</div> <div>Noncash</div> <div>(Complete Part II for noncash contribution )</div>
<div>17</div>	<div>LARRY H GAIL MILLER FAMILY FOUNDATI</div> <div>9350 SOUTH 150 EAST 1000</div> <div>SANDY, UT 84070</div>	<div>\$ 10,000</div>	<div>Person</div> <div>Payroll</div> <div>Noncash</div> <div>(Complete Part II for noncash contribution )</div>
<div>18</div>	<div>ISLANDS FUND</div> <div>6523 CALIFORNIA AVENUE SW</div> <div>SEATTLE, WA 98136</div>	<div>\$ 15,000</div>	<div>Person</div> <div>Payroll</div> <div>Noncash</div> <div>(Complete Part II for noncash contribution )</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>			<b>Person</b> <input checked="" type="checkbox"/>
	<u>ISLANDS FUND</u>		<b>Payroll</b> <input checked="" type="checkbox"/>
	6523 CALIFORNIA AVENUE SW	\$ 15,000	<b>Noncash</b>
	SEATTLE, WA 98136		(Complete Part II for noncash contribution )
<u>20</u>			<b>Person</b> <input checked="" type="checkbox"/>
	<u>HIGHLINE SPORTS ENTERTAINMENT</u>		<b>Payroll</b> <input checked="" type="checkbox"/>
	3001 BRIGHTON BOULEVARD SUITE 345	\$ 27,692	<b>Noncash</b>
	DENVER, CO 80216		(Complete Part II for noncash contribution )
<u>21</u>			<b>Person</b> <input checked="" type="checkbox"/>
	<u>THE APRES SKI NON-FOR-PROFIT</u>		<b>Payroll</b> <input checked="" type="checkbox"/>
	345 N LA SALLE DR APT 2201	\$ 15,000	<b>Noncash</b>
	CHICAGO, IL 60654		(Complete Part II for noncash contribution )
<u>22</u>			<b>Person</b> <input checked="" type="checkbox"/>
	<u>TOM KARTSOTIS</u>		<b>Payroll</b> <input checked="" type="checkbox"/>
	3620 WOODPILE TRAIL	\$ 30,000	<b>Noncash</b>
	RICHARDSON, TX 75082		(Complete Part II for noncash contribution )
<u>23</u>			<b>Person</b> <input checked="" type="checkbox"/>
	<u>TAG PHILANTHROPIC FOUNDATION</u>		<b>Payroll</b> <input checked="" type="checkbox"/>
	PO BOX 928	\$ 16,000	<b>Noncash</b>
	STOWE, VT 05672		(Complete Part II for noncash contribution )
<u>24</u>			<b>Person</b> <input checked="" type="checkbox"/>
	<u>JAKE DONNA CARPENTER</u>		<b>Payroll</b> <input checked="" type="checkbox"/>
	PO BOX 4449	\$ 350,000	<b>Noncash</b>
	BURLINGTON, VT 05406		(Complete Part II for noncash contribution )



(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25			<b>Person</b> <input checked="" type="checkbox"/>
	MEAD TANK RENTALS		<b>Payroll</b> <input checked="" type="checkbox"/>
	BOX 1410	\$ 16,000	<b>Noncash</b>
	LEVELLAND, TX 79336		(Complete Part II for noncash contribution )
26			<b>Person</b> <input checked="" type="checkbox"/>
	BEACHES RESTAURANT		<b>Payroll</b> <input checked="" type="checkbox"/>
	7000 NE AIRPORT WAY	\$ 5,000	<b>Noncash</b>
	PORTLAND, OR 97218		(Complete Part II for noncash contribution )
27			<b>Person</b> <input checked="" type="checkbox"/>
	MT HOOD MEADOWS RESORT		<b>Payroll</b> <input checked="" type="checkbox"/>
