

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

Department of the Treasury Internal Revenue Service

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

2008

OMB No 1545-0052

For	calen	dar year 2008, or tax year beginning OCT	1, 2008	, and ending	SEP 30, 2009)
<u>G</u> (Check	all that apply Initial return	Final return	Amended return	Address change	Name change
Use	the I	RS Name of foundation			A Employer identificatio	n number
	label.					
Oth	ierwis	e THE WM. BRYCE THOMPSO	N FOUNDATION	, INC.	22-2941409	9
	print	Number and street (or P O box number if mail is not de	elivered to street address)	Room/suite	B Telephone number	
	r type	HJJ MADOMO DINDDI			609-921-76	555
	Spec ructio				C If exemption application is	pending, check here
11121	146110	" PRINCETON, NJ 08540			D 1. Foreign organization	s, check here
H (Check	type of organization X Section 501(c)(3) ex	cempt private foundation		Foreign organizations m check here and attach c	eeting the 85% test, omputation
	Sec		Other taxable private founda	ation	E If private foundation sta	
l Fa	air ma	rket value of all assets at end of year J Account	ng method X Cash	Accrual	under section 507(b)(1	
(fi	rom F		ther (specify)		F If the foundation is in a	60-month termination
	\$	1,841,293. (Part I, colu	mn (d) must be on cash l	basis.)	under section 507(b)(1	
P	art I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	12,600.		N/A	
		Check ▶ I If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	69,758.	69,758.		STATEMENT 1
3	4	Dividends and interest from securities				
⊸	5a	Gross rents	35,712.	35,712.		STATEMENT 2
>	ь	Net rental income or (loss) 20,422.				STATEMENT 3
_1 _	6a	Net gain or (loss) from sale of assets not on line 10				
	ь	Gross sales price for all assets on line 6a				
Š	7	Capital gain net income (from Part IV, line 2)		0.		
ڲ۩۪ڎ	8	Net short-term capital gain				
		Income modifications				······································
	40.	Gross sales less returns and allowances				
SCANNED		Less Cost of goods sold				· · · · · · · · · · · · · · · · · · ·
Q	į.	Gross profit or (loss)				
(M)	1	Other income				
		Total. Add lines 1 through 11	118,070.	105,470.		<u></u>
		Compensation of officers, directors, presented V	0.	0.		0.
		Other employee salaries and wages	1001			
	1	Pension plans, employee Senefits 111N 28 20	10 10			
es	16a	Local force	IE			
xpenses	b	IIII CEME 4	7,145.	3,572.		3,573.
		Accounting fees Other professional fees	100.	0.		0.
Ve E	1	Interest				<u> </u>
'ati	1	Taxes STMT 6	20,565.	8,507.		0.
Administrative	1	Depreciation and depletion	1,396.	1,396.		
. <u>E</u>	1	Occupancy		•		
Adi	1	Travel, conferences, and meetings				
and	ł	Printing and publications		<u>-</u>		
ē. a	1	Other expenses STMT 7	6,692.	5,387.		0.
Operating	24	Total operating and administrative	,			
er.	1	expenses. Add lines 13 through 23	35,898.	18,862.		3,573.
Ö	25	Contributions, gifts, grants paid	96,991.			3,573. 96,991.
	1	Total expenses and disbursements	,			
		Add lines 24 and 25	132,889.	18,862.		100,564.
	27	Subtract line 26 from line 12	,		······································	
	1	Excess of revenue over expenses and disbursements	-14,819.			1
	1	Net investment income (if negative, enter -0-)	·	86,608.		(
	1	Adjusted net income (if negative, enter -0-)			N/A	
-						

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

Form 990-PF (2008)

Form **990-PF** (2008)

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

Form **990-PF** (2008)

90,654.

100,564.

7

8

Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

	990-PF (2008) THE WM. BRYCE THOMPSON FOUNDATION, INC. 22-294 Pt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see			Page 4
		msu	uctio	115)
,12	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
h	Date of ruling letter (attach copy of ruling letter if necessary-see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%		ç	366.
n	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)			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			Λ
	Add lines 1 and 2			366.
_	 			0.
4 5	Subtitle A (Income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5			366.
	Credits/Payments			
	2008 estimated tax payments and 2007 overpayment credited to 2008 6a 4,962			
	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		4 c	62.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		T , ,	02.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
9 10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		4 (96.
	Enter the amount of line 10 to be Credited to 2009 estimated tax 4,096. Refunded 11		7,0	0.
	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 intervene in		Yes	No
	any political campaign?	1a	1.00	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b	 	X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	10	 	1
	distributed by the foundation in connection with the activities.			ł.
	Did the foundation file Form 1120-POL for this year?	1.	1	х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	10	ļ	1
u	(1) On the foundation \triangleright \$ 0 • (2) On foundation managers \triangleright \$ 0 •			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
E	managers. > \$ 0 •			
	Has the foundation engaged in any activities that have not previously been reported to the IRS?		1	Х
2	If "Yes," attach a detailed description of the activities.	2		
2	,			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		i	X
40	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3 4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A			
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	4b 5		X
J	If "Yes," attach the statement required by General Instruction T.	1		<u> </u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		1	
U	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		ł	
	remain in the governing instrument?	6	1	X
7	, ,	7	Х	<u> </u>
′	Did the foundation have at least \$5,000 in assets at any time during the year?			
Q.	If "Yes," complete Part II, col. (c), and Part XV.		1	
08	Enter the states to which the foundation reports or with which it is registered (see instructions)			
			}	
O	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	0.	Х	1
^	of each state as required by General Instruction G? If "No," attach explanation	8b		
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		1	v
10	year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If 'Yes,* attach a schedule listing their names and addresses	10	 	X
ıU	DID DITY PERSONS DECOME SUBStantial CONTINUATORS DUTING THE TAX YEAR' If "Yes," attach a schedule listing their names and addresses	1 10	I	4 %

