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SCANNED AUG 1 8 2011

Form 990-PF

Department of the Treasury

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

OMB No 1545-0052

2010

_		ar year 2010, or tax year beginning , a		n to satisty sta	ite reporting	requirements			
			and ending	-bib -					
G	эпеск а		turn of a former public		<u>}</u>	Final return			
			ress change	Name	change				
Na	ime of to	pundation			A Employer identification number 33-0777149				
7.1	300	VIN BANTLY BOIRDAMTON							
		MAN FAMILY FOUNDATION	B Telephone number (see page 10 of the instructions)						
_		nd street (or P O box number if mail is not delivered to street addres		 	<u> </u>				
		SALEM CROSSING ROAD	C If exemption application is pending, check here						
						D 1. Foreign organizations, check here			
		· · · · · · · · · · · · · · · · · · ·			1	preign organizations meeti			
H Check type of organization: X Section 501(c)(3) exempt private foundation					85% test, check here and attach computation				
			e private foundation		E If private foundation status was terminated under				
		ket value of all assets at J Accounting method:	Cash X Acc	rual	section 507(b)(1)(A), check here				
		ear (from Part II, col. (c), Uther (specify)			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here				
	ne 16) l				under				
۲	art l	Analysis of Revenue and Expenses (The total of	(a) Revenue and expenses per	(b) Netin	vestment	(c) Adjusted net	(d) Disbursements for charitable		
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions).)	books		ome	income	purposes		
	1.		E0 E00				(cash basis only)		
	1	Contributions, gifts, grants, etc., received (attach schedule)	50,500			. *			
	2	Check If the foundation is not required to attach Sch B				· *			
	3	Interest on savings and temporary cash investments	0.3		0.2	0.2			
	4	Dividends and interest from securities	93		93	93	·		
	5a	Gross rents							
9	b	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Stmt 1	1 065		······································				
e	6a	games (1000), 110111 at 200012 1101 at 110111110 110	-1,965			······			
Revenue	_b	Gross sales price for all assets on line 6a 317,831	**		10	7	1		
Œ		Capital gain net income (from Part IV, line 2)			10				
	8	Net short-term capital gain			·	0			
	9	Income modifications		7,,					
	10a	Gross sales less returns & allowances							
	b	Less: Cost of goods sold							
	11	Gross profit or (loss) (attach schedule) Other Income (attach Schedule)							
	12	Total. Add lines 11through HEVED	48,628		103	93			
	13	Compensation of officers, directors, trustees etc.	0						
ės	14	Other employee salaries and wages 11	 						
enses	15						· · · · · · · · -		
		Pension plaris, employee benefits Legal fees (attachischedule)				-			
ũ	Ь	Legal fees (attach schedule) Accounting fees (attach schedule)							
Ve	6	Other professional fees (attach schedule)							
ati	17	Interest	939		939				
st	18	Taxes (attach schedule) (see page 14 of the instructions) Stmt 2	37						
Operating and Administrative Exp	19	Depreciation (attach schedule) and depletion					1		
퉏	20	Occupancy							
ĕ	21	Travel, conferences, and meetings			-				
2	22	Printing and publications							
. ස	23	Other expenses (att sch) Stmt 3	1,796		1,796				
Ē	24	Total operating and administrative expenses.							
ā		Add lines 13 through 23	2,772		2,735	0	0		
þ	25	Contributions, gifts, grants paid	31,515				31,515		
O	26	Total expenses and disbursements. Add lines 24 and 25	34,287		2,735	0			
_	27	Subtract line 26 from line 12:							
	a	Excess of revenue over expenses and disbursements	14,341				1		
	ь	Net Investment income (if negative, enter -0-)			0				
	c	Adjusted net income (if negative, enter -0-)				93			

