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# **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.

~									
ò	r cal	endar year 2009, or tax year beginning JU]	L 1, 2009	, and ending	<u>JUN 30, 2010</u>	)			
ì	Che	ck all that apply: Initial return	Initial return of a	former public charity	Final retur	n			
	Amended return Address change Name change								
Use the IRS Name of foundation A Employer identification number									
US		TINUTE DADE DOEDO	INC.						
Otherwise, C/O PALSA + PALSA, LLC 06-1497283									
0	pri			Room/suite	B Telephone number	<u>,                                      </u>			
	or ty	···· 1	, , , , , , , , , , , , , , , , , , ,		203-259-70	125			
	•	ecific City or town, state, and ZIP code							
Ins	truc	SOUTHPORT, CT 06890			C If exemption application is p				
	<u> </u>				D 1. Foreign organization	S, Check fiere			
н_	_	ck type of organization: X Section 501(c)(3) e			Foreign organizations me check here and attach or	omputation			
	_	Section 4947(a)(1) nonexempt charitable trust	Other taxable private found		E if private foundation sta				
		·   —	ing method: L Cash	X Accrual	under section 507(b)(1	)(A), check here $ ightharpoonup$			
			ther (specify)	<del> </del>	F If the foundation is in a	60-month termination			
	<u>    \$                                </u>		ımn (d) must be on cash	basis)	under section 507(b)(1	(B), check here			
<u>P</u>	<u>art</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes			
		necessarily equal the amounts in column (a).)	expenses per books	income	income	(cash basis only)			
	1	Contributions, gifts, grants, etc., received	400,389.	","	[,n] * 4				
	2	Check In the foundation is not required to attach Sch. 8	8 7 p. 2 - 3 + 4 -	- 1- 1 () - 1 - 1 - 1 - 1 * 1 * 1 * 1 * 1 * 1 * 1					
	3	Interest on savings and temporary cash investments			<u> </u>	KEPIDIT			
	4	Dividends and interest from securities			[8]	- SPINED			
	5	Gross rents			10/				
	L	Net rental income or (loss)	**************************************	£ , , *, ,	1 - 4 - 4	EC 0 8 2011 /0			
4.	6	Net gain or (loss) from sale of assets not on line 10		· ·		4011			
ž		Gross sales price for all assets on line 6a		1-12-1	LÛ	1755  2			
evenue	7			0.		ELIV. 177			
ç	8	Net short-term capital gain		. , , , ,	0.				
	9	Income modifications	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						
	108	Gross sales less returns	· · · · · · · · · · · · · · · · · · ·		1. 1. 1. 2. 5				
	١.		3	1 1 1 1 1 1 1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2. 1			
	ı	Cross profit or (loss)	· · · · · ·	1	- , , , 1 ,	36 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	ŀ	Gross profit or (loss)		÷ ′		S. S. S. S. S. S.			
	11	Other income	400,389.			777			
_	12	Total. Add lines 1 through 11		0.	0.	11,77			
	13	Compensation of officers, directors, trustees, etc	0.	0.	0.	<u> </u>			
	14	Other employee salaries and wages	148,271.	0.	0.	0.			
,	15	Pension plans, employee benefits							
}		Legal fees	B 486						
į		Accounting fees STMT 1	7,170.	0.	0.	0.			
ίį	C	Other professional fees							
:	17	Interest							
i	18	Taxes STMT 2	8,452.	0.	0.	0.			
	19	Depreciation and depletion -	30,221.	0.	35,654.				
Ξ	20	Occupancy							
¥	21	Travel, conferences, and meetings							
묄	22	Printing and publications							
<u> </u>	23	Other expenses STMT 3	213,743.	0.	0.	0.			
الظير	20 21 22 23 24 25 26	Total operating and administrative							
اقب		expenses. Add lines 13 through 23	407,857.	0.	35,654.	0.			
[ق	25	Contributions, gifts, grants paid			1 1 2 2 1				
إ≽	26	Total expenses and disbursements.			3 11 6				
_ I	20	Add lines 24 and 25	407,857.	0.	35,654.	n			
CANNE	97		<del></del>	V 440		0.			
Ž١		Subtract line 26 from line 12:	-7,468.	· -		′			
질		Excess of revenue over expenses and disbursements	-/,400.	· · · · · · · · · · · · · · · · · · ·	<del>- , , , , , , , , , , , , , , , , , , ,</del>	***			
3		Net investment income (if negative, enter -0-)		0.					
		Adjusted net income (if negative, enter -0-)	And Markey are 11 to 1	<u> </u>	0.	5 000 DE			
2350 2-02	-10	LHA For Privacy Act and Paperwork Reduction A	act motice, see the instruct	ions.		Form <b>990-PF</b> (2009)			