Form 990-PF (2008) THE WM. BRYCE THOMPSON F Part VII-B Statements Regarding Activities for Which I			22-29414	09 Page	e 6
5a During the year did the foundation pay or incur any amount to	Offit 4720 May be i	nequired (contin	idea)	TT	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Yı	es X No		
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indir				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Yı	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	v	es X No		
509(a)(1), (2), or (3), or section 4940(d)(2)?	an advantuand avvances or		ES LA NO		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or		es X No		
the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	Iar the excentions described		ES LAL NU		
section 53 4945 or in a current notice regarding disaster assistance (see instru		iii negulations	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 fi		ined	_		
expenditure responsibility for the grant?		- /	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Yı	es X No		
$oldsymbol{b}$ Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		_	6b X	<u></u>
If you answered "Yes" to 6b, also file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Yı	es X No		
b If yes, did the foundation receive any proceeds or have any net income attribute				7b	
Part VIII Information About Officers, Directors, Truston Paid Employees, and Contractors		inagers, Highly	y 		
1 List all officers, directors, trustees, foundation managers and their		(-) Componentian	(d) c		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, oth allowances	er
			_	_	
SEE STATEMENT 13		0.	0.	0	<u>.</u>
					—
					—
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			_
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other	er
N/A	dovoted to position		comparation	4,,0,,,,,,,,,	—
					_
					_
					_
			L	<u> </u>	~
Total number of other employees paid over \$50,000			<u> </u>		0

Part VIII Paid Employees, and Contractors (continued)	,	
Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
N/A		
· · · · · · · · · · · · · · · · · · ·		
Fotal number of others receiving over \$50,000 for professional services	·	▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro-	tical information such as the duced, etc	Expenses
N/A	· · · · · · · · · · · · · · · · · · ·	
	"	
		0.
•		
_ 		
•		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
N/A		
· _ · _ · _ · _ · _ · _ · _ · _ · _ · _		
		0.
All other program-related investments See instructions		
3		
· · · · · · · · · · · · · · · · · · ·		

0.

Page 7

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	s, see 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	57,500.
b	Average of monthly cash balances	1b	57,500. 422,007.
C	Fair market value of all other assets	1c	1,395,000.
đ	Total (add lines 1a, b, and c)	1 d	1,874,507.
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	1,874,507.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	28,118.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,846,389.
6	Minimum investment return. Enter 5% of line 5	6	92,319.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	d certain	1
1	Minimum investment return from Part X, line 6	1	92,319.
2a	Tax on investment income for 2008 from Part VI, line 5		
b	Income tax for 2008 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	866.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	91,453.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	91,453.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	91,453.
P	art 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	100,564.
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		
а	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	100,564.
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	866.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	99,698.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation of	ualifies f	or the section

Form **990-PF** (2008)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI,		-		91,453.
line 7				91,433.
2 Undistributed income, if any, as of the end of 2007			23,255.	
a Enter amount for 2007 only			23,233.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2008				
a From 2003				
b From 2004				
c From 2005				
d From 2006				
e From 2007				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2008 from				
Part XII, line 4 ▶\$ 100,564.				
a Applied to 2007, but not more than line 2a			23,255.	
b Applied to undistributed income of prior			20,2330	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2008 distributable amount				77,309.
· · ·	0.			717303.
e Remaining amount distributed out of corpus	0.		····································	0.
(If an amount appears in column (d), the same amount must be shown in column (a))	0.			.
6 Enter the net total of each column as indicated below:		,		
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2007 Subtract line				
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2008 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2009				14,144.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2003	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2009.	_			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2004				
b Excess from 2005				
c Excess from 2006				
d Excess from 2007				
e Excess from 2008				
				Form 990-PF (2008)

	BRYCE THOM				41409 Page 10
Part XIV Private Operating I			-A, question 9)	N/A	
1 a If the foundation has received a ruling					
foundation, and the ruling is effective f	or 2008, enter the date of	the ruling	▶ └		
b Check box to indicate whether the four		ng foundation described i		4942(j)(3)_or49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	# > 2007	Prior 3 years	(1) 0005	.
income from Part I or the minimum	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a		_			
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of exempt activities	pa.				
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
 Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during	the year-see the	instructions.)			
1 Information Regarding Foundati	on Managers:				
a List any managers of the foundation w year (but only if they have contributed			ributions received by th	e foundation before the clo	se of any tax
W. BRYCE THOMPSON,	IV				
b List any managers of the foundation w other entity) of which the foundation h			(or an equally large port	ion of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribu					
Check here X if the foundation the foundation makes gifts, grants, etc.					
a The name, address, and telephone nur	nber of the person to who	m applications should be	addressed		
b The form in which applications should	be submitted and informa	ation and materials they sl	hould include		
c Any submission deadlines		-			
d Any restrictions or limitations on awar	ds, such as by geographic	cal areas, charitable fields,	kinds of institutions, or	other factors	
				-	Form 000 DE (2008)

Grants and Contributions Paid During the Recipient	If recipient is an individual,	Foundation	Durnose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
Paid during the year				-
SEE STATEMENT 14				
Total			▶ 3a	96,991
Approved for future payment				
NONE				
NONE				
Total			► 3b	0 rm 990-PF (200

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

Enter gross amounts unless otherwise indicated	Unrelated	business income		ded by section 512, 513, or 514	(e)
	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	sion	Amount	function income
•			_		* **
a	-				
	i I			· -	
c	1 1				
0	1				 -
e	-			-	
g Fees and contracts from government agencies			- -	*	
· ·					
2 Membership dues and assessments		·-	-		
3 Interest on savings and temporary cash investments			14	69,758.	
4 Dividends and interest from securities	-			03/1300	
			-		
5 Net rental income or (loss) from real estate		<u>-</u>			
a Debt-financed property				-	20,422
b Not debt-financed property	 				20,422
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					•
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue	•				
a			_		
b		-			
C					
d		•			
e		· · · · · · · · · · · · · · · · · · ·			
12 Subtotal Add columns (b), (d), and (e)		().	69,758.	20,422
13 Total. Add line 12, columns (b), (d), and (e)				13	00 100
(See worksheet in line 13 instructions to verify calculations	١				

