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Return of Private Foundation

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

Internal R	evenue Service	Note. The for			o use a copy of thi							
For cale	ndar year 2009	, or tax year beginning	ı, JUL	1,	2009	and e	nding	JUN	30, 2	2010		
G Chec	k all that apply:	Initial retur Amended r			Initial return of a factorial Address chain	-		Name ch		ıl return		
Use the	il.	foundation							oyer identi			
Otherw	, 	AMPSHIRE F					<u> </u>		-3540			
prin	.	d street (or P O box number		elivered to	street address)		Room/suite		hone numb		20	
or typ	a a : 6: a =	PLE AVENUE					ļ	_	3-734			
Instruct	ione Gity Of to	wn, state, and ZIP code						l			ending, check her	
	MORRI	STOWN, NJ	<u>07960</u>					D 1. For	reign organ eign organiza	izations	s, check here	, ▶ ⊟
	k type of organi		· · · · · · · · · · · · · · · · · · ·		rvate foundation			che	ck here and	attach co	eting the 85% tes imputation	" P L_
		1) nonexempt charitabl			xable private found						tus was termina	
		l assets at end of year	J Accounti	-		X Accı	rual	under	section 50)7(b)(1)	(A), check here	; ▶∟
	Part II, col. (c)	, line 16)	01	ther (spe	city)	. f 1					60-month term	
▶ \$	9 Analysis of F	1,448,666.		T							(B), check here	
Part	The total of am	Revenue and Expenses ounts in columns (b), (c), are in the amounts in column (nd (ď) may not		Revenue and enses per books	inc	ivestment ome	(c)	Adjusted n income	iet	(0) Disburi for charitable (cash bas	purposes
1	Contributions,	gifts, grants, etc., rece	eived		350,917.	•		ļ				
2		if the foundation is not required	to attach Sch B			ļ				•		
3	cash investment	gs and temporary s			1,342.		1,342.				STATEM	
4	Dividends and	interest from securitie	S		449,371.	44	9,371.				STATEME	ENT 2
5	a Gross rents	•	-						DE7		Para I	1
	Net rental incom	e or (loss)		ļ-		 			NEC	<u>/[\</u>	ヒリ	<u> </u>
<u>م</u> 6		from sale of assets not on	line 10	<u> </u>		ļ					Į j	
2	b Gross sales price assets on line 6a	e for all		<u> </u>		<u> </u>		16	FEB	22	2011 19	\
Revenue 7	Capital gain net	income (from Part IV, line 2))			1	0.				S. S.	1
L 8	Net short-tern	n capital gain	•					-	()(':1	VI KI		
9	Income modif							<u> </u>	UGL	<u> </u>	, U I	
10	and allowances	returns			_				· · · · · ·			
ľ	b Less Cost of go	ods sold	-					<u> </u>				
j	c Gross profit o	r (loss)				<u> </u>		ļ .				
11		•			<69,440		9,440.	₽			STATEM	<u> </u>
12		es 1 through 11		ļ	732,190			<u> </u>		<u>0.</u>	 	
13	•	f officers, directors, trustee	s, etc		0.	•	0.			0.	 	0.
14		ee salaries and wages	-					ļ			 	
φ 15		, employee benefits						<u> </u>			 	
န္တု 16	a Legal fees		mem A	ļ	2 500		2 500	-			-	
ē	b Accounting fe		rmt 4	ļ	2,500	•	2,500.	 		0.		0.
<u></u>	c Other profess	onal tees .		<u> </u>		·					 	
§ 17			nsem C		118,111	11	8,111.			0.		0.
Operating and Administrative Expense 5 5 5 5 6 18 10 10 10 10 10 10 10 10 10 10 10 10 10			TMT 5		110,111	•	0,111.	1		υ.	\	
is 19	-	іпа аеріецоп	•	<u> </u>				 				
E 20			••									
¥ 21	-	ences, and meetings	-			-		<u> </u>				
E 22			гмт 6	-	648	 	648.	 		0.		0.
g 23		• • •	IMI O	-	040	•	040.	-		<u> </u>		
erati 24	_	ng and administrative			121,259	1 12	1,259.	1		0.		0.
ء اہ	•	d lines 13 through 23			207,500		11,437.	+		<u> </u>		7,500.
1		, gifts, grants paid	•		401,300	1		 			40	, , , , , , , , ,
26	Add lines 24 a	es and disbursements	•		328,759	12	21,259.			0.	20'	7,500.
-	Subtract line		_	 	J20,1J3		<u> </u>	<u> </u>		<u> </u>		<i>, , , , , , , , , , , , , , , , , , , </i>
21					403,431	_						
		ue over expenses and disbi Int income (if negative, en		-			0,014.					
		III INCOME (II negative, en INCOME (If negative, enter					,	+		0.	 	
923501 02-02-10		rivacy Act and Paperw		Act Not	ice see the instru	ictions		1				-PF (2009)
U2-02-10	, wortuit	avy not and faptiw	UIR ILCUUCION		, ooo me manu							- (2000)