# HAMILTON RARE BREEDS FOUNDATION, INC. C/O PALSA + PALSA, LLC

F	orm 9	90-PF(2009) C/O PALSA + PALSA, LLC		06-	1497283 Page 2
Г	Part	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	
Ŀ	Pan	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing	23,076.	22,154.	22,154.
	2	Savings and temporary cash investments	74,514.	40,387.	
	3			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10,000
		Less: allowance for doubtful accounts	, , ,		*
	14	Pledges receivable ►	; , ; ;	14/2 / 2	13 , 5
		Less: allowance for doubtful accounts	•	,	' <del>-</del> , .
	5				
	1.				
	6	Receivables due from officers, directors, trustees, and other			
	1_	disqualified persons		3 3- 3	<del></del>
	'	Other notes and loans receivable	· ;	3, 3,	- 1
	١.	Less: allowance for doubtful accounts	100 415	100 445	
Assets	8	Inventories for sale or use	122,415.	122,415.	122,415.
Ü	9	Prepaid expenses and deferred charges			
٩	104	Investments - U.S. and state government obligations	- ·		
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis		, , , , ,	me to the state of
	İ	Less accumulated depreciation	233,922.	233,922.	233,922.
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis ► 1,063,794.	\ th	., "	3 342 100 2 10
		Less accumulated depreciation STMT 4 > 531,113.	552,036.	532,681.	532,681.
	15	Other assets (describe ► STATEMENT 5 )	0.	41,403.	41,403.
	16	Total assets (to be completed by all filers)	1,005,963.	992,962.	992,962.
	17	Accounts payable and accrued expenses	26,260.	20,713.	,
	18	Grants payable			**
ģ	19	Deferred revenue			
≝	20	Loans from officers, directors, trustees, and other disqualified persons			
abilities		Mortgages and other notes payable			, <i>i</i>
Ξ		Other liabilities (describe > PAYROLL )	3,907.	3,921.	
		,			
	23	Total liabilities (add lines 17 through 22)	30,167.	24,634.	
	$\overline{}$	Foundations that follow SFAS 117, check here			Commence of the Contraction of t
	1	and complete lines 24 through 26 and lines 30 and 31.			
ê	l .	Unrestricted			ar a
ᇤ		Temporarily restricted			J. J
讀	ł	Permanently restricted			
Fund Balances	1	Foundations that do not follow SFAS 117, check here			
Ξ.	1	and complete lines 27 through 31.		,	
ㅎ		Capital stock, trust principal, or current funds	975,796.	968,328.	<b>~</b> ,
Net Assets	L	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	, , , , , , ,
38		Retained earnings, accumulated income, endowment, or other funds	0.	0.	
et/	i .	Total net assets or fund balances	975,796.	968,328.	
Z	الا	Total liet assets of fully paralices	713,190.	900,320.	. 1
	31	Total liabilities and net assets/fund balances	1,005,963.	992,962.	
				JJZ, 304 •   ·	<del></del>
P	art I	Analysis of Changes in Net Assets or Fund Ba	nances		
	Total i	net assets or fund balances at beginning of year - Part II, column (a), line 3	0		
		agree with end-of-year figure reported on prior year's return)		1	975,796.
	•	amount from Part I, line 27a		2	<u>-7,468.</u>
		increases not included in line 2 (itemize)	•	3	0.
		nes 1, 2, and 3	·	4	968,328.
		ases not included in line 2 (itemize)	•	5	966,326.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, coli	umn (b), line 30	16	968.328.

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Form **990-PF** (2009)

### HAMILTON RARE BREEDS FOUNDATION, INC.

06-1497283 C/O PALSA + PALSA, LLC Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (a) List and describe the kind(s) of property sold (e.g., real estate. (c) Date acquired (d) Date sold (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) D - Donation 1a NONE b C d (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price plus expense of sale (or allowable) (e) plus (f) minus (g) Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any If gain, also enter in Part I, line 7 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 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). If (loss), enter -0- in Part I, line 8 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. X Yes No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes." the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see instructions before making any entries. Distribution ratio (col. (b) divided by col. (c)) (a)
Base period years (c) Adjusted qualifying distributions Net value of noncharitable-use assets Calendar year (or tax year beginning in) 2008 2007 2006 2005 2004 2 Total of line 1, column (d) 2 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 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 5 Multiply line 4 by line 3 5 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 7 Add lines 5 and 6 7 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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HAMILTON RARE BREEDS FOUNDATION, INC. Form 990-PF (2009) C/O PALSA + PALSA. Part VI | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here \( \bigs \) 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) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 Credits/Payments: a 2009 estimated tax payments and 2008 overpayment credited to 2009 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 Enter any penalty for underpayment of estimated tax. Check here \_\_\_\_\_ if Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 0. 9 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 2010 estimated tax 11 Refunded > "Rart VII-A" Statements Regarding Activities Yes 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in No any political campaign? 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b 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. c Did the foundation file Form 1120-POL for this year? 1c 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. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A 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? 5 If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: · By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

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10

X

X

7 Did the foundation have at least \$5,000 in assets at any time during the year?

of each state as required by General Instruction G? If "No," attach explanation

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

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)

year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV

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

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

If "Yes," complete Part II, col. (c), and Part XV.

HAMILTON RARE BREEDS FOUNDATION, INC.