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)					
						
		<u> </u>				
		· -				
823621 01-02-09	Form S	990-PF (2008)				

Part XVII Information Regarding Transfers To and Transactions and Relationships With Exempt Organizations	Noncharitable)	<u> </u>
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of		Yes	No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash	1a(1)		Х
(2) Other assets	1a(2)		Х
b Other transactions			-
(1) Sales of assets to a noncharitable exempt organization	16(1)		х
(2) Purchases of assets from a noncharitable exempt organization	1b(2)	-	X
(3) Rental of facilities, equipment, or other assets	1b(3)		X
(4) Reimbursement arrangements	1b(4)		X
(5) Loans or loan guarantees	1b(5)		X
(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	16		X
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of		ate	
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arra	-	GIS,	
column (d) the value of the goods, other assets, or services received	mgomone, onom m		
(a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, trans	eactions, and sharing ar	anceme	nte
N/A	actions, and sharing an	angenie	
14/11			
		_	
	•••		
	-		
	-,		
	<u> </u>		
			
	.		
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?	Yes	X] No
b If "Yes," complete the following schedule (a) Name of accounting	of rolation=b:=		
(a) Name of organization (b) Type of organization (c) Description	or relationship		
N/A			
Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge are and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.	id belief, it is true, corre	ct,	
11) It succe Themas with Pres.			
9/2010 1/0/1/2000			
Signature of officer of trustee Date Title	1 Onnered advent		
Signature of officer of trustee Date Title Preparer's signature Preparer's signature Date Date Da	Preparer's identify	ing nam	Dei
	0 27 7 444	0	
Fim's name (or yours GILLESPIE & ASSOCIATES, L.L.C.	2-377416	U	
if self-employed), address, and ZIP code MT. LAUREL, NJ 08054 Phone no 8	56-235-77	8 n	
address, and ZIP code MT. LAUREL, NJ 08054 Phone no 2	Form 990		20081

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, and 990-PF.

OMB No 1545-0043

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

2008

Employer identification number Name of the organization THE WM. BRYCE THOMPSON FOUNDATION, 22-2941409 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ___ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) **General Rule** X For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. 🛁 For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention 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 Form 990-EZ, that received from any one contributor, during the year, some 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.) ▶ \$ Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

823451 12-18-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990. These instructions will be issued separately.

Name of organization

Employer identification number

THE WM. BRYCE THOMPSON FOUNDATION, INC.

22-2941409

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	W. BRYCE THOMPSON, IV 195 NASSAU STREET PRINCETON, NJ 08540	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) 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 contributions	(d) 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 contributions	(d) 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 contributions	(d) 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 contributions	(d) Type of contribution
	Transity dealessy, and all T-y	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
823452 12-1	8-08	Schedule B (Form	990, 990-EZ, or 990-PF) (2008)

15

2008 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

990-PF

Asset No	Description	Date Acquired	Method	Life	No 9	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	LAND HELD FOR 6INVESTMENT	VARIESL	_			592,047.			592,047.			0
	7LAND DEVELOPMENT COSTSVARIESE * TOTAL 990-PF PG 1	VARIESE			*******	15,704.			15,704.			o
	DEPR					607,751.		0	607,751.	0	0	0
								······				
							_					
						, ,						
				•••••								
					······							
				••••								
			• • • • • • • • • • • • • • • • • • • •	***************************************								
		·		·								
828102 04-25-08				- (Q)	Asset	(D) - Asset disposed	*	C, Section 179	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	Commercial Revit	alization De	duction, GO Zone

16

FORM 990-PF INTEREST ON	SAVINGS AND TE	EMPORARY CASH	I INVESTMENTS	STATEMENT
SOURCE				AMOUNT
FIRST CONSTITUTION BANK GARRY G. JOLLEY				1,868 67,890
TOTAL TO FORM 990-PF, PAR	RT I, LINE 3, C	COLUMN A		69,758
FORM 990-PF	RENTAL]	INCOME		STATEMENT
KIND AND LOCATION OF PROP	PERTY		ACTIVITY NUMBER	GROSS RENTAL INCOM
LAND - E. WINDSOR TOWNSHI OFFICE CONDO - MERCERVILI			1 2	1,162 34,550
TOTAL TO FORM 990-PF, PAR	RT I, LINE 5A			35,712
TOTAL TO FORM 990-PF, PAFFORM 990-PF	RT I, LINE 5A RENTAL EX	(PENSES		35,712 STATEMENT
		ACTIVITY NUMBER	AMOUNT	
FORM 990-PF DESCRIPTION INSURANCE MANAGEMENT FEES REAL ESTATE TAXES DEPRECIATION CONDO FEE & MAINTENANCE MAINTENANCE & REPAIRS INSURANCE MANAGEMENT FEES REAL ESTATE TAXES		ACTIVITY	1. 125. 4,027. 1,396. 4,376. 229. 70. 274. 4,480.	STATEMENT
FORM 990-PF DESCRIPTION INSURANCE MANAGEMENT FEES REAL ESTATE TAXES DEPRECIATION CONDO FEE & MAINTENANCE MAINTENANCE & REPAIRS INSURANCE MANAGEMENT FEES	RENTAL EX	ACTIVITY NUMBER	1. 125. 4,027. 1,396. 4,376. 229. 70. 274.	STATEMENT
FORM 990-PF DESCRIPTION INSURANCE MANAGEMENT FEES REAL ESTATE TAXES DEPRECIATION CONDO FEE & MAINTENANCE MAINTENANCE & REPAIRS INSURANCE MANAGEMENT FEES REAL ESTATE TAXES	RENTAL EX	ACTIVITY NUMBER 1	1. 125. 4,027. 1,396. 4,376. 229. 70. 274. 4,480.	TOTAL 4,153