45,883

5

6

Decreases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Form 990-PF (2010) HASSMAN FAMILY FOUNDATION Page 3 Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold -Purchase (mo , day, yr) 2-story brick warehouse, or common stock, 200 shs MLC Co) (mo, day, yr) D-Donation Ameritrade Cap Gain Dist 1a b C d е (f) Depreciation allowed (q) Cost or other basis (h) Gain or (loss) (e) Gross sales price plus expense of sale (e) plus (f) minus (g) (or allowable) 10 a b d е Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col (i) (i) FM V as of 12/31/69 Losses (from col (h)) as of 12/31/69 over col (j), if any C If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8 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. Yes X 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 page 18 of the instructions before making any entries (a) (d) (b) (c) Base period years Distribution ratio (col (b) divided by col (c)) Adjusted qualifying distributions Net value of noncharitable-use assets Calendar year (or tax year beginning in) 40,169 2009 103,242 2008 64,767 2007 8,168 2006 2005 2 Total of line 1, column (d) 2 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 4 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 31,515 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 on page 18.

Form	990-PF (2010) HASSMAN FAMILY FOUNDATION 33-0777149			Pa	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruct	ions)			
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% of Part I, line 27b				1
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			*	4
	Part I, line 12, col. (b).		-	•	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0
3	Add lines 1 and 2				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				0
6	Credits/Payments.				
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6a				1
b	Exempt foreign organizations—tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d				•
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		-		
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶ 11				
	nrt VII-A Statements Regarding Activities				
1a				Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	. [
-	of the instructions for definition)?		1b		x
	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.				ń
С	Did the foundation file Form 1120-POL for this year?	1	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$			3. ·	
е	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?	ĺ	2		X
	If "Yes," attach a detailed description of the activities.	Γ			,
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	ŀ		~	
	incorporation, or 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
b	· · · · · · · · · · · · · · · · · · ·	/ A [4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	· [5		X
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	1	*		
	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?	L	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	. L	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the		. –		
	instructions) ▶ CA	ļ			
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	Ĺ	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 calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page				
	27)? If "Yes," complete Part XIV	L	_9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10	l '	x

Form **990-PF** (2010)

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Pa	rt VII-B Statements Regarding A	activities for Which Form 4	1720 May Be R	equired (cont	inued)		
5a	During the year did the foundation pay or incui	any amount to:					
	(1) Carry on propaganda, or otherwise attempt	t to influence legislation (section 4	945(e))?	 Y	es X No		
	(2) Influence the outcome of any specific publi	ic election (see section 4955); or t	o carry on,				
	directly or indirectly, any voter registration	drive?		_ _ Y	es X No		
	(3) Provide a grant to an individual for travel,	study, or other similar purposes?		Y	es 🗓 No	*	
	(4) Provide a grant to an organization other th	an a charitable, etc., organization	described in			1	
	section 509(a)(1), (2), or (3), or section 49	40(d)(2)? (see page 22 of the instr	ructions)	. 🔲 Y	'es 🗶 No	1	
	(5) Provide for any purpose other than religiou	us, charitable, scientific, literary, or	educational				
	purposes, or for the prevention of cruelty t	o children or anımals?		Y	'es 🗓 No		1.0
b	If any answer is "Yes" to 5a(1)-(5), did any of	the transactions fail to qualify unde	er the exceptions d	escribed in		i	
	Regulations section 53 4945 or in a current no	tice regarding disaster assistance	(see page 22 of the	e instructions)?	N/A	5b	
	Organizations relying on a current notice regar	rding disaster assistance check he	ere .		▶ 🗍		1
C	If the answer is "Yes" to question 5a(4), does	the foundation claim exemption fro	m the tax	•	-	,	·
	because it maintained expenditure responsibil	ity for the grant?		N/A 🗌 Y	'es 🗌 No		
	If "Yes," attach the statement required by Reg	ulations section 53.4945-5(d)			_	:]	
6a	Did the foundation, during the year, receive ar	y funds, directly or indirectly, to pa	y premiums			, ^ 	
	on a personal benefit contract?			Y	'es 🗓 No	ain	<u>, , , , , , , , , , , , , , , , , , , </u>
b	Did the foundation, during the year, pay premi	ums, directly or indirectly, on a per	rsonal benefit contr	act?		6b	X
	If "Yes" to 6b, file Form 8870			•			30-1
7a	At any time during the tax year, was the found	ation a party to a prohibited tax sh	elter transaction?	_ _ \	res 🗶 No		ات استشد
b	If Yes did the foundation receive any proceed	s or have any net moome aunouta	DIE TO THE TRANSACTI	on?	N/A	7b	
Pa	rt VIII Information About Officer	rs, Directors, Trustees, Fo	undation Mana	agers, Highly	Paid Employe	ees,	
	and Contractors				· · · · · · · · · · · · · · · · · · ·		
1 L	ist all officers, directors, trustees, foundatio	n managers and their compensa	tion (see page 22	of the instruction	s).	,	
	(a) Name and addres	s	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		pense account, er allowances
Ch	eryl Hassman	Moorestown	President			-	
	.0 Salem Crossing Rd	NJ 08054	10.00	,			0
	lyson Davis	Moorestown	Board Member				
•	.0 Salem Crossing Rd	NJ 08Ő54	0.50	0	o		0
	rk Simowitz	San Diego	Board Member				
10	190 Telesis Ct	CA 92101	0.50	0	o		0
						Ĭ -	
	•	•					
2	Compensation of five highest-paid employe If none, enter "NONE."	es (other than those included on	line 1 — see page	e 23 of the instru	ctions).	•	
	(a) Name and address of each employee p	ald more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		opense account, er allowances
NC	NE						
							·
					-		
	I number of other employees paid over \$50,000			<u> </u>	l	<u> </u>	