	1990-PF (2009) C/O PALSA + PALSA, LLC	06-149	7283	3	Page :
Pa	art 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	<u>.</u>	_x
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before				
	August 17, 2008?		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
	Website address ► N/A				
14		no. <b>►</b> 203-25			5
	Located at ► 130 OLD POST ROAD, SOUTHPORT, CT	ZIP+4 <b>▶</b> 06	<u> 890</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				<b>-</b>
_	and enter the amount of tax-exempt interest received or accrued during the year	15	N	[/A_	
Pa	rt VII-B: Statements Regarding Activities for Which Form 4720 May Be Required	<del></del>	<u></u>		,
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		<u></u>	Yes	No
1a	During the year did the foundation (either directly or indirectly):	· —		١.	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No		İ	Ι΄.
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	· —	,	١.	, '
	a disqualified person?	Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	- <del></del>		,	
	for the benefit or use of a disqualified person)?	Yes X No		<i>'</i>	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				3,
	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.)	Yes X No	1, 1	,	Ì .
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		1		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	N/A	_1b_		
	Organizations relying on a current notice regarding disaster assistance check here	▶□	, ,		
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 2009?		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundat	on			
	defined in section 4942(j)(3) or 4942(j)(5)):		<u>'</u>		1
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) begin	nning			
	before 2009?	Yes X No			
	If "Yes," list the years		. [		
ь.	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incor	rect	٠,	- 1	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and at	ach	£, '-	~ ,	
:	statement - see instructions.)	N/A	2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	, ,	٠,		
Ī	•		3.	`	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		.	,	-
(	during the year?	Yes X No	. [	[`	,
	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons		ā ,	į	,
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) i	1	· \	ł	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedul	· .	·	١ ١	. <i>,</i>
	Form 4720, to determine if the foundation had excess business holdings in 2009.)	N/A	3b	ı	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>,</b>	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could report a te charitable purp	oce that	- <del></del>  ,		

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

HAMILTON RARE BREEDS FOUNDATION, INC. Form 990-PF (2009) C/O PALSA + PALSA, LLC 06-1497283 Page 6 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: . Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly. any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (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 X 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)? N/A 5b Organizations relying on a current notice regarding disaster assistance check here 1.2. 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? N/A 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 X No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b If "Yes" to 6b, file Form 8870. ۲٠.; 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred (c) Compensation (b) Title, and average (e) Expense account, other hours per week devoted to position (If not paid, enter -0-) (a) Name and address allowances DEBORAH HAMILTON PRES/TREAS/DIR BOX 282 HARTLAND, VT 05048 0.00 0 0 0. OWEN HAMILTON SECY/DIR 237 JERICHO ROAD HARTLAND, VT 05048 0.00 0 0 0. DIR PENELOPE A. DEPEYER 16 KHOURIC ROAD BALTIC, CT 0.00 0 0 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average (d) Contributions to employee benefit plans and deferred (e) Expense account, other (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation allowances NONE

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

HAMILTON RARE BREEDS FOUNDATION, INC.

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	<b>(c)</b> Con	npensation
NONE		
Total number of others receiving over \$50,000 for professional services	<b>•</b>	0
Part IX-A Summary of Direct Charitable Activities	<del></del>	
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	š
CONSERVATION & MANAGED BREEDING OF ENDANGERED SPECIES		
	377	<u>,636.</u>
<u> </u>	4	
	-	
	7	
	Ť	
	]	
	<u> </u>	
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	-∤	
	-{	
	<del> </del>	
	-	
	-	
All other program-related investments. See instructions.		
	<b>-</b>	
	1	

Form **990-PF** (2009)

Total. Add lines 1 through 3

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F	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	' .)×,_	
а		1a	0.
b	Average of monthly cash balances	1b	95,000.
C	Fair market value of all other assets	1c	894,397.
đ	Total (add lines 1a, b, and c)	1d	989,397.
е	Reduction claimed for blockage or other factors reported on lines 1a and	27.55	
	1c (attach detailed explanation) 1e 0 •	1. The state of th	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	989,397.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	14,841.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	974,556.
6	Minimum investment return. Enter 5% of line 5	6	48,728.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here   X and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2009 from Part VI, line 5	(FA)	
b	Income tax for 2009. (This does not include the tax from Part VI.)	* , s	
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art 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	0.
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:	ι, ,	
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	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation question of tax in those years.	ualifies for the	

Form **990-PF** (2009)