FORM 990-PF	ACCOUNTI	NG FEES	S	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING FEES	7,145.	3,572.		3,573.		
TO FORM 990-PF, PG 1, LN 16B	7,145.	3,572.		3,573.		
FORM 990-PF (OTHER PROFES	SIONAL FEES	S	TATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
OTHER PROFESSIONAL FEES	100.	0.		0.		
TO FORM 990-PF, PG 1, LN 16C	100.	0.		0.		
FORM 990-PF	TAX	ES	S	FATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
REAL ESTATE TAXES REAL ESTATE TAXES REAL ESTATE TAXES	12,058. 4,027. 4,480.	0. 4,027. 4,480.		0. 0. 0.		
TO FORM 990-PF, PG 1, LN 18	20,565.	8,507.		0.		
FORM 990-PF	OTHER E	XPENSES	S	PATEMENT 7		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
STATE FILING FEES INSURANCE MANAGEMENT FEES INSURANCE MANAGEMENT FEES	55. 1. 1,249. 1. 125.	0. 0. 0. 1. 125.		0. 0. 0. 0.		

THE WM. BRYCE THOMPSON FOUNDATION	N, INC.			22-2941	409	
CONDO FEE & MAINTENANCE MAINTENANCE & REPAIRS INSURANCE MANAGEMENT FEES	4,376. 229. 70. 274.		4,376. 229. 70. 274.		0.0.0.	
WATER & SEWER	312.		312.		0.	
TO FORM 990-PF, PG 1, LN 23	6,692.	5,3	387.		0.	
FORM 990-PF DEPRECIATION OF ASS	ETS HELD F	OR IN	JESTMENT	STATEMENT	8	
DESCRIPTION	COST O		ACCUMULATED DEPRECIATION	BOOK VAL	UE	
OFFICE CONDO IMPROVEMENTS - OFFICE CONDO IMPROVEMENTS - OFFICE CONDO BOND - SITE IMPROVEMENTS HVAC UNIT	4 2	,523. ,909. ,025. 340.	1,932. 346. 56. 0. 666.	1,9	63. 69. 40.	
TOTAL TO FM 990-PF, PART II, LN 11		,115.	3,000.	39,1	.	
FORM 990-PF M	ORTGAGE LO	ANS		STATEMENT	9	
DESCRIPTION			BOOK VALUE	FAIR MARKE VALUE	т	
		_				
MORTGAGE RECEIVABLE			0.		0.	
MORTGAGE RECEIVABLE TOTAL TO FORM 990-PF, PART II, LIN	E 12	=	0.		0.	
		= D FOR	0.	STATEMENT	_	
TOTAL TO FORM 990-PF, PART II, LIN			0.	STATEMENT BOOK VALUE	10	
TOTAL TO FORM 990-PF, PART II, LIN	COST OR OTHER BAS	IS	0. INVESTMENT ACCUMULATED		0. 10 E	

FORM 990-PF	OTHER ASSETS		STATEMENT	11
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKE VALUE	${f T}$
ESCROW DUE FROM AFFILIATES	1,625. 97.	1,625. 97.		0.
TO FORM 990-PF, PART II, LINE 15	1,722.	1,722.		0.
10 10101 330 11, 11111 11, 11112 10				
<u> </u>	THER LIABILITIES		STATEMENT	12
FORM 990-PF OT		BOY AMOUNT		12
				12

	IST OF OFFICERS, D		STATI	EMENT 13
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
W. BRYCE THOMPSON, IV 195 NASSAU STREET PRINCETON, NJ 08540	PRESIDENT / TR	EEASURER 0.	0.	0.
W. BRYCE THOMPSON, V 195 NASSAU STREET PRINCETON, NJ 08540	TRUSTEE 1.00	0.	0.	0.
LISE L. THOMPSON-BRANDER 195 NASSAU STREET PRINCETON, NJ 08540	TRUSTEE 1.00	0.	0.	0.
HANNAH CHAPMAN THOMPSON 195 NASSAU STREET PRINCETON, NJ 08540	TRUSTEE 1.00	0.	0.	0.
BARTON LIPPINCOTT THOMPSON 195 NASSAU STREET PRINCETON, NJ 08540	TRUSTEE 1.00	0.	0.	0.
ARCHIBALD S. REID 195 NASSAU STREET PRINCETON, NJ 08540	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.

•	AND CONTRIBUTIONS DURING THE YEAR	STAT	EMENT 14
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
A NOVEMBER NIGHT 253 WITHERSPOON STREET, PRINCETON, NJ 08540	N/A CHARITABLE DONATION	UNKNOWN	550.
ABBIE'S SCHOOL INC.	N/A CHARITABLE DONATION	UNKNOWN	150.
AMERICAN CANCER SOCIETY 15 MT. VERNON STREET, RIDGEFIELD PARK, NJ 07660	N/A CHARITABLE DONATION	UNKNOWN	500.
AMERICAN HEART ASSOCIATION PO BOX 78851, PHOENIX, AZ 85062-8851	N/A CHARITABLE DONATION	UNKNOWN	1,000.
AMERICAN RED CROSS 707 ALEXANDER RD, PRINCETON, NJ 08540	N/A CHARITABLE DONATION	UNKNOWN	6,300.
AMNESTY INTERNATIONAL 5 PENN PLAZA, NEW YORK, NY 10001	N/A CHARITABLE DONATION	UNKNOWN	200.
AMWELL VALLEY FIRE PO BOX 76, RINGOES, NJ 08551	N/A CHARITABLE DONATION	UNKNOWN	250:
AMWELL VALLEY RESCUE SQUAD PO BOX 147, RINGOES, NJ 08551		UNKNOWN	200.
ANCHOR HOUSE FOUNDATION PO BOX 2357, TRENTON, NJ 08607	N/A CHARITABLE DONATION	UNKNOWN	500.
ARTS COUNCIL OF PRINCETON 102 WITHERSPOON ST., PRINCETON, NJ 08542		UNKNOWN	1,750.