P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
<u></u>	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	19,297.	6,206.	6,206.
	2	Savings and temporary cash investments	90,635.	85,105.	85,105.
	3	Accounts receivable ►	~	_	
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶		·	
		Less: allowance for doubtful accounts ▶	_		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable 129,000.		~	· - · ·
		Less: allowance for doubtful accounts ▶		129,000.	129,000.
छ	8	Inventories for sale or use	_		
Assets	9	Prepaid expenses and deferred charges			
Ÿ	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock STMT 7	451,605.	802,522.	557,701.
	C	Investments - corporate bonds			
		Investments - land, buildings, and equipment basis \blacktriangleright 652,000.			
		Less accumulated depreciation	652,000.	652,000.	652,000.
	12	Investments - mortgage loans			<u> </u>
	13	Investments - other STMT 8	64,074.	<4,666.	> 17,500.
	14	Land, buildings, and equipment; basis			
		Less accumulated depreciation			
	15	Other assets (describe ► STATEMENT 9)	1,154.	1,154.	1,154.
	16	Total assets (to be completed by all filers)		1,671,321.	1,448,666.
	17	Accounts payable and accrued expenses	18,700.	7,850.	-
	18	Grants payable			
e S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			
ت	22	Other liabilities (describe)			
			40 700		
_	23	Total liabilities (add lines 17 through 22)	18,700.	7,850.	
		Foundations that follow SFAS 117, check here			
ģ		and complete lines 24 through 26 and lines 30 and 31.	1 260 265	1 662 471	
ည	24	Unrestricted	1,260,065.	1,663,471.	
aja	25	Temporarily restricted			
or Fund Balance	26	Permanently restricted			
Ë		Foundations that do not follow SFAS 117, check here			
ō		and complete lines 27 through 31.			
Net Assets	27	Capital stock, trust principal, or current funds			
188	28	Paid-in or capital surplus, or land, bldg., and equipment fund	_		
et /	29	Retained earnings, accumulated income, endowment, or other funds	1,260,065.	1,663,471.	
Ž	30	Total net assets or fund balances	_1,200,005.	1,003,4/1.	
	21	Total liabilities and net assets/fund balances	1,278,765.	1,671,321.	
				1707173210	
	art	Analysis of Changes in Net Assets of Fund B	alances		
1		net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		. 1	1,260,065.
		r amount from Part I, line 27a		2	403,431.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3			1,663,496.
		eases not included in line 2 (itemize) PENALTIES NOT			25.
<u>6</u>	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	1,663,471.
					Form 990-PF (2009)