Part XIII' Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			0.
2 Undistributed income, if any, as of the end of 2009			The same of the sa	in the state of th
a Enter amount for 2008 only			0.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b Total for prior years:	1 37 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
,	43 - 1 2 - 1 2 1 3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.		
3 Excess distributions carryover, if any, to 2009:	1911年,1911年第2月21			1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
<b>a</b> From 2004	「東西」(A. 57代表的	( Bit A Site of		
<b>b</b> From 2005		- 1 de la companya de	, , , , , , , , , , , , , , , , , , ,	
c From 2006		1 m3/2		
d From 2007				[1] ( [1] ( [2] ) ( [3] ( [3] ) ( [3] )
e From 2008	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
f Total of lines 3a through e	* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 7 7 7 7		***************************************
4 Qualifying distributions for 2009 from Part XII, line 4: ► \$ N/A				The second of th
a Applied to 2008, but not more than line 2a			n.	
<b>b</b> Applied to undistributed income of prior		7 4 7 7 7 7		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		, r + /, 11 · ·	12 S. J. S. J. S.	
(Election required - see instructions)	0.	Ç		
d Applied to 2009 distributable amount		19, 1		0.
e Remaining amount distributed out of corpus	0.	1 1	, , ,	, , , ,
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount	0.			0.
(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	0.	m , 75°	, , , , , , , , , , , , , , , , , , , ,	,
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	La Sala Cara Cara Cara	0.		in the second
e Undistributed income for 2008. Subtract line			_	
4a from line 2a. Taxable amount - see instr.	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	( , , , , , , , , , , , , , , , , , , ,	0.	<u></u>
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2010				0.
7 Amounts treated as distributions out of				· · · · · · · · · · · · · · · · · · ·
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)	<del>-</del>	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		
8 Excess distributions carryover from 2004	0.			*
not applied on line 5 or line 7	<del></del>		~ ' \ \ \ . 1	
9 Excess distributions carryover to 2010.	0.			
Subtract lines 7 and 8 from line 6a	U •			
10 Analysis of line 9: a Excess from 2005				
b Excess from 2006				
c Excess from 2007				The second secon
d Excess from 2008	, š,		,	
e Excess from 2009				•

### HAMILTON RARE BREEDS FOUNDATION, INC.

Form 990-PF (2009) C/O PALSA + PALSA, LLC 06-1497283 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling 04/05/99 X 4942(1)(3) or 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (a) 2009 (b) 2008 (c) 2007 (d) 2006 (e) Total income from Part I or the minimum investment return from Part X for 0 0 0 0 each year listed 0 0 0 0 0. **b** 85% of line 2a c Qualifying distributions from Part XII, 0 0 0 0 0. line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of 0 0 0 0. 0 exempt activities e Qualifying distributions made directly for active conduct of exempt activities. 0 0 0 0 Subtract line 2d from line 2c 0. Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: 1,108,162. 1,005,963. 1,031,856. (1) Value of all assets 992,962. 4,138,943. (2) Value of assets qualifying 1,005,963. 1,031,856. 1,108,162. under section 4942(j)(3)(B)(i) 992,962. 4,138,943. b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year 0. listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 400,389 386,025 303,126 301,844. 1,391,384. 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in 350 6,025 3,126 section 4942(j)(3)(B)(iii) 1,844 11,345. (3) Largest amount of support from 0. an exempt organization 1,286. 2,379. 4,279 944. (4) Gross investment income Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.) 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).) DEBORAH HAMILTON 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. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here > X 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 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 (2009) C/O PALSA + PALSA, LLC
Part XV Supplementary Information (continued)

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Form **990-PF** (2009)

Grants and Contributions Paid During the Recipient	If recipient is an individual,		Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Paid during the year	or outstantial contributor			
NONE		i		
NONE			:	
				l
			İ	
-				
			ľ	
-				
		j		
		Ĭ		
Total			► 3a	
Approved for future payment				
NONE				
			ļ	
	;	ì	í	

Form 990-PF (2009)

923621 02-02-10 C/O PALSA + PALSA, LLC

06-1497283 Page 12

ter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
•	(a) Business	(b)	Exclu- sion	(d)	Related or exempt
Program service revenue:	code	Amount	code	Amount	function income
a	_		<del> </del>		
b	_		<del> </del>		
c	<del> </del>	<u> </u>	+-		
d			+		
e	_				
g Fees and contracts from government agencies		<u> </u>	+		
Membership dues and assessments	+		+		
Interest on savings and temporary cash		<del></del>	+		
investments	[ [				
Dividends and interest from securities		<del></del>			
Net rental income or (loss) from real estate:	,		1,	5 - 4 - W	
Debt-financed property			†	, , , , , , , , , , , , , , , , , , ,	<u>-</u>
Not debt-financed property					<del></del>
Net rental income or (loss) from personal					···
roperty					
other investment income				-	······································
ain or (loss) from sales of assets other					
nan inventory					
et income or (loss) from special events					
ross profit or (loss) from sales of inventory					
ther revenue:					
			1		
			i		
		0.		0.	
ubtotal. Add columns (b), (d), and (e)	_	0.		0.	
ubtotal. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)		0.			
ubtotal. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations	.)			13	
ubtotal. Add columns (b), (d), and (e)  ptal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  TEXVI-B. Relationship of Activities	s to the Acco	mplishment of E	xempt	13	
ubtotal. Add columns (b), (d), and (e)  stal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  TXVI-B. Relationship of Activities  No. Explain below how each activity for which in	s to the Acco	mplishment of E	xempt	13	plishment of
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ubtotal. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Tt XVI-B. Relationship of Activities  No. Explain below how each activity for which in	s to the Acco	mplishment of E	xempt	13	plishment of
ubtotal. Add columns (b), (d), and (e)  ntal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  TXVI-B. Relationship of Activities  No. Explain below how each activity for which in	s to the Acco	mplishment of E	xempt	13	plishment of
ubtotal. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Tt XVI-B. Relationship of Activities  No. Explain below how each activity for which in	s to the Acco	mplishment of E	xempt	13	plishment of
ubtotal. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Tt XVI-B. Relationship of Activities  No. Explain below how each activity for which in	s to the Acco	mplishment of E	xempt	13	plishment of
ubtotal. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Tt XVI-B. Relationship of Activities  No. Explain below how each activity for which in	s to the Acco	mplishment of E	xempt	13	plishment of
ubtotal. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Tt XVI-B. Relationship of Activities  No. Explain below how each activity for which in	s to the Acco	mplishment of E	xempt	13	plishment of
ibtotal. Add columns (b), (d), and (e)  ital. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  TXVI-B. Relationship of Activities  No. Explain below how each activity for which in	s to the Acco	mplishment of E	xempt	13	plishment of
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ubtotal. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Tt XVI-B. Relationship of Activities  No. Explain below how each activity for which it	s to the Acco	mplishment of E	xempt	13	plishment of
ubtotal. Add columns (b), (d), and (e)  ptal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Tt XVI-B. Relationship of Activities  No. Explain below how each activity for which in	s to the Acco	mplishment of E	xempt	13	plishment of