THE WM. BRYCE THOMPSON FOUNDATION	ON, INC.		22-2941409
BABY BUGGY 520 EIGHTH AVE, 8TH FLOOR, NEW YORK, NY 10018	N/A CHARITABLE DONATION	UNKNOWN	1,000.
BISHOPS ANNUAL APPEAL PO BOX 4887, TRENTON, NJ 08650-4487	N/A CHARITABLE DONATION	UNKNOWN	1,000.
BLAWENBURG REFORMED CHURCH 424 ROUTE 518, BLAWENBURG, NJ 08504	N/A CHARITABLE DONATION	UNKNOWN	200.
BOY SCOUTS OF AMERICA 245 US HIGHWAY 130, SUITE 106, DAYTON, NJ 08810	N/A CHARITABLE DONATION	UNKNOWN	200.
BRADY CENTER TO PREVENT GUN VIOLENCE PO BOX 96629, WASHINGTON, DC 20077	N/A CHARITABLE DONATION	UNKNOWN	150.
BRIAN SHOWRONEK	N/A CHARITABLE DONATION	UNKNOWN	3,000.
BRONX ACADEMY OF LETTERS 180 NASSAU STREET, PRINCETON, NJ 08542	N/A CHARITABLE DONATION	UNKNOWN	150.
CALDWELL MEMORIAL PRESBYTERIAN MISSION FUND 1609 EAST FIFTH STREET, CHARLOTTE, NC 28204	N/A CHARITABLE DONATION	UNKNOWN	200.
CHANNEL 13 WNET 450 WEST 33RD STREET, NEW YORK, NY 10001	N/A CHARITABLE DONATION	UNKNOWN	200.
CHILDREN'S WISH FOUNDATION 8615 ROSWELL ROAD, ATLANTA, GA 30350	N/A CHARITABLE DONATION	UNKNOWN	300.

THE WM. BRYCE THOMPSON FOUNDATION	ON, INC.		22-2941409
CHRISTOPHER REEVE FOUNDATION 636 MORRIS TURNPIKE, SUITE 3A, SHORT HILLS, NJ 07078		UNKNOWN	450.
CITIZENS TO PROTECT 55 HANSON PLACE, BROOKLYN, NY 11217	N/A POLITICAL CONTRIBUTION	UNKNOWN	300.
CRAWFORD HOUSE 362 SUNSET ROAD, SKILLMAN, NJ 08558	N/A CHARITABLE DONATION	UNKNOWN	600.
D&R GREENWAY TRUST ONE PRESERVATION PLACE, PRINCETON, NJ 08540	N/A CHARITABLE DONATION	UNKNOWN	6,700.
DECORATORS CONSIGNMENT 52 RAILROAD PLACE, HOPEWELL, NJ 08525		UNKNOWN	891.
DOCTORS WITHOUT BORDERS PO BOX 5022, HAGERSTOWN, MD 21741	· ·	UNKNOWN	5,000.
FAMILY GUIDANCE CENTER 1931 NOTTINGHAM WAY, HAMILTON, NJ 08619		UNKNOWN	350.
FIRST PRESBYTERIAN CHURCH OF EWING 100 SCOTCH ROAD, EWING, NJ 08628		UNKNOWN	200.
FRIENDS OF NJ STATE MUSEUM 205 WEST STATE STREET, TRENTON, NJ 08608		UNKNOWN	300.
FRIENDS OF PRINCETON OPEN SPACE PO BOX 374, PRINCETON, NJ 08542		UNKNOWN	1,000.
FRIENDS OF THE PRINCETON UNIVERSITY ART MUSEUM PRINCETON UNIVERSITY ART MUSEUM, PRINCETON, NJ 08544	N/A CHARITABLE DONATION	UNKNOWN	500.

THE WM. BRYCE THOMPSON FOUNDATION	ON, INC.			22-2941409
GREĖNWOOD HOUSE 53 WALTER STREET, EWING, NJ 08628	N/A CHARITABLE	DONATION	UNKNOWN	200.
GROUNDS FOR SCULPTURE 18 FAIRGROUNDS ROAD, HAMILTON, NJ 08619		DONATION	UNKNOWN	250.
HABITAT FOR HUMANITY 270 PEACHTREE STREET NW, ATLANTA, GA 30303	N/A CHARITABLE	DONATION	UNKNOWN	300.
HISTORIC MORVEN, INC. 55 STOCKTON STREET, PRINCETON, NJ 08542	N/A CHARITABLE	DONATION	UNKNOWN	500.
HUNTERDON HOSPICE 2100 WESTCOTT DRIVE, FLEMINGTON, NJ 08822	N/A CHARITABLE	DONATION	UNKNOWN	300.
HUNTERDON LAND TRUST 3037 ROUTE 29, FRENCHTOWN, NJ 08825	N/A CHARITABLE	DONATION	UNKNOWN	1,500.
HUNTERDON MEDICAL CENTER 2100 WESTCOTT DRIVE, FLEMINGTON, NJ 08822		DONATION	UNKNOWN	1,500.
HYDE HALL 267 GLIMMERGLASS STATE PARK, COOPERSTOWN, NY 13326	n/a CHARITABLE	DONATION	UNKNOWN	500.
KOMEN, NJ RACE FOR THE CURE 5005 LBJ FREEWAY, SUITE 250, DALLAS, TX 75244		DONATION	UNKNOWN	500.
MCCARTER THEATRE 91 UNIVERSITY PLACE, PRINCETON, NJ 08540	N/A CHARITABLE	DONATION	UNKNOWN	5,000.
MORVEN 55 STOCKTON STREET, PRINCETON, NJ 08542	N/A CHARITABLE	DONATION	UNKNOWN	500.