(a) List and desc	ribe the k	osses for Tax on In Ind(s) of property sold (e.g. or common stock, 200 shs	, real estate,	Income	P-	ow acquired Purchase Donation	(c) Da	ite acquired ., day, yr.)	(d) Date sold (mo., day, yr.)
1a		,	· ·		"	Donation			-
b NO	NE						·		
C									
d				•		•			
e									
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		t or other basis xpense of sale) Gain or (loss plus (f) minus	
a		=::							
b		<u> </u>							
C									
<u>d</u>									:=
e		natural (b) and award but	ha farradation	10/01/00					
Complete only for assets showir								s (Col. (h) gair ut not less tha	
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (j), ıf any		·	Loss	es (from col.	(h))
.,		43 01 123 1703							
_a									
<u>b</u>									
<u>c</u>									
<u>d</u>									
<u>e</u>	l				_				
2 Capital gain net income or (net ca	apital loss	$ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{cases} $	in Part I, line in Part I, line	7 7	}	2			
3 Net short-term capital gain or (lo			d (6):		\				
If gain, also enter in Part I, line 8,	column (c).			 				
If (loss), enter -0- in Part I, line 8	i)	Dadwaad	Tau an Na	<u> </u>	3			
Part V Qualification U (For optional use by domestic private		Section 4940(e) for					ICOIIIE	-	
If section 4940(d)(2) applies, leave to Was the foundation liable for the sectif "Yes," the foundation does not quate Enter the appropriate amount in	tion 4942 lify under	tax on the distributable am section 4940(e). Do not co	mplete this pa	rt.					Yes X No
(a)	Caon cola	(b)	30110113 1501010	making any one					(d) bution ratio
Base periód years Calendar year (or tax year beginni	na in)	Adjusted qualifying dis	tributions	Net value of no	(c) onchari	table-use asse	ets	Distri (col. (b) di	bùtión ratio vided by col. (c))
2008	<u>'''y '''/</u>		0,990.			107,58		(001. (0) 01	.03700
2007			5,007.			426,21			.10167
2006	_		4,924.			735,81			.18336
2005			4,897.			499,75	5		.24991
2004			0,007.			585,30			.034182
2004		_	0,00,0			303730			
2 Total of line 1, column (d)							2	,	.60614
3 Average distribution ratio for the	5-vear ha	se neriod - divide the total (nn line 2 hv 5	or by the number	r of vea	re	<u> </u>	·	
the foundation has been in existe			on mic z by o,	or by the number	i oi yea		3	,]	.12122
the logituation has been in existe	1106 11 1633	s tilali 3 years .					<u> </u>	<u>'</u>	• 12122
4 Enter the net value of noncharital	ble-use as	sets for 2009 from Part X,	line 5				4	.	1,243,148
5 Multiply line 4 by line 3							5	;	150,706
	•••								<u>, </u>
6 Enter 1% of net investment incor	ne (1% of	Part I, line 27b)					Ι 6	;	2,600
		· · · · · · · · · · · · · · · · · · ·							
7 Add lines 5 and 6							7	,	153,306
			•				<u> </u>		
8 Enter qualifying distributions from	n Part XII	. line 4					8	.	207,500
If line 8 is equal to or greater that			 The and comm		nn a 10/	tay rate	٠ ــــ		
See the Part VI instructions.	7, 6	art vi, iiiiG	.u, and comp	mai part usii	g u 1/	· 1010.			
			· -		_				- 000 PE

			<u> 35409</u>			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	<u>948 -</u>	see ins	tru	ctio	<u>18)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			<u>2,6</u>	00.
	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-)	2				0.
	Add lines 1 and 2	3			<u>2,6</u>	00.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			2,6	<u>00.</u>
	Credits/Payments:					
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1,154.	-				
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868) 6c 1,500.					
	Backup withholding erroneously withheld 6d					
	Total credits and payments. Add lines 6a through 6d	7			2,6	<u>54.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				33.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				21.
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	11				0.
	rt VII-A Statements Regarding Activities				Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın	-	•	162	
	any political campaign?			1a		X
D	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 or				
_	distributed by the foundation in connection with the activities.			10		х
	Did the foundation file Form 1120-POL for this year?	-	-	1c		
U	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0 •					
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
-	managers. \blacktriangleright \$ 0 •					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		ŀ	2		х
-	If "Yes," attach a detailed description of the activities.		F			- 21
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	r				
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	•		3		X_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	_	4b	-	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	-	5		X
_	If "Yes," attach the statement required by General Instruction T.		·			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law				
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		_	7	X	
	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	NJ					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for cale	ndar				
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		<u> </u>	9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses S	TMT	10	10	X	