	14040 HWY 35	\$ 60,051	<b>Noncash</b>
	MT HOOD, OR 97041		(Complete Part II for noncash contribution )
28			<b>Person</b> <input checked="" type="checkbox"/>
	WACHUSETT MOUNTAIN		<b>Payroll</b> <input checked="" type="checkbox"/>
	499 MOUNTAIN ROAD	\$ 48,805	<b>Noncash</b>
	PRINCETON, MA 01541		(Complete Part II for noncash contribution )
29			<b>Person</b> <input checked="" type="checkbox"/>
	LOVELAND SKI AREA		<b>Payroll</b> <input checked="" type="checkbox"/>
	PO BOX 899	\$ 35,185	<b>Noncash</b>
	GEORGETOWN, CO 80444		(Complete Part II for noncash contribution )
30			<b>Person</b> <input checked="" type="checkbox"/>
	LIBERTY MOUNTAIN RESORT		<b>Payroll</b> <input checked="" type="checkbox"/>
	78 COUNTRY CLUB TRAIL	\$ 19,364	<b>Noncash</b>
	FAIRFIELD, PA 17320		(Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31			<b>Person</b> <input type="checkbox"/>
	STOWE MOUNTAIN RESORT 7416 MOUNTAIN ROAD	\$ 112,200	<b>Payroll</b> <input checked="" type="checkbox"/>
	STOWE, VT 05672		<b>Noncash</b>
			(Complete Part II for noncash contribution )
32			<b>Person</b> <input type="checkbox"/>
	OVRRIDE LLC 7740 MAIN STREET	\$ 7,700	<b>Payroll</b> <input checked="" type="checkbox"/>
	HUNTER, NY 12442		<b>Noncash</b>
			(Complete Part II for noncash contribution )
33			<b>Person</b> <input type="checkbox"/>
	BOLTON VALLEY 4302 BOLTON VALLEY ACCESS ROAD	\$ 28,807	<b>Payroll</b> <input checked="" type="checkbox"/>
	RICHMOND, VT 05477		<b>Noncash</b>
			(Complete Part II for noncash contribution )
34			<b>Person</b> <input type="checkbox"/>
	MOUNTAIN CREEK 200 ROUTE 94	\$ 28,806	<b>Payroll</b> <input checked="" type="checkbox"/>
	VERNON TOWNSHIP, NJ 07462		<b>Noncash</b>
			(Complete Part II for noncash contribution )
35			<b>Person</b> <input type="checkbox"/>
	BRIGHTON RESORT 8302 S BRIGHTON LOOP ROAD	\$ 30,613	<b>Payroll</b> <input checked="" type="checkbox"/>
	BRIGHTON, UT 84121		<b>Noncash</b>
			(Complete Part II for noncash contribution )
36			<b>Person</b> <input type="checkbox"/>
	VITAE SESSIONS LLC 2041 WEST CARROLL AVENUE C-231	\$ 24,500	<b>Payroll</b> <input checked="" type="checkbox"/>
	CHICAGO, IL 60612		<b>Noncash</b>
			(Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37			<b>Person</b> <input type="checkbox"/>
	MOUNTAIN HIGH RESORT		<b>Payroll</b> <input checked="" type="checkbox"/>
	24510 CA-2	\$ 8,184	<b>Noncash</b>
	WRIGHTWOOD, CA 92397		(Complete Part II for noncash contribution )
38			<b>Person</b> <input type="checkbox"/>
	STEVEN'S PASS		<b>Payroll</b> <input checked="" type="checkbox"/>
	PO BOX 609	\$ 41,612	<b>Noncash</b>
	LEAVENWORTH, WA 98826		(Complete Part II for noncash contribution )
39			<b>Person</b> <input type="checkbox"/>
	NEXTSPACE COWORKING RIVER NORTH		<b>Payroll</b> <input checked="" type="checkbox"/>
	230 W SUPERIOR STREET	\$ 5,100	<b>Noncash</b>