			· — · · - · · ·
NATIONAL TRUST FOR HISTORIC PRESERVATION		UNKNOWN	500.
1785 MASSACHUSETTS AVE, NW, WASHINGTON, DC 20036	CHARITABLE DONATION		
NEW JERSEY OPERA THEATRE PO BOX 3151, PRINCETON, NJ 08543		UNKNOWN	2,750.
NJ CONSERVATION FOUNDATION 170 LONGVIEW ROAD, FAR HILLS, NJ 07931		UNKNOWN	5,000.
NJ FORESTRY FOUNDATION 501 EAST STATE STREET, PO BOX 404, TRENTON, NJ 08625	N/A CHARITABLE DONATION	UNKNOWN	200.
NJTL OF TRENTON 439 SOUTH BROAD ST, SUITE 208, TRENTON, NJ 08611	N/A CHARITABLE DONATION	UNKNOWN	200.
OFF-BROADSTREET THEATRE PO BOX 359, HOPEWELL, NJ 08525	N/A CHARITABLE DONATION	UNKNOWN	500.
PENNINGTON SCHOOL 112 WEST DELAWARE AVENUE, PENNINGTON, NJ 08534	N/A CHARITABLE DONATION	UNKNOWN	1,000.
PIEDMONT ENV. COUNCIL P.O. BOX 460, 45 HORNER ST., WARRENTON, VA 20188	N/A CHARITABLE DONATION	UNKNOWN	200.
PRINCETON ACADEMY 101 DRAKES CORNER ROAD, PRINCETON, NJ 08540	N/A CHARITABLE DONATION	UNKNOWN	1,000.
PRINCETON ART MUSEUM MCCORMICK HALL, PRINCETON, NJ 08544	N/A CHARITABLE DONATION	UNKNOWN	500.
PRINCETON COMMUNITY TENNIS PROGRAM 1330 ROUTE 206, SKILLMAN, NJ	N/A CHARITABLE DONATION	UNKNOWN	300.
08558			

—— · · · · · · · · · · · · · · · · · ·				
PRINCETON FIRST AID AND RESCUE SQUAD 237 N. HARRISON STREET,	N/A CHARITABLE	DONATION	UNKNOWN	700.
PRINCETON, NJ 08540 PRINCETON HISTORICAL SOCIETY		DONALION	UNKNOWN	5,000.
158 NASSAU STREET, PRINCETON NJ, 08542 PRINCETON HOSPICE	CHARITABLE N/A	DONATION	UNKNOWN	100.
208 BUNN DRIVE, PRINCETON, NJ 08540	CHARITABLE	DONATION	UNKNOWN	100.
PRINCETON PUBLIC LIBRARY FOUNDATION 65 WITHERSPOON STREET, PRINCETON, NJ 08540	N/A CHARITABLE	DONATION	UNKNOWN	1,100.
PRINCETON SENIOR RESOURCE CENTER 45 STOCKTON STREET, PRINCETON, NJ 08540	•	DONATION	UNKNOWN	250.
PRINCETON SYMPHONY P.O. BOX 250, PRINCETON, NJ 08542	N/A CHARITABLE	DONATION	UNKNOWN	500.
RESCUE MISSION OF TRENTON PO BOX 790, TRENTON, NJ 08605	N/A CHARITABLE	DONATION	UNKNOWN	500.
SAVE 900 HERRONTOWN ROAD, PRINCETON, NJ 08540	N/A CHARITABLE	DONATION	UNKNOWN	500.
SMITHSONIAN INSTITUTE PO BOX 916, PITTSFIELD, MA 01202	N/A CHARITABLE	DONATION	UNKNOWN	150.
SOURLAND PLANNING COUNCIL 1070 ROUTE 202/31, RINGOES, NJ 08551	N/A CHARITABLE	DONATION	UNKNOWN	100.
SPECIAL OLYMPICS NJ PO BOX 6036, LAWRENCEVILLE, NJ 08648	N/A CHARITABLE	DONATION	UNKNOWN	250.

THE WM. BRYCE THOMPSON FOUNDATI	ON, INC.			22-2941409
ST. ALPHONSUS CHURCH 54 E. PROSPECT STREET, HOPEWELL, NJ 08525	N/A CHARITABLE	DONATION	UNKNOWN	5,000.
ST. ANDREW'S CHURCH 50 YORK STREET, LAMBERTVILLE, NJ 08530-2024		DONATION	UNKNOWN	200.
ST. GEORGE RC CHURCH 408 GETTY AVENUE, PATERSON, NJ 07503		DONATION	UNKNOWN	200.
ST. JOHN'S CHURCH 44 BRIDGE STREET, LAMBERTVILLE, NJ 08530		DONATION	UNKNOWN	300.
ST. PAUL'S CHURCH 218 NASSAU STREET, PRINCETON, NJ 08542		DONATION	UNKNOWN	600.
ST. WILLIAMS ON LONG POINT PO BOX 71, RAQUETTE LAKE, NEW YORK 13436	N/A CHARITABLE	DONATION	UNKNOWN	2,000.
STONEY BROOK MILLSTONE 31 TITUS MILL ROAD, PENNINGTON, NJ 08534	N/A CHARITABLE	DONATION	UNKNOWN	1,000.
STUART COUNTRY DAY SCHOOL 1200 STUART ROAD, PRINCETON, NJ 08540		DONATION	UNKNOWN	1,000.
SUFFIELD ACADEMY 185 NO. MAIN STREET, SUFFIELD, CT 06078	N/A CHARITABLE	DONATION	UNKNOWN	3,000.
	/-			

N/A

CHARITABLE DONATION

SUNSHINE FOUNDATION

08638-6130

PO BOX 55130, TRENTON, NJ

1,000.