om 990-PF (2		777149	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation Mana and Contractors (continued)	agers, Highly Paid En	nployees,
3 Five high	est-paid independent contractors for professional services (see page 23 of the instru	ctions). If none, enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
otal number o	others receiving over \$50,000 for professional services		•
Part IX-A	Summary of Direct Charitable Activities		
	on's four largest direct charitable activities during the tax year. Include relevant statistical information su d other beneficiaries served, conferences convened, research papers produced, etc.	ch as the number of	Expenses
1 N/A			
3			
4			
Part IX-B	Summary of Program-Related Investments (see page 24 of the i	nstructions)	
Describe the tw	largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
All other progra	n-related investments. See page 24 of the instructions		

Total. Add lines 1 through 3

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years.

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P	art XIII Undistributed Incom	e (see page 26 of	the instructions)			
1	Distributable amount for 2010 from Part		(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
	line 7					0
2	Undistributed income, if any, as of the e	nd of 2010:				
a	Enter amount for 2009 only					
b	Total for prior years: 20 , 20					
3	Excess distributions carryover, if any, to	2010.			·	
а	From 2005	3,449				
þ	From 2006	8,240	1			
C	From 2007	64,915	4			}
d	From 2008	103,248	1			
е	From 2009	40,171	··· · · · · ·			
f	Total of lines 3a through e		220,023			
4	Qualifying distributions for 2010 from Pa	urt XII,				
	line 4. ▶ \$ 31,515				war and the same of the same o	
	Applied to 2009, but not more than line	•				
b	Applied to undistributed income of prior	•				
	(Election required—see page 26 of the i	•				
C	Treated as distributions out of corpus (E					
	required—see page 26 of the instruction	s) .				
	Applied to 2010 distributable amount					
e -	Remaining amount distributed out of cor	•	31,515			
5	Excess distributions carryover applied to				v	ļ
	(If an amount appears in column (d), the	same				
6	amount must be shown in column (a).) Enter the net total of each column as					
0	indicated below:		,		*	,
а		at line E	251,538		,	·
	Prior years' undistributed income. Subtra	•	231,336			1
_	line 4b from line 2b	aGt.				
С	Enter the amount of prior years' undistril	outed .				
	income for which a notice of deficiency h					
	been issued, or on which the section 49-					
	tax has been previously assessed		*			
d	Subtract line 6c from line 6b. Taxable	•••				
	amount-see page 27 of the instructions	5				
е	Undistributed income for 2009. Subtract	•			— <u> </u>	
	4a from line 2a. Taxable amount—see p	age			1	İ
	27 of the instructions			:		Ì
f	Undistributed income for 2010. Subtract	lines				· · · · · · · · · · · · · · · · · · ·
	4d and 5 from line 1 This amount must	be				
	distributed in 2011					o
7	Amounts treated as distributions out of o	orpus				
	to satisfy requirements imposed by secti	on				
	170(b)(1)(F) or 4942(g)(3) (see page 27	of the				İ
	instructions)					
8	Excess distributions carryover from 2005					
	applied on line 5 or line 7 (see page 27 of	of the				1
	instructions)		3,449			·
9	Excess distributions carryover to 2011	•			_	
	Subtract lines 7 and 8 from line 6a		248,089			
0	Analysis of line 9.					,
8	Excess from 2006	8,240		l		;
b	Excess from 2007	64,915	j			ř
ر د	Excess from 2008	103,248	ł			t
d	Excess from 2009	40,171	į			Į.
T.	Excess from 2010	31,515				·

