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## Form 990-P.F

Department of the Treasury Internal Revenue Service Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Tru

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

2011

OMB No 1545-0052

Fo	r cale	ndar year 2011 or tax year beginning	1/1/2011 , a	nd ending	12/	31/2011		
Na	me of f	oundation		<del></del>	A En	nployer identification nu	mber	
NE	W HA	AMPSHIRE BALL BEARINGS FOUNDATION				02-6005	861	
		nd street (or P O box number if mail is not delivered to street add	dress)	Room/suite	ВТе	lephone number (see inst		
97	ומו מר	DEPENDENCE AVENUE			ļ	(818) 407-	.9300	
_		vn, state, and ZIP code			CIFO	xemption application is pe		<u> </u>
	•		CA	91311-4323	0 11 6	xempuon application is pe	munig, check here	
			al return of a former i		h 4 i	Foreign organizations, che	ack here	►□
•	Cile		ended return	public charity	{			
						Foreign organizations mean check here and attach cor	•	<b>~</b> □
	-		ne change		{ '	check here and attach cor	пригатоп	▶ [_]
<u></u>		ck type of organization: X Section 501(c)(3) exe				rivate foundation status w		. —
<u> </u>	•	tion 4947(a)(1) nonexempt charitable trust 🔲 C			unc	der section 507(b)(1)(A), c	heck here	
1	Fair	market value of all assets at end   J Accounting r	method. 💢 Cast	n	1 *	ne foundation is in a 60-m		. —
		ar (from Part II, col. (c),		,	unc	der section 507(b)(1)(B), c	heck here	▶□
Da	rt I	(6) ► \$ 116,686 (Part I, column (c	<u>nust be on cash bas</u>	is)	Ь		(d) Disbursem	onto.
ГС	I.C. I.	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and	(b) Net investm	ent	(c) Adjusted net	for charitabl	
		the amounts in column (a) (see instructions) )	expenses per books	ıncome	Ì	ıncome	purposes	
	r			<u> </u>			(cash basis or	nly)
	1	Contributions, gifts, grants, etc , received (attach schedule)	24,000	Sec Sti	<i>771</i>	<u> </u>		
	2	Check I if the foundation is not required to attach Sch B	126		126			
	3	Interest on savings and temporary cash investments	126		126			
	4 5 0	Dividends and interest from securities  Gross rents	<u>_</u>	<u></u>	0	<u></u>		
					- 0			
ae	6 9	Net rental income or (loss) 0  Net gain or (loss) from sale of assets not on line 10	0		$\dashv$	·		
eu	o a	Gross sales price for all assets on line 6a						
Revenue	7	Capital gain net income (from Part IV, line 2)			0			
œ	6	Net short-term capital gain .				0		***
<b>√</b> U	9	Income modifications						
7∏07	l	Gross sales less returns and allowances					<del>-</del>	
	l	Less Cost of goods sold 0				······································		
€		Gross profit or (loss) (attach schedule) .	0					
ම _	11	Other income (attach schedule)	5	See STMT	20	0		
AK	12	Total. Add lines 1 through 11	24,131		126	0		
<u> </u>	13	Compensation of officers, directors, trustees, etc.	0					
Se	14	Other employee salaries and wages						
Denses	15	Pension plans, employee benefits				<del>_</del>		
3 <b>X</b>	16 a	Legal fees (attach schedule) CEIVED	0		0	0		0
Administrative Ex	b	Accounting food (attach schodule)	0		_0	0		0
౭్డ	c	Other professional fees (attach, schedule) Interest	0		0	0		0
<u>ra</u>	17	Interest Signal Hees (attach, schedule) 2						
isi	18	Taxes (attach schedule) (see instructions) ] (	79		79	See STMTO	4	0
Ē	19	Depreciation (attach schedule) and depletion	0		0	0	<u>.</u>	
þ	20	Occupancy		<u> </u>				
P	21	Travel, conferences, and meetings				<del></del>		
and	22	Printing and publications .						
0	23	Other expenses (attach schedule)	0		<u> </u>	0		0
Operating	24	Total operating and administrative expenses.						_
era		Add lines 13 through 23	79	San Ctar	79	0		<u>0</u>
Ĉ	25	Contributions, gifts, grants paid	25,000					5,000
_		Total expenses and disbursements. Add lines 24 and 25.	25,079		79	0	2	5,000
	27	Subtract line 26 from line 12	0.10					
	J	Excess of revenue over expenses and disbursements	-948		4-1			
		Net investment income (if negative, enter -0-)			47			
	/ <b>√</b>	Adjusted net income (if negative, enter -0-)				0	]	