Form QQ(		JTON RARE BRI PALSA + PALSI	EEDS FOUNDATION,		06-1497283	D.	.aa 40
Part 2			s To and Transactions a				ige 13
	Exempt Organ		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · · · · · · · · · · · · · · · · · ·		
1 Did	the organization directly or indi	rectly engage in any of the	following with any other organization	on described in section 501(c) of		Yes	No
	*		ction 527, relating to political organ	* *			
	nsfers from the reporting found	• •			ļ ,		
	Cash		, 3		1a(1)		X
	Other assets				1a(2)		X
	er transactions:				1-1-1		
	Sales of assets to a noncharita	ble exempt organization			16(1)		_X
,	Purchases of assets from a no	• •	zation		1b(2)		X
	Rental of facilities, equipment,				1b(3)		X
	Reimbursement arrangements				1b(4)		X
• •	Loans or loan guarantees				1b(5)		X
	Performance of services or me	mbership or fundraising s	plicitations		1b(6)		X
٠.	iring of facilities, equipment, ma				10		X
	•	-	ng schedule. Column (b) should alv	vavs show the fair market value of		ets.	
	·		received less than fair market valu		_	,	
	ımn (d) the value of the goods,			• · · · · · • • • • • • • • • • • • • •			
a) Line no	<del></del>		naritable exempt organization	(d) Description of transfers, tran	sactions, and sharing arr	angemei	nts
		- N	1/A				
	-						
	-	<del></del>					
	<del></del>						
	-						
	-		· · · · · · · · · · · · · · · · · · ·				
	_			<del></del>			
				<del>                                     </del>			
	- <del> </del>			<del> </del>	<del></del>		
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	<del></del>			<del> </del>			
	_			<del></del>			
	<del>- </del>	<del>,</del>					
On lath	a foundation directly or indirect	ly affiliated with or related	to, one or more tax-exempt organiz	ations described			
	ection 501(c) of the Code (other			ations described	Yes	X	N.
	es," complete the following sch	• • • • • • • • • • • • • • • • • • • •	in Section 327		L Yes	LA	NO
D 11 Y	es, complete the following scree (a) Name of orga		(b) Type of organization	(c) Description	of relationship		
			(b) Type of Organization	(c) Description	Of relationship		
	N/A						
	<u> </u>				<del></del>		
					<del></del>		
T		and avanced the setup of the	tog general anyong get adular and a training	nto and to the best of our line out of	and heads and an artists and artists and artists and artists and artists are also as a second and artists are a second artists are a second and sts are a second and artists are a second artist		
			ing accompanying schedules and stateme ased on all information of which preparer h		id belief, it is true, correct,	•	

203-259-7035 Form **990-PF** (2009)

Preparer's identifying number

Signature of officer or trustee

JOSEPH A. PALSA

SOUTHPORT

PALSA + PALSA, LLC 130 OLD POST ROAD

CT 06890

Preparer's signature

Firm's name (or yours ıf self-employed),

address, and ZIP code

Date

Title

Date Check if self-08/30/10 employed ► X

EIN >

Phone no.

# Schedule B

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No 1545-0047

2009

Name of the organization Employer identification number HAMILTON RARE BREEDS FOUNDATION, INC. C/O PALSA + PALSA, LLC 06-1497283 Organization type (check one): Section: Filers of: 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** For an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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%

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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year,

🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year,

aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or

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

of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

the prevention of cruelty to children or animals. Complete Parts I, II, and III.

religious, charitable, etc., contributions of \$5,000 or more during the year

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

ame of organization .

HAMILTON RARE BREEDS FOUNDATION, INC.