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Form 990-PF (2009)

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

orm 990-PF (2009) THE HAMPSHIRE FOUNDATION			22-3540	159	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)	1	
5a During the year did the foundation pay or incur any amount to:			_		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No		
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire		[1]		
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		∟	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		¬ "		
509(a)(1), (2), or (3), or section 4940(d)(2)?		 Y £	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	37/3	_	
section 53.4945 or in a current notice regarding disaster assistance (see instru		•-	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			¬		
expenditure responsibility for the grant?		I/A L Ye	es No		
If "Yes," attach the statement required by Regulations section 53.4945					-
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on	<u> </u>	¬ 		
a personal benefit contract?		Y.	as X No	_	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		ļ	6b	<u> </u>
If "Yes" to 6b, file Form 8870			_ <u>.</u>		
7a At any time during the tax year, was the foundation a party to a prohibited tax s			as X No		
b If yes, did the foundation receive any proceeds or have any net income attribute			N/A	7b	
Part VIII Information About Officers, Directors, Trustors Paid Employees, and Contractors	ees, Foundation Ma	magers, Highly	/		
List all officers, directors, trustees, foundation managers and their	compensation				
LIST AIR OTHERS, GIRECTORS, Trustees, Tourndation managers and their		(c) Compensation	(d) Contributions to	(0)	Fynense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	acco	Expense ount, other
,	to position	enter-0-)	compensation	alle	owances
TOD COLUMNIA 11					^
SEE STATEMENT 11	1	0.	0	•	0.
		1			
				+	
			<u> </u>		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "	<u> </u>		-
Compensation of the highest-paid employees (other than those inc	(b) Title, and average		(d) Contributions to	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred	acco	Expense ount, other owances
NONE	uevotea to position		compensation	all	owalles
NONE					
			-		
			-	+	
	}				
				+	
	}				
			<u> </u>	-	
The Administration of other employees and our \$50,000	<u> </u>	<u> </u>	<u> </u>		0
Total number of other employees paid over \$50,000					

Form 990-PF (2009) THE HAMPSHIRE FOUNDATION, INC.		540959 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundatio Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce	information such as the d, etc.	Ехрепѕеѕ
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 N/A	s 1 and 2.	Amount
2		
All other program-related investments. See instructions. 3		
Total. Add lines 1 through 3	-	0.

4940(e) reduction of tax in those years.

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				59,557.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005 59,030.				
c From 2006 99,101.				
d From 2007 74,105.			•	
e From 2008				
f Total of lines 3a through e	232,236.	<u> </u>		
4 Qualifying distributions for 2009 from				
Part XII, line 4: \triangleright \$ 207,500.			_	
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount	1.45 0.40		<u>"</u>	59,557 <u>.</u>
e Remaining amount distributed out of corpus	147,943.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:			Į.	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	380,179.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			<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				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.	202 472			
Subtract lines 7 and 8 from line 6a	380,179.			
10 Analysis of line 9:				
a Excess from 2005 59,030.				
b Excess from 2006 99,101.				
c Excess from 2007 74,105.				
d Excess from 2008 e Excess from 2009 147, 943.				
e Excess from 2009 147, 943.				Form 990-DE (2000)