UNKNOWN

THE WM. BRYCE THOMPSON FOUNDATI	ON, INC.		22-2941409
THE ARC OF SOMERSET COUNTY 141 S. MAIN STREET, MANVILLE, NJ 08835		UNKNOWN	500.
THE DRUMTHWACKET FOUNDATION 354 STOCKTON STREET, PRINCETON, NJ 08542		UNKNOWN	750.
THE NATURE CONSERVANCY 200 POTTERSVILLE ROAD, CHESTER, NJ 07930	N/A CHARITABLE DONATION	UNKNOWN	500.
THE SALVATION ARMY PO BOX 956, SOMERVILLE, NJ 08876	21, 22	UNKNOWN	6,000.
TRENTON SOUP KITCHEN PO BOX 872, TRENTON, NJ 08605		UNKNOWN	1,000.
UNICEF 125 MAIDEN LANE, 11TH FLOOR, NEW YORK, NY 10038	N/A CHARITABLE DONATION	UNKNOWN	1,000.
UNITED FIRST PRESBYTERIAN CHURCH OF AMWELL 1000 OLD YORK ROAD, RINGOES, NJ 08551		UNKNOWN	100.
UNITED WAY 32 FORD AVENUE, MILLTOWN, NJ 08550	N/A CHARITABLE DONATION	UNKNOWN	500.
PRINCETON	N/A	UNKNOWN	2,000.
253 WITHERSPOON STREET, PRINCETON, NJ 08540	CHARITABLE DONATION		
UNIVERSITY OF VIRGINIA, DEPT. OF MEDICINE PO BOX 800466, CHARLOTTESVILLE,		UNKNOWN	1,000.
VA 22908	CMMITTIBLE BONATION		
UVA CANCER CENTER 222 JEFFERSON PARK AVE, CHARLOTTESVILLE, VA 22908	N/A CHARITABLE DONATION	UNKNOWN	1,000.

	_ 			
THE WM. BRYCE THOMPSON FOUNDATION	ON, INC.			22-2941409
WESTMINSTER CHOIR COLLEGE WALNUT LN, PRINCETON, NJ 08540			UNKNOWN	500.
WHYY 150 N. 6TH STREET, PHILADELPHIA, PA 19106	N/A CHARITABLE	DONATION	UNKNOWN	150.
WOMANSPACE 1212 STUYVESANT AVENUE, TRENTON, NJ 08618	N/A CHARITABLE		UNKNOWN	500.
WXPN 3025 WALNUT STREET, PHILADELPHIA, PA 19104	N/A CHARITABLE	DONATION	UNKNOWN	500.
YMCA-PRINCETON 59 PAUL ROBESON PLACE, PRINCETON NJ, 08540	N/A CHARITABLE	DONATION	UNKNOWN	250.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

96,991.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization RENT (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 67

Business or activity to which this form relates

OFFICE CONDO -

Identifying number

2

	WM. BRYCE THOMPSO				CERVIL	_		22-2941409
Pa					ted property,	complete Part	V before y	
	Maximum amount See the instruction	_					1	250,000.
	otal cost of section 179 property pla)			2	
3 T	hreshold cost of section 179 proper	ty before reduction	ın limitation				3	800,000.
4 F	Reduction in limitation. Subtract line	3 from line 2. If zer	o or less, ente	er -0-			4	
5 D	ollar limitation for tax year Subtract line 4 from t	ine 1 If zero or less, ente	r -0- If married file	ing separately, see	instructions	·	5	
_6	(a) Description of	property		(b) Cost (busin	ess use only)	(c) Electe	d cost	
						*		
7 L	isted property. Enter the amount fro	m line 29			7		-	
8 T	otal elected cost of section 179 proj	perty. Add amount	s ın column (d	c), lines 6 and	7		8	
9 T	entative deduction. Enter the smalle	er of line 5 or line 8					9	
10 C	Carryover of disallowed deduction fro	m line 13 of your 2	2007 Form 45	62			10	-
	Business income limitation. Enter the	•			o) or line 5		11	
	Section 179 expense deduction. Add		•		-		12	
	Carryover of disallowed deduction to	•			▶ 13			
	: Do not use Part II or Part III below							<u></u>
Par					de listed proc	perty.)		
Lumiii				(== 1.00		, o. (, , , , , , , , , , , , , , , , , ,		
14 9	Special depreciation for qualified proj	nerty (other than lie	eted property)	halaced in ser	woe during t	no tax year	14	
	Property subject to section 168(f)(1)		sted property)	piaced in Sei	vice during ti	ie tax year		
		election					15	
	ther depreciation (including ACRS) MACRS Depreciation (Do r	ant include listed a	roporty) (Soc	Instructions '	······································		16	
b. en	1 141 WAONS Depreciation (Do i	iot iriciade listed p		ction A	<i>)</i> _			
47	AAODO de de de como d						1	730.
	MACRS deductions for assets placed	-	_	_			_ 17	/30.
18 If	you are electing to group any assets placed in s						<u> </u>	
	Section B - Asset	(b) Month and		r depreciation	Jsing the Ge	nerai Depreci	ation Syst	em
	(a) Classification of property	year placed in service	(business/in	instructions)	(d) Recovery penod	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-year property	⊣						
b	5-year property	_						
c	7-year property							
d	10-year property							
e	15-year property			13,318.	15 YRS	S. HY	150DB	666.
f	20-year property							
g	25-year property				25 yrs.		S/L	
		/			27 5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
		/			39 yrs.	MM	S/L	······································
i	Nonresidential real property	/			99 7.0.	MM	S/L	
	Section C - Assets	Placed in Service	During 2008	3 Tax Year Us	ing the Alte			item
20a	Class life				3		S/L	
<u> </u>	12-year	┪			12 yrs.		S/L	
	40-year		 		40 yrs.	MM	S/L	
_	t V Summary (See instructions.	l /	L		TO yis.	I IVIIVI] 3/L	
	······································							
	isted property. Enter amount from li		10 : : : : :	Na			21	
	otal. Add amounts from line 12, line							1 200
	inter here and on the appropriate line				ions - see ins	tr.	22	1,396.
	or assets shown above and placed I		e current yea	r, enter the				
	ortion of the basis attributable to see				23			
816251 11-08-0	08 LHA For Paperwork Reduction	on Act Notice, see	separate ins	structions.				Form 4562 (2008)