Z/O PALSA + PALSA; LLC

Employer identification number

06-1497283

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DEBORAH HAMILTON  ADVENT HILL ROAD BOX282  HARTLAND, VT 05048	\$ 400,000.	Person X Payroll
(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
		\$	Person Payroll Noncash Complete Part II of there

Employer identification number

of

of Part II

Name of organization

HAMILTON RARE BREEDS FOUNDATION, INC.

C/O PALSA + PALSA, LLC

06-1497283

"Part II	Noncash Property (see instructions)					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		  \$				
(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			
		\$				

of Part III

Name of organization

Employer identification number

of

HAMILTON RARE BREEDS FOUNDATION, INC	HAMILTON	RARE	BREEDS	FOUNDATION,	INC.
--------------------------------------	----------	------	--------	-------------	------

art:   ,*	Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complet Part III, enter the total of exclusively religions, \$1,000 or less for the year. (Enter this information)	e columns (a) through (e) and the ous, chantable, etc., contributions	on 501(c)(7), (8), or (10) organizations aggregating following line entry. For organizations completing of						
n) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee						
-									
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-	Transferee's name, address, ar	(e) Transfer of gift	sfer of gift  Relationship of transferor to transferee						
No.   pm rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee						
			The attention of the damping of						
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
_   _	(e) Transfer of gift								
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee						

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

|

990-PF

Current Year Deduction	0, 0	0	3,858.	0	0	271.	0.00	235.	174.
Current Sec 179	1, 1 1, 1 2, 1 3, 1	4.			· · · · · · · · · · · · · · · · · · ·				2
Accumulated Depreciation	5.517.	,10	32,794. 184,213.	3,600.	3,237.	2,453.	40,813.	4,050.	3,316.
Basis For Depreciation	35,413.	, 24	38,583.	3,970.	3,250.	2,453.	42,220.	4,050.	3,490.
* Reduction In Basis		- 3				· ·	· ,		
Bus % Excl						, 			
Unadjusted Cost Or Basis	35,413.		38,583. 701,766.	3,970. 41,300.	3,250.	2,453.	42,220.	4,050.	3,490.
S S	16.	16	16 16	16 16	016 016	16 16	016	16 16	16 16
Life	5.00	5.00 10.00	10.00	5.00	10.00	8.00	10.00	7.00	5.00
Method	SL	SL	,	SL	SL	SL	SL	SL	SL
Date Acquired	120197SL 120900SL	060104SL 09289SL	110100SI 090198E	120197SL 3091798SL	041799SL 050399SL	112498SL 051999SL	090198SL 120299SL	080102SL 010105SL	091704SL
Description	· ,			120197SL - TRACTOR091798SL	041799SL TRITON 050399SL		,	- '	(2)
Descr	1VEHICLE 2VEHICLE	3TRAILER 4FENCE	SFENCE GBUILDING	7TRAILER FOUIPMENT	9EQUIPMENT	11HANNESSEN 12SHED	13EQUIPMENT 14SIGN	16ROUNDBALE WAGON	18TRAILER 19VEHICLES
Asset No	 	4 W 44	ш) 'Ф	1- 00	0 d	12	1 T	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	28102 11 12 180

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2009 DEPRECIATION AND AMORTIZATION REPORT
FORM 990-PF PAGE 1

990-PF

20 EBPR	Current Year Deduction	,173.				1	,!	• •	1	
Description Adjusted Method Life Web Cost Of Bass For Heleution in Bass For Accumulated Gurent Whether CLE Cost Of Bass For 10,865. 5,433. 5,432. 5,432. DEPR TOTAL 990-PF. PC 1 1,063,795. 5,433. 1,085,382. 500,892, 0	Currer	3.00	1 (a) "(5)	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				4		, ,¢,
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Description		•		# * /	10 A 176			, =, ", , , , , , , , , , , , , , , , ,		3
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### Unadustred   Pate   West   Pack	. For		45 , 45 ,							5
OVEHICLE         Date of Control Blass         Method         Life         Imaginated of Control Blass         Redundion in Blass           OVEHICLE         0.123102000B5.00         19B         10,865.         5,43           DEPR         1.063,795.         5,43	Basis	ν, μ, γ, γ, γ, γ, γ, γ, γ, γ, γ, γ, γ, γ, γ,	( - <del></del>				**,			
DESCRIPTION  OVEHICLE  * TOTAL 990-PF PG 1  DEPR  DEPR  DEPR  Description  Acquired Method Life have Cost Of Basis & Excl.  1,063,795.	E %	133.	,	\$ (C.)			<del></del>		ا با اشر گومهو د کار د م	
OVEHICLE  * TOTAL 990-PF PG 1  DEPR  DEPR  Description  Acquired Method Life No Cost Of Bass Excl  Total 10200DBS 00 19B 10.865.	Reductio Basi						, , ,		100	4. /. /.
DEPR Description Acquired Method Life No Cost Of Basis OVEHICLE 012310200DBS.00 19B 10.865. DEPR 012310200DBS.00 19B 10.865.	ļ	7-5	3		13 7 3 62 7 2 7 2					2,3
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DEPR  Description  Acquired Method Life  OVEHICLE  POYALI 990-PF PG 1  DEPR	Una Cost	) T		7.31.	70.	14 14 14 14 14 14 14 14 14 14 14 14 14 1		- *> - 		اور . کړ . ب
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VEHICLE * TOTAL DEPR	iption	g - 06	\$ Defi		' vîr			,	<i>\$</i>	, 3 , <sup>, 5</sup>
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Asset of the state		20 × C D E I			<u> </u>		-			
	Asset		· <u>.</u>		· · · · · ·	•	· · · · · · · · · · · · · · · · · · ·			; '