N/A

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year Public Devereux Foundation Donation 7,665 Camp Timber Tops School. Donation 4,900 Family Service Public Donation 600 Public Katz Family Charitable Tr Donation 500 Church Congregation Beth El Donation 16,600 Various Public Charities Public Donation 1,250 31,515 ▶ 3a Total Approved for future payment N/A ▶ 3b Total

Part XVI-A	Analysis of Income-Producing Ac	tivities				
	ounts unless otherwise indicated.		d business income	Exclude	d by section 512, 513, or 514	(e)
		(a)	(b)	(c) Exclusion	(d) Amount	Related or exempt function income
1 Program se	rvice revenue:	Business code	Amount	code	Amount	(See page 28 of the instructions.)
a				 		
				 		
°				+		
d				+		
e		·		+		
T		·		 		
	nd contracts from government agencies			 		
	p dues and assessments			+		
	savings and temporary cash investments and interest from securities			14	93	
	ncome or (loss) from real estate:		,	+	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\\.
	nanced property			+	*	· · · · · · · · · · · · · · · · · · ·
	t financed property			 		
	ncome or (loss) from personal property					
	tment income			1		
	s) from sales of assets other than inventory			14	10	-1,975
	or (loss) from opecial events		.	i		
	t or (loss) from sales of inventory					
	nue: a					
d						
е						
	dd columns (b), (d), and (e)	1, 1, 2, 2, 3, 4,	<u> </u>	D *	103	
	line 12, columns (b), (d), and (e)				13 _	-1,872
	t in line 13 instructions on page 29 to verify calculate					
Part XVI-B	` ` ```	_				
Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purp					
	instructions.)		-14 £h-		h1	
4	Mutual Fd Dividends for	money n	era for cua	arita	bie purpose	8
 .						
-					· · · · · · · · · · · · · · · · · · ·	
			 			
		· · · · · · · · · · · · · · · · · · ·		-	 	
	<u> </u>				· · · · · ·	
		····				·
		•				
					<u> </u>	
						