	PSHIRE FOUN				<u> 12-3540959 </u>	Page 10
Part XIV Private Operating Fo	oundations (see in	nstructions and Part VI	I-A, question 9)	N/A		
1 a If the foundation has received a ruling or						
foundation, and the ruling is effective for			▶ ∟			
b Check box to indicate whether the found		ing foundation described		4942(j)(3) or	4942(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year	(5) 2000	Prior 3 years (c) 2007		06 (e) T	fetal
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 200	0 (e) 1	Otal
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					İ	
exempt activities		 				_
e Qualifying distributions made directly						
for active conduct of exempt activities.						
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the		4	+			
alternative test relied upon:						
a "Assets" alternative test - enter:						
(1) Value of all assets			 			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
b "Endowment" alternative test - enter						
2/3 of minimum investment return shown in Part X, line 6 for each year listed						
c "Support" alternative test - enter:						
(1) Total support other than gross			1			
investment income (interest,				Į.		
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)(ii)						
(3) Largest amount of support from						
an exempt organization						
(4) Gross investment income		1,				
Part XV Supplementary Info			if the founda	ation had \$5,000	or more in as:	sets
at any time during t		instructions.)	_			
1 Information Regarding Foundatio				b 4b - 4 d-4 b - 4 -		
a List any managers of the foundation wh year (but only if they have contributed n	o nave contributed more nore than \$5,000). (See	e than 2% of the total con section 507(d)(2).)	tributions received	by the foundation belo	Te the close of any tax	
JON F. HANSON						
b List any managers of the foundation wh other entity) of which the foundation has			(or an equally large	e portion of the owners	ship of a partnership or	
NONE			_			
2 Information Regarding Contributi	ion, Grant, Gift, Loar	n, Scholarship, etc., F	rograms:			
Check here ► X if the foundation of the foundation makes gifts, grants, etc.						is. If
a The name, address, and telephone num				· · ·		•
b The form in which applications should b	e submitted and inform	ation and materials they s	should include:			
c Any submission deadlines:						
d Any restrictions or limitations on award	s, such as by geographi	cal areas, charitable fields	, kınds of ınstıtutıoı	ns, or other factors:		
923601 02-02-10					Form 990 -	PF (2009)

		INC.	22-354	0959 Page 11
Part XV Supplementary Information 3 Grants and Contributions Paid During the Y	· · · · · · · · · · · · · · · · · · ·	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	- CONTRIBUTION	
a Paid during the year ROLLINS COLLEGE 1000 HOLT AVE WINTER PARK, FL 32789	N/A	501(C)(3)	EDUCATIONAL	7,500
THE BLAIR FUND 2 PARK STREET BLAIRSTOWN, NJ 07825	N/A	501(C)(3)	EDUCATIONAL	15,000
GROW IT GREEN MORRISTOWN PO BOX 230 MORRISTOWN, NJ 07963	N/A	501(C)(3)	GENERAL SUPPORT	5,000
HOMELESS SOLUTIONS 6 DUMONT PLACE MORRISTOWN, NJ 07960	N/A	501(C)(3)	GENERAL SUPPORT	25,000
MORRISTOWN MEMORIAL HEALTH FOUNDATION 475 SOUTH STREET MORRISTOWN, NJ 07960	N/A	501(C)(3)	GENERAL SUPPORT	150,000
THE COMMUNITY THEATRE 100 SOUTH STREET MORRISTOWN, NJ 07960	N/A	501(C)(3)	GENERAL SUPPORT	5,000
Total			▶ 3a	207,500
b Approved for future payment				
NONE				
Total			▶ 3b	0.

Part XVI-A	Analys	sis of Inco	me-Producing	g Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income			ed by section 512, 513, or 514	(e)
8	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
C					
d		<u> </u>			
e					
f					
g Fees and contracts from government agencies	-				· · · · · · · · · · · · · · · · · · ·
2 Membership dues and assessments					
3 Interest on savings and temporary cash				1 240	
investments .			14	1,342.	
4 Dividends and interest from securities	-		14	449,371.	
5 Net rental income or (loss) from real estate:			-		
a Debt-financed property					
b Not debt-financed property			 		
6 Net rental income or (loss) from personal property					·
7 Other investment income .		_	01	<69,440.>	
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a		··			·
b			_		· · · · · · · · · · · · · · · · · · ·
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	L).	381,273.	
13 Total. Add line 12, columns (b), (d), and (e)			-	13	381,273
(See worksheet in line 13 instructions to verify calculations.)					