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

ORM 990-PF	ACCOUNT	ING FEES	STATEMENT 1					
ESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	ADJUSTED					
CCOUNTING	7,170.	0.	0.	0.				
O FORM 990-PF, PG 1, LN 16B	7,170.	0.	0.	0.				
ORM 990-PF	TAX	ŒS	STATEMENT 2					
ESCRIPTION		(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES				
EAL ESTATE TAXES	8,426.	0.	0.	0.				
NNUAL REPORT & OTHER AXES	26.	0.	0.	0.				
O FORM 990-PF, PG 1, LN 18	8,452.	0.	0.	0.				
ORM 990-PF	OTHER E	XPENSES	STATEMENT 3					
<b>ESCRIPTION</b>	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES				
DARDING COSTS, SUPPLIES, AY AINTENANCE & REPAIRS TERINARY & STUD FEES ISURANCE TILITIES LEPHONE FFICE JEL	90,354. 20,618. 42,865. 29,757. 5,840. 1,169. 1,034. 22,106.	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0.				
) FORM 990-PF, PG 1, LN 23	213,743.	0.	0.	0.				

ORM 990-PF DEPRECIATION OF ASS	ETS NOT HELD FOR	RINVESTMENT	STATEMENT 4
)ESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
'EHICLE	35,413.	25,473.	9,940.
'EHICLE	5,517.	5,517.	0.
'RAILER	28,240.	28,102.	138.
'ENCE	51,536.	50,249.	1,287.
'ENCE	38,583.	36,652.	1,931.
UILDING	701,766.	201,757.	500,009.
RAILER	3,970.	3,600.	370.
QUIPMENT - TRACTOR	41,300.	40,268.	1,032.
QUIPMENT	3,250.	3,237.	13.
QUIPMENT - TRITON	5,780.	5,756.	24.
ANNESSEN	2,453.	2,453.	0.
HED	10,844.	3,015.	7,829.
QUIPMENT	42,220.	40,813.	1,407.
IGN	1,200.	1,190.	10.
OUNDBALE WAGON	4,050.	4,050.	0.
OMPUTER	2,346.	2,346.	0.
RAILER	3,490.	3,490.	0.
EHICLES (2)	70,972.	70,972.	0.
EHICLE	10,865.	2,173.	8,692.
OTAL TO FM 990-PF, PART II, LN 14	1,063,795.	531,113.	532,682.
DRM 990-PF	OTHER ASSETS		STATEMENT 5
ESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
JE-BOARD INCOME	0.	10,000.	10,000.
FERRED COSTS-GRANT	0.	31,403.	
FERRED COSIS-GRANI		31,403.	31,403.
) FORM 990-PF, PART II, LINE 15	0.	41,403.	41,403.

Department of the Treasury Internal Revenue Service

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

Attach to your tax return.

OMB No 1545-0172

▶ See separate instructions. Sequence No 67 Business or activity to which this form relates Name(s) shown on return Identifying number HAMILTON RARE BREEDS FOUNDATION, INC. FORM 990-PF PAGE 1 06-1497283 C/O PALSA + PALSA, LLC Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses 250,000. 2 Total cost of section 179 property placed in service (see instructions) 800,000. 3 Threshold cost of section 179 property before reduction in limitation 3 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 lf zero or less, enter -0- lf married filling separately, see instructions (a) Description of property (b) Cost (business use only) 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . . . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election .... 15 28,048 16 Other depreciation (including ACRS) 16 Part-III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (a) Depreciation deduction only - see instructions) 19a 3-year property P. Capi 5,432 200DB YRS. HY 2.173. 5-year property 7-year property 10-year property d 15-year property 20-year property 25-year property 25 yrs. S/L g 27.5 yrs. MM S/L Residential rental property h MM S/L 27.5 yrs. MM S/L 39 yrs. i Nonresidential real property ММ S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System Class life 20a 12 yrs. S/L 12-year b 40 yrs. MM S/L 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 30,221. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