	CHICAGO, IL 60654		(Complete Part II for noncash contribution )
40			<b>Person</b> <input type="checkbox"/>
	GRAND GENEVA RESORT SPA		<b>Payroll</b> <input checked="" type="checkbox"/>
	7036 GRAND GENEVA WAY	\$ 15,780	<b>Noncash</b>
	LAKE GENEVA, WI 53147		(Complete Part II for noncash contribution )
41			<b>Person</b> <input type="checkbox"/>
	SUGARBUSH RESORT		<b>Payroll</b> <input checked="" type="checkbox"/>
	102 FOREST DR	\$ 5,748	<b>Noncash</b>
	WARREN, VT 05674		(Complete Part II for noncash contribution )
42			<b>Person</b> <input type="checkbox"/>
	CLIFF BAR COMPANY		<b>Payroll</b> <input checked="" type="checkbox"/>
	1451 66TH STREET	\$ 5,248	<b>Noncash</b>
	EMERYVILLE, CA 94608		(Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43			<b>Person</b> <input type="checkbox"/>
	SKUDIN SURF INC		<b>Payroll</b> <input checked="" type="checkbox"/>
	LONG BEACH BOULEVARD	\$ 5,430	<b>Noncash</b>
	LONG BEACH, NY 11561		(Complete Part II for noncash contribution )
44			<b>Person</b> <input type="checkbox"/>
	HIGH CASCADE		<b>Payroll</b> <input checked="" type="checkbox"/>
	30515 EAST BLOSSOM TRAIL	\$ 10,290	<b>Noncash</b>
	GOVERNMENT CAMP, OR 97028		(Complete Part II for noncash contribution )
45			<b>Person</b> <input type="checkbox"/>
	SUGARBUSH RESORT		<b>Payroll</b> <input checked="" type="checkbox"/>
	102 FOREST DR	\$ 6,714	<b>Noncash</b>
	WARREN, VT 05674		(Complete Part II for noncash contribution )

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>27</u>	SKI LESSONS AND LIFT TICKETS	<u>\$ 60,051</u>	<u>2016-04-30</u>
<u>28</u>	LIFT TICKETS AND LESSONS	<u>\$ 48,805</u>	<u>2016-04-30</u>
<u>29</u>	LIFT TICKETS AND LESSONS	<u>\$ 35,185</u>	<u>2016-04-30</u>
<u>30</u>	LIFT TICKETS AND LESSONS	<u>\$ 19,364</u>	<u>2016-04-30</u>
<u>31</u>	LIFT TICKETS & LESSON	<u>\$ 112,200</u>	<u>2016-04-29</u>
<u>32</u>	LIFT TICKETS & LESSON	<u>\$ 7,700</u>	<u>2016-04-26</u>
<u>33</u>	LIFT TICKETS & LESSON	<u>\$ 28,807</u>	<u>2016-04-19</u>
<u>34</u>	LIFT TICKETS & LESSON	<u>\$ 28,806</u>	<u>2016-04-07</u>
<u>35</u>	LIFT TICKETS & LESSON	<u>\$ 30,613</u>	<u>2016-04-04</u>
<u>36</u>	SKI LESSONS	<u>\$ 24,500</u>	<u>2016-04-01</u>

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>37</u>	SKATE EQUIPMENT	<u>\$ 8,184</u>	<u>2016-03-30</u>
<u>38</u>	LIFT TICKETS & LESSON	<u>\$ 41,612</u>	<u>2016-03-22</u>
<u>39</u>	LIFT TICKETS & LESSON	<u>\$ 5,100</u>	<u>2016-03-18</u>
<u>40</u>	LIFT TICKETS & LESSON	<u>\$ 15,780</u>	<u>2016-03-13</u>
<u>41</u>	CINEMATIC AND EDITORIAL WORK	<u>\$ 5,748</u>	<u>2016-02-10</u>
<u>42</u>	LIFT TICKETS AND LESSONS	<u>\$ 5,248</u>	<u>2015-12-28</u>
<u>43</u>	LIFT TICKETS & LESSON	<u>\$ 5,430</u>	<u>2015-12-07</u>
<u>44</u>	LIFT TICKETS & LESSON	<u>\$ 10,290</u>	<u>2015-09-30</u>
<u>45</u>	TWELVE MONTHS OFFICE SPACE	<u>\$ 6,714</u>	<u>2015-05-02</u>