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).
-	

923821

_			AMPSHIRE FOUNDA	TION, INC.	22-3540	<u> 1959</u>	Pa	ge 13
P	art X\	/II Information Re	egarding Transfers To a	and Transactions ar	nd Relationships With Nonchar	ritable		
		Exempt Organ	izations					
1	Did th	e organization directly or indi	rectly engage in any of the following	ig with any other organization	described in section 501(c) of	1	Yes	No
)(3) organizations) or in section 52					
а		·	ation to a noncharitable exempt or					
	(1) C		•	•		1a(1)		X
		ther assets				1a(2)		X
		transactions:				14(2)		
U		ales of assets to a noncharita	this exempt executation			1b(1)		X
					••			X
			ncharitable exempt organization			1b(2)	-	
		ental of facilities, equipment,			•	1b(3)		X
	. ,	eimbursement arrangements	;			1b(4)		<u>X</u>
		oans or loan guarantees				1b(5)		<u>X</u>
			embership or fundraising solicitation			1b(6)		<u>X</u>
			uling lists, other assets, or paid em			1c	1	<u>X</u>
d					ays show the fair market value of the goods, o		ts,	
					in any transaction or sharing arrangement, s	now in		
	colun		other assets, or services received.					
(a)	Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions, and s	sharing arra	ngeme	nts
			N/A					
				-				
				-				
								
_					1			
2a			thy affiliated with, or related to, one		ations described			٦.
_			r than section 501(c)(3)) or in section	tion 52/7	L_	Yes	X	J No
b	It "Yes	s," complete the following sch		(b) Torre of a construction ((2) 02-22-23-23-24-23-24			
		(a) Name of org	ganization	(b) Type of organization	(c) Description of relationsh	пр		
		N/A						
_								
			nave examined this return, including according to the property of the control of		nts, and to the best of my knowledge and belief, it is t ias any knowledge	rue, correc	t,	
l		RIGHT!	X)[11/2/12/12	JANA Procedo	100	ı	
ெ	12	Lewy J		12/14/2011	VILLTIUSICE			
Sign Here	Si	gnature of officer or trustee	V	Date	Title,			
힖	σ -	Preparer's	1/11.00	O Da	te // Check if Prepared	r's identifyi.	ng num	Der
Sig	Paid Preparer's Use Only	signature	VVVII		→ CA employed ►			
	Pai e o	Firm's name (or yours \TOBI			EIN ▶			
	_ Pre Us	ıf self-employed), 75 E	SSEX STREET, SU					
		address, and ZIP code HACK	ENSACK, NJ 0760	1	Phone no. (201)			<u>744</u>
					For	rm 990 -	PF (2009)

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organizatio	n	Employer identification number
T	THE HAMPSHIRE FOUNDATION, INC.	22-3540959
Organization type (check		
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	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt chantable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	cial Rule See instructions
General Rule		
= = = = = = = = = = = = = = = = = = =	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more inplete Parts I and II.	e (in money or property) from any one
Special Rules		
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of t 0(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, ine 1. Complete Parts I and II.	_
aggregate contri	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one butions of more than \$1,000 for use exclusively for religious, charitable, scientific, lit for cruelty to children or animals. Complete Parts I, II, and III.	
contributions for If this box is che purpose. Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one ruse exclusively for religious, charitable, etc., purposes, but these contributions did cked, enter here the total contributions that were received during the year for an excomplete any of the parts unless the General Rule applies to this organization beckble, etc., contributions of \$5,000 or more during the year.	not aggregate to more than \$1,000 clusively religious, charitable, etc.,
	n that is not covered by the General Rule and/or the Special Rules does not file Scho	
	on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or o filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	n line 2 of its Form 990-PF, to certify
LHA For Privacy Act an	d Paperwork Reduction Act Notice, see the Instructions School	edule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

Name of organization

THE HAMPSHIRE FOUNDATION, INC.