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Part >	(VII	Information R Exempt Organ		ransfers To and	d Transaction	ns and Relations	ships Wit	h Nonchar	itable		
1 Did	the oro			age in any of the foll	owing with any o	ther organization des	cribed			Yes	No
	_	•		•		ction 527, relating to				. :	
	anızatio		J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	www.co.vec.vec.vec.vec.vec.vec.vec.vec.vec.vec		g				,	\$3 . T
			oundation to a	noncharitable exemp	ot organization of	:				` ~	
	Cash								1a(1)		X
	Other a	assets	••			••	• ••		1a(2)		X
		sactions.	•	•	•	•	• •	•			
		of assets to a nonch	nantable exem	pt organization					1b(1)		X
				le exempt organization	 on		•		1b(2)		x
		of facilities, equipm		• -		•		•	1b(3)		X
		ursement arrangem				•	•	• •	1b(4)		X
		or loan guarantees					•		1b(5)		X
		-	r membership	or fundraising solici	tations	• • • • • • • • • • • • • • • • • • • •			1b(6)		X
			•	, other assets, or pai			•		1c		X
	-	• •	=			nn (b) should always	show the fa	ır market			
		•				the foundation receiv					
		-			-	the goods, other asse					
(a) Lıı		(b) Amount involve		ne of noncharitable exer		(d) Description of	•		haring arrang	ements	
N/A											
							·				
_											
-								·			
		i i							•		
2a Is	the four	dation directly or in	directly affiliate	ed with, or related to	one or more tax	-exempt organization	s				
				er than section 501(c)(3)) or in section	n 527? .			□ Y	es 🔀	No
b If	Yes,* co	omplete the followin	g schedule	· • · · · · · · · · · · · · · · · · · ·				<u></u>			
		a) Name of organization	n	(b) Type of c	organization		(c) Descript	tion of relationsh	ıp		
N/	A										
				_,				_			
	Under	enalties of perjury, I d	eclare that I have	e exampled his return, i	ncluding accompar	iying schedules and state (ciary) is based on all inf	ements, and to	the best of my	knowledge an	d	
Sign	beller, i	t is true, corect and c	omplete becara	Montar probarer (other t	_ 1 /	ciary) is based on all fill			s ally knowled	ye	
Here	_		<u> </u>		8/	11111		ctor			
	Sı	pature of officer or tru	stee		Date	· /	Title			,	
	Print	Print/Type preparer's name			Preparer's signature			į	Date	Check	
Paid								self-en	nployed		
Preparer Christopher M. DiGiacomo Christopher M. DiGiacomo 08/0				8/09/11							
Use Onl	y Firm			iacomo & A		s LLC		PTIN	P0004		
	Firm	's address ▶ 120	000 Lin	coln Dr W		·- 		Firm's EIN ▶			
		Man	rlton, 1	NJ 08053-	3403			Phone no	856-59	6-0)58 <u>5</u>
						· ——			Form 99	0-PF	(2010)

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50141 HASSMAN FAMILY FOUNDATION

33-0777149 FYE: 12/31/2010

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

	Net Gain / Loss	-1,967	8-	-1,975
	Depreciation	ℴ		\$ 0
	Expense	₩		\$ 0
	Cost	319,606 \$	190	319,796 \$
How Received	Sale Price	Purchase 317,639 \$	Purchase 182	317,821 \$
		₩		ŵ
	Date Sold	Various \$	Various	
Description	Date Acquired	lty Various	ity Various	
٥	Whom Sold	TD Ameritrade Activity	TD Ameritrade Activity Va	Total

Charitable Purpose	৵	\$
Adjusted Net	₩	\$
Net Investment	₩	\$
Total	\$ 2	\$ 37
Description	Federal Tax California Tax and Registrations	Total

Statement 2 - Form 990-PF, Part I, Line 18 - Taxes

	Charitable Purpose	❖		٠ 0
enses	Adjusted Net	₩.		\$
t I, Line 23 - Other Ex	Net Investment	\$	1,796	\$ 1,796
Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses	Total	\$	1,796	\$ 1,796
	Description		Expenses Investment Expenses	Total

50141 HASSMAN FAMILY FOUNDATION	

Federal Statements

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Corporate
10b - (
Line
Part II
990-PF
4 - Form
Statement 4

Fair Market Value	\$ \$
Basis of Valuation	Cost
End of Year	\$ \$
Beginning End of Basis of Year Valuat	\$ 70,496 \$ 70,496
Description	TD Ameritrade Account Total