		ILTON :					DAT:	ION,	INC.					
Form 4562 (2Q09)		PALSA									_	<u>-1497</u>		
Part V Listed Proper recreation, or			ertain i	other veh	icles, c	ellular te	lephone	es, certair	compu	ters, and	d proper	ty used f	or enter	taınmer
Note: For any			using tl	ne standa	rd mile	age rate	or dedu	ucting lea:	se exper	se. com	pleteon	lv 24a. 24	4b. colu	mns (a)
through (c) of	Section A, all	l of Section B	, and S	ection C	ıf applı	cable.	_							
		on and Othe			Caution	n: See th				<del></del>			<del></del>	
24a Do you have evidence to	support the bu		ent use	claimed?	<u> </u>	Yes	<u> No</u>	24b lf "	Yes," is	the evid	ence wn	tten?	_ Yes ∣	No
(a)	(b) Date	(c) Business	,	(d)	1.	e) Basis for de	-	(f)	1	(g)	1 _	(h)		(i)
Type of property (list vehicles first )	placed in	investmen		Cost or other basi	- 11	business/ir				ethod/ ethod/		reciation duction		ected ion 179
	service	use percent				use o		<u> </u>					ļ	cost
25 Special depreciation all	owance for q	ualified listed	l prope	rty placed	d in ser	vice duri	ing the t	tax year a	nd	1	ĺ		113	- ',
used more than 50% in				. <u> </u>		<u></u>	<u> </u>	<del></del>	<u> </u>	25	1		1 1	<u>·                                  </u>
26 Property used more tha	n 50% ın a q	ualified busir	ness us	ө.				1						
			%					<del> </del>	-		<del> </del>		<b> </b>	
			%								<del> </del>		ļ	
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27 Property used 50% or le	ess in a quali							ή	<del>,</del>		<del>,</del>	<del> </del>		
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28 Add amounts in column						1, page	1			28	<u>l</u>	<del></del>	1 44.	<u> </u>
29 Add amounts in column	(i), line 26. E						·	· _		·		29	L	
				n B - Info										
Complete this section for ve													4 6	
If you provided vehicles to y those vehicles.	our employe	es, ilist alisw	er trie i	questions	iii Sec	auon C u	see n	you meet	an exce	puon to	complet	ing this s	ection 1	or
ti 1036 Veriicies.			1				_		т-		-		· · · -	
			(a)		١.	(b)	Ι.	(c)	1 .	(d)		(e)	(f)	
30 Total business/investment			Vehicle		<del>                                     </del>	Vehicle V		/ehicle	Ve	Vehicle		hicle	Vehicle	
year (do not include comm					<u> </u>		<del>- </del>		ļ		<del> </del>			
31 Total commuting miles of	_	-			-		+		<u> </u>		<del> </del>			
32 Total other personal (no	ncommuting)	) miles					ļ		ĺ		1			
driven .		-	$\vdash$		├		<del> </del>		<del> </del>		<del> </del>			
33 Total miles driven during					ļ						i	ł		
Add lines 30 through 32			V	T No.	Vaa	T N-	<del> </del>		\	<b>.</b>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<del>  </del>		
34 Was the vehicle available	-		Yes	No_	Yes	No	Yes	No_	Yes	No	Yes	No	Yes	No
during off-duty hours?			<u> </u>	<del></del>	<del> </del>		<del></del>	+	<del> </del>	-	<del> </del>	<del>                                     </del>		
35 Was the vehicle used pr		nore	1	ł	1	ļ			İ	İ		}		
than 5% owner or relate		 nol	<del> </del>	<del>                                     </del>	<del> </del>	<del></del>	<del> </del>	<del></del>						
36 Is another vehicle availal	or persor	IIdi				1	1		İ	ļ	ļ		Ì	
use?	Section C	· Questions 1	or Em	Novore W	/ho Dr	ovido Va	hiolog (	for Use h	. Their I		L	Li		
Answer these questions to d				-					-			o not m	aro than	<b>50</b> /
where or related persons.	eterrinie ii y	ou meet an e	xceptic	m to com	pietirig	Oction	D 101 V	enicies us	eu by ei	прюува	s will al	e not inc	ne man	3%
37 Do you maintain a writter	nolicy state	ment that no	ohihite	all person	nal use	of vehic	les incl	uding cor	omuting	by your	<u> </u>		Voc	No
,							ies, irici	dding coi	anuting	, by you	·		Yes	No
B8 Do you maintain a writter				 nersonal			Avcent	t commut	na by v					
employees? See the inst										oui				ļ
employees? See the inst					iiceis,	directors	s, Oi 170	or more (	Wileis	••••	• •	• ••		<del> </del>
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the use of the verticles, a					 moneti	ation us	 a?	••••					-	<del> </del> -
Note: If your answer to 3									 hiclos				3, 20,	<del></del>
Part VI Amortization	,, JU, J <del>J</del> , 40	, <del>or - ris_re</del> :	., uu i	or compl	J. G. J. C.	CUON D I	<u> </u>	CACLED AG	nuics.				1, -1, 1	Ľ
(a)		1	(b)	T	(c)			(d)	<del></del>	(e)	$\neg \top$		(f)	
Description of	costs		amorbzation begins	1	Amortiza	able		Code section		Amortizat period or pero		Amo	ortization this year	
2 Amortization of costs tha	t begins duri			ar:						or port				

Form 4562 (2009)

43

44

43 Amortization of costs that began before your 2009 tax year

44 Total, Add amounts in column (f). See the instructions for where to report