22-3540959

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JON F HANSON 601 HOLLAND ROAD FAR HILLS, NJ 07931	\$350,917.	Person Payroll Oncash X (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 Oncash 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 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 Omnicash Omnicash (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)

Employer identification number

THE HAMPSHIRE FOUNDATION, INC.

22-3540959

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
1	5,518 SHS OF PRUDENTIAL FINANCIAL INC.	\$350,917.	04/12/10
(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
		\$. <u> </u>
(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
923453 02-01		\$Schedule B (Form 9	90, 990-EZ, or 990-PF) (2009

Schedule B (F	orm 990,	990-EZ, d	or 990-PF)	(2009)
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Schedule B (For	m 990, 990-EZ, or 990-PF) (2009)		Page of	of Part III
Name of orga			Employer identification numbe	
mm:	MDGUTDE EOIBIDAMTON TM	,	22 3540050	
Part III	MPSHIRE FOUNDATION, INC Exclusively religious, charitable, etc., inc more than \$1,000 for the year. Complete Part III, enter the total of exclusively religion \$1,000 or less for the year (Enter this info	dividual contributions to section columns (a) through (e) and the us, charitable, etc., contributions	22-3540959 on 501(c)(7), (8), or (10) organizations aggregating of following line entry. For organizations completing of of \$\infty\$	
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-	Transferee's name, address, an	(e) Transfer of giff	t Relationship of transferor to transferee	
(a) NIa				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
			····· ·	
<u> </u>		(e) Transfer of gift	<u>-</u> L	
	Transferee's name, address, an		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift	t	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee	
				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-		(e) Transfer of gif	t	
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee	

FORM 990-PF	OTHER ASSETS		STATEMENT	9
DESCRIPTION	BEGINNING OF YR BOOK VALUE		FAIR MARKE VALUE	т
	1,154.	1,154.	1,1	54.
TO FORM 990-PF, PART II, LINE 15	1,154.	1,154.	1,1	54.
	STANTIAL CONTRIE VII-A, LINE 10	BUTORS	STATEMENT	10
		BUTORS	STATEMENT	10
PART	VII-A, LINE 10	ROAD	STATEMENT	10

FORM 990-PF INTEREST ON SAVING	GS ANI	TEMP	ORARY	CASH :	INVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
PASCACK COMMUNITY BANK					-	1,3	42.
TOTAL TO FORM 990-PF, PART I, I	LINE :	3, COL	JUMN A		=	1,3	42.
FORM 990-PF DIVIDENDS	AND :	INTERE	ST FRO	M SEC	JRITIES	STATEMENT	2
SOURCE	(GROSS	AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A	۲)
NW HUMAN SERVICES NOTE		4	49,371	. •	0.	449,3	71.
TOTAL TO FM 990-PF, PART I, LN	4	4	49,371		0.	449,3	71.
FORM 990-PF	OTI	HER IN	ICOME			STATEMENT	3
DESCRIPTION		P	(A) REVENU ER BOC		(B) NET INVEST- MENT INCOME		
DELAWARE 85 ASSOC. LP HAMPSHIRE 1290 F,LLC				,796. ,236.	1,796 > <71,236		0.
TOTAL TO FORM 990-PF, PART I, I	LINE 1	11	<69	,440.	<69,440	•>	0.
FORM 990-PF	ACC	OUNTIN	IG FEES			STATEMENT	4
	(A EXPENS PER BO	SES	(E NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	2	,500.		2,500	•	0.	0.
TO FORM 990-PF, PG 1, LN 16B	2	,500.		2,500	•	0.	0.