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Description	M	Beginning of Year		End o Year	Basis of Valuation	Fai	Fair Market Value
Mutual Funds	₩	422	ጭ	492	Cost	₩	528
Total	₩	422	ş	492		₩	528

,50141 HASSMAN FAMILY FOUNDATION

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Federal Statements

FYE: 12/31/2010

Statement 6 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	 Beginning of Year		
Margin Loan Payable Bank Overdrafts Short Options	\$ 39,550	\$	277 5,187
Total	\$ 39,550	\$	5,464

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,50141 HASSMAN FAMILY FOU	NDATION	8/9/2011 2:40 PM
33-0777149 FYE: 12/31/2010	Federal Statement	S
· Form 000-PE Part Y	V, Line 1a - Managers Who Con	stributed Over 2% or \$5 000
None Name of M	lanager	Amount \$
Total		\$0
Form 990-PF, Par	t XV, Line 1b - Managers Who (Own 10% or More Stock
Name of M	lanager	Amount
NONE		\$
Total		\$0

Form 8868 (F	Rev. 1-2011)					Page 2
If you are	filing for an Additional (Not Automatic) 3-Month Ex	tension, cor	mplete only Part II and check this box			▶ X
	omplete Part II if you have already been granted an au		-	m 8868.	•	_
If you are	filing for an Automatic 3-Month Extension, complete	te only Part	I (on page 1).			
Part II	Additional (Not Automatic) 3-Month E	<u>xtension</u>	of Time. Only file the original (no copie	es needed	l)
Type or print	Name of exempt organization			Employ	er identifica	tion number
File by the	HASSMAN FAMILY FOUNDATION	N		33-0	777149	
extended	Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.			
due date for filing your	410 SALEM CROSSING ROAD					
return See	City, town or post office, state, and ZIP code. For a	a foreign add	dress, see instructions.			
Instructions	MOORESTOWN NJ	08057	<u> </u>			
Enter the Ret	turn code for the return that this application is for (file	a separate a	pplication for each return)			04
Application		Return	Application			Return
ls For	•	Code	Is For			Code
Form 990		01		· · · · · · · · · · · · · · · · · · ·		
Form 990-E	3L	02	Form 1041-A			08
Form 990-E	Z	03	Form 4720			09
Form 990-F	PF	04	Form 5227			10
Form 990-1	T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	(trust otner than above)	06	Form 8870			12
STOP! Do no	at complete Part II if you were not already granted a The Foundation	in automatic	3-month extension on a previously t	lled Form	8868.	
• If this is for the whole list with the n 4 I reque 5 For calc 6 If the ta	anization does not have an office or place of business or a Group Return, enter the organization's four digit of group, check this box The standard of the	Group Exem t of the grou /15/11 neck reason	ption Number (GEN) If this p, check this box and and and and Initial return Final return	attach a	are a c	complete
	accurate return.	. - .				
	application is for Form 990-BL, 990-PF, 990-T, 4720, oundable credits. See instructions.	or 6069, ente	er the tentative tax, less any	8a	\$	0
	application is for Form 990-PF, 990-T, 4720, or 6069, and tax payments made. Include any prior year overpa	•				
	t paid previously with Form 8868	.,		8b	s	0
	e Due. Subtract line 8b from line 8a Include your pay	ment with th	ns form, if required, by using EFTPS			
	onic Federal Tax Payment System) See instructions		_	8c	\$	0
	Siç	nature a	nd Verification			
Under penalties true, correct, an	s of perjury, I declare that I have examined this form, including id complete, and that I am authonzed to prepare this form	accompanying	g schedules and statements, and to the best of	f my knowl	edge and belie	f, it is
	\mathcal{O}		u. N. CDA		a b	09/05/11
Signature >		Tı	tte CPA			08/06/11
	-				Form	8868 (Rev. 1-2011)