For	m 4562 (2008)	THE	WM. BRY	CE	THOM	PSON	FOU	NDA	TION,	INC	• _	22-	2941	409	Page 2
Pa	Listed Propert recreation, or a			taın oth	er vehic	les, celli	ular tele _l	phone	s, certain d	compute	s, and	property	used fo	or enterta	unment,
	Note: For any v	ehicle for wi	hich vou are usi	ing the	standard	i mileagi applicat	e rate or	dedu	cting lease	expense	e, comp	lete only	y 24a, 2	4b, colur	nns (a)
Sec	tion A - Depreciation a							mits fo	or passeng	er autom	obiles)				
	Do you have evidence to s						es [No					en?	Yes	No
	(a)	(b)	(c)		(d)	T	(e)		(f)	(9		T .	h)		(i)
	Type of property (list vehicles first)	Date placed in service	Business/ investment use percentage	ot	Cost or her basis		is for depre iness/inve- use only	stment	Recovery period	Mett Conve	iod/	Depre	ciation	section	cted in 179 ost
25	Special depreciation allo	wance for q	ualified listed p	roperty	placed i	n servic	e during	the t	ax year an	d					
	used more than 50% in										25			L	•••••
<u> 26</u>	Property used more that	n 50% in a c										ſ			
			%												
			%												
		L	%						<u> </u>			L			
<u>27</u>	Property used 50% or le	ess in a quali	1	1		$\overline{}$			T	<u> </u>		T		······	
			%	1						S/L-				•	
			%	1		-				S/L·				ł	
	Add amounts in column	(h) lines 25	through 27 En			lina 21	2222 1		ļ	S/L·	28			ł	
	Add amounts in column						page					l	29	<u> </u>	
<u>29</u>	Add amounts in column	(I), III le 20. L			B - Infori		on Hsa	of Vet	nicles					!	
_	se vehicles.	males denies d	a the	-	a)	-	b)	,	(c)	(d Vehi	-		e)	(f Veh	-
30	Total business/investment year (do not include comm		uring the	Vei	ncle	vei	ııcle	- '	ehicle	Veiti	LIB	Veh	icie	veii	icie
21	Total commuting miles		the year												
	Total other personal (no		· . ·												
UZ	driven	ncommuni	i) Times												
33	Total miles driven during	the vear.	•											<u> </u>	
-	Add lines 30 through 32	•						•							
34	Was the vehicle availab		al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	•													
35	Was the vehicle used p	rimarily by a	more												
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	ble for perso	onal												
_	use?						L	<u> </u>	<u> </u>					<u> </u> i	
		Section C	- Questions fo	r Emp	loyers W	ho Pro	vide Vel	nicles	for Use by	/ Their E	mploye	es			
Ans	swer these questions to	determine if	you meet an ex	ception	to comp	oleting S	Section (B for v	ehicles us	ed by em	ployee	s who ar	re not m	ore than	5%
	ners or related persons.														
37	Do you maintain a writte	en policy sta	tement that pro	hibits a	all person	al use o	of vehicle	es, Inc	luding con	nmuting,	by you	r		Yes	No_
	employees?	•	-												<u> </u>
38	Do you maintain a writte		•	•				•			our				
	employees? See the ins					ricers, d	irectors,	or 1%	or more	owners					
	Do you treat all use of v	-				_#								-	_
40	Do you provide more th					niormat	ion from	your	empioyees	about					
A4	the use of the vehicles, Do you meet the require					monetra	tion was	2	•						
41	Note: If your answer to								nvered ve	hicles					1
_	art VI Amortization	<i>.,</i>	<u>0,017113 163</u>	, 50 11	J. COITIDI	عود عاد			ZOTOLGU VE						<u></u>

816252 11-08-08

Form **4562** (2008)

Form :	8868 (Rev 4-2009)	. <u>-</u> _	Page 2
• • If y	rou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	x	ightharpoons X
Note	. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	Form	8868.
● If y	you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).		
Par	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	opies i	needed).
_	Name of Exempt Organization	Emp	loyer identification number
Туре	or	ļ .	•
print	THE WM. BRYCE THOMPSON FOUNDATION, INC.	2	2-2941409
File by extended due da	ed Number, street, and room or suite no. If a P.O. box, see instructions. te for 195 NASSAU STREET	For I	RS use only
filing the return instruc	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.	3	
Chec	k type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720		orm 5227 Form 8870
STO	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	ed Form 8868.
	THE FOUNDATION ne books are in the care of 195 NASSAU STREET - PRINCETON, NJ 08540	ı <u>-</u>	
	elephone No. ► 609–921–7655 FAX No. ►		
	the organization does not have an office or place of business in the United States, check this box		▶ ⊔
• If t	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th		- · ·
box		memb	ers the extension is for.
4	I request an additional 3-month extension of time until AUGUST 15, 2010.	~==	20 2000
5		SEP	30, 2009
6	If this tax year is for less than 12 months, check reason: Initial return	لـــا	Change in accounting period
7	State in detail why you need the extension MORE TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RE	TUR	N.
<u> </u>	If this confication is far form 000 PL 000 PE 000 T 4700 are 2000 and the total days have been been been been been been been be	Γ	
8a	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.	8a	s 866.
h	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	- Od	5
Ь			
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	s 4,962.
	DICAIORAIA MIRI I OHII OOOD.	· OU	

with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c | \$ Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

<u>Signature</u> ► Title ►

Form 8868 (Rev 4-2009)

Date 🕨