FORM 990-PF	TAX	ES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
REAL ESTATE TAXES	118,111.	118,	111.		0.	0.
TO FORM 990-PF, PG 1, LN 18	118,111.	118,	111.		0.	0.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
ANNUAL REPORT & FILING FEES BANK CHARGES OFFICE SUPPLIES	135. 394. 119.		135. 394. 119.		0. 0. 0.	0. 0.
TO FORM 990-PF, PG 1, LN 23	648.		648.		0.	0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	7
DESCRIPTION			вос	K VALUE	FAIR MARKI VALUE	ET
OROMIN EXPLORATIONS STOCK PASCACK COMMUNITY BANK STOCK U.S. TRUST				139,332. 75,808. 587,382.	56,6 72,6 428,6	21.
MOMAT MO BODY 000 DE DADW TI	LINE 10B			802,522.	557,	701
TOTAL TO FORM 990-PF, PART II	,	:				01.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	8
	OTHER INV	ESTMENTS LUATION ETHOD	ВОС	OK VALUE	STATEMENT FAIR MARKI	8
FORM 990-PF	OTHER INV	LUATION	вос	0K VALUE 588. <5,254.>	FAIR MARKI VALUE	8 2T

FORM 990-PF		LIST OF OFFIC			STAT	EMENT 11
NAME AND ADDRESS		TITLE . AVRG HR		COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
JON F. HANSON 601 HOLLAND ROAD FAR HILLS, NJ 0793	31	TRUSTEE,		0.	0.	0.
KAREN J. HANSON 601 HOLLAND ROAD FAR HILLS, NJ 0793	31	TRUSTEE,		0.	0.	0.
JAMES E. HANSON, 73-4 KUNHART ROAD BENARDSVILLE, NJ (TRUSTEE,		0.	0.	0.
DEBORAH H. IMPEREA 121 MEEKER ROAD BASKING RIDGE, NJ		TRUSTEE, 0.50		0.	0.	0.
JEFFREY B. HANSON 415 OWL LANE JACKSON, WY 83001		TRUSTEE, 0.00		0.	0.	0.
TOTALS INCLUDED OF	N 990-PF, PA	GE 6, PART VII	_ 	0.	0.	0.

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No. 1545-1709

• If yo	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box			X
•	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this			
Do no	t complete Part II unless you have already been granted an automatic 3-month extension on a previously fil	ed Fo	m 8868.	
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
А соп	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com-	plete		_
Part I	only			
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an income tax returns.	exten	sion of time	
noted (not a you m	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronication atomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or conjust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files, gov/efile and click on e-file for Chanties & Nonprofits	cally if	(1) you want the ited Form 990-T.	additional
Туре	or Name of Exempt Organization	Emp	oyer identificati	on number
print	WITH HAMPOUTER POINTAMTON THE	٦	2 2540050	
File by 1	THE HAMPSHIRE FOUNDATION, INC.		<u>2-3540959</u>	<u>'</u>
filing yo	" 15 MAPLE AVENUE			
return S instruct				
	MORRISTOWN, NJ 07960			
Chec	k type of return to be filed (file a separate application for each return):			
	Form 990 Form 990-T (corporation) Form 47	20		
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	27		
	Form 990-EZ Form 990-T (trust other than above) Form 60	69		
X	Form 990-PF	370		
Te • If t	THE HAMPSHIRE FOUNDATION, INC. be books are in the care of 15 MAPLE AVENUE, MORRISTOWN, NJ - MORRI be behone No. 973-734-4232 FAX No 973-262-0035 The organization does not have an office or place of business in the United States, check this box. This is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the list of part of the group, check this box and attach a list with the names and EINs of all	s is fo	the whole group	, check this
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt FEBRUARY 15, 2011 , to file the exempt organization return for the organization named a is for the organization's return for Calendar year or X tax year beginning JUL 1, 2009 , and ending JUN 30, 2010		The extension	
2	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accou	nting period
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions	3a	\$	2,654.
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated			1 154
	tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	1,154.
С	Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	,		
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			1 500
	See instructions.	3c	\$	1,500.
Cauti	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment II	estructions.
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 8868	(Rev. 4-2009)