Page 2

Pa	et II	Balance Sheets Attached schedules and amounts in the description column			End of year		
ı a	1	should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash on-interest-bearing	2,389	2,315	2,315		
	2	Savings and temporary cash investments	115,245	114,371			
	3	Accounts receivable   0					
		Less allowance for doubtful accounts	o	0	0		
	4	Pledges receivable ▶ 0					
		Less allowance for doubtful accounts	0	0	0		
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other		**********			
	]	disqualified persons (attach schedule) (see instructions)	0	0	0		
	7	Other notes and loans receivable (attach schedule)	<u>~_</u>				
	•	Less allowance for doubtful accounts	0	0	0		
s	8	Inventories for sale or use					
et	٩	Prepaid expenses and deferred charges			<del> </del>		
Assets	10 a	I Investments S and state government obligations (attach schedule)	0	0	0		
4		D Investments orporate stock (attach schedule) .	0				
	1	· · · · · · · · · · · · · · · · · · ·	0	0	<del> </del>		
		investments orporate bonds (attach schedule)					
	11	Investments and, buildings, and equipment basis		^	^		
	4.	Less accumulated depreciation (attach schedule)	0	0	0		
	12	Investments ortgage loans			<u> </u>		
	13	Investments ther (attach schedule)	0	0	0		
	14	Land, buildings, and equipment basis ▶0					
	l	Less accumulated depreciation (attach schedule) ▶0	0	0			
	15	Other assets (describe )	0	0	0		
	16	Total assets (to be completed by all filers ee the					
	ļ	instructions Also, see page 1, item I)	117,634	116,686	116,686		
	17	Accounts payable and accrued expenses					
Ś	18	Grants payable					
ij	19	Deferred revenue		<u> </u>			
Ē	20	Loans from officers, directors, trustees, and other disqualified persons .	0	0			
Liabilities	21	Mortgages and other notes payable (attach schedule)	0	0			
_	22	Other liabilities (describe  )	0	0			
	23	Total liabilities (add lines 17 through 22)	0	0			
		Foundations that follow SFAS 117, check here					
alances		and complete lines 24 through 26 and lines 30 and 31.					
Ĭ	24	Unrestricted					
<u>a</u>	25	Temporarily restricted					
	26	Permanently restricted					
Net Assets or Fund B	-0	Foundations that do not follow SFAS 117, check here					
Fu	1	and complete lines 27 through 31.					
ō	27	Capital stock, trust principal, or current funds	117,634	116,686			
8	28	Paid-in or capital surplus, or land, bldg, and equipment fund.	117,004	1 10,000			
se	29	Retained earnings, accumulated income, endowment, or other funds					
Ş	30	Total net assets or fund balances (see instructions)	117,634	116,686			
et /	31	Total liabilities and net assets/fund balances (see	117,034	1 10,000			
ž	3		117,634	116,686			
Da	; ;; []]		117,034	1 10,080	<u> </u>		
	t III	Analysis of Changes in Net Assets or Fund Balances	0 (must agree with	<del></del>	T		
ı		net assets or fund balances at beginning of year art II, column (a), line 3	o (must agree with	4	117,634		
_		f-year figure reported on prior year's return)		. 1			
		amount from Part I, line 27a		2	-948		
		increases not included in line 2 (itemize)		3	116 696		
		nes 1, 2, and 3		. 4	_116,686		
		ases not included in line 2 (itemize)			0		
6	Total	net assets or fund balances at end of year (line 4 minus line 5) art II, col	umn (b), line 30	. 6	116,686		

Form 990-PF (2011) NEW HAI	MPSHIRE BALL BEARINGS I	OUNDATIO	N		0	2-6 <u>005861</u> Pa	ge 3
Part IV Capital Gains ar	d Losses for Tax on Inve	stment In	ome				
	e kind(s) of property sold (e.g., real est se, or common stock, 200 shs MLC C		(b) How as Purch Dona	hase	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
1a							
b							
С							
d							
e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		• •	in or (loss) (f) minus (g)	
<b>a</b> 0	0			0			C
<b>b</b> 0	0			0			
<u>c</u> 0	0			0			(
<u>d</u> 0	0			0			C
<u>e</u> 0	0	L <u>.</u>	<del></del>	0			
Complete only for assets show	ving gain in column (h) and owne	d by the found	ation on 12/31	1/69		ol (h) gain minus	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ccess of col (i) col (j), if any		col (k), but not less than -0-) of Losses (from col (h))		
<u>a</u> 0	0			0			
<b>b</b> 0	0			0			
<u>c</u> 0	0			0			
<u>d</u> 0	0			0			
<u>e</u> 0	0	<del></del>					
2 Capital gain net income or			Part I, line 7 Part I, line 7	}			C
3 Net short-term capital gain	or (loss) as defined in section	ns 1222(5) a	nd (6):	. 1			
If gain, also enter in Part I,	line 8, column (c) (see instruc	ctions). If (lo	ss), enter -0-	. ] [			
	·		<u> </u>	J 3	<u> [</u>		
Part V Qualification Und	<u>ler Section 4940(e) for Re</u>	educed Ta	on Net In	<u>vestment</u>	Income		
(For optional use by domestic	·	the section	4940(a) tax (	on net inve	estment income	e.)	
If section 4940(d)(2) applies, le	eave this part blank.						
Was the foundation liable for the state of t			-	=	e base period?	Yes X No	כ
					aking any ontri		
(a)	ount in each column for each	year, see in	e instructions	s before m	aking any enui	(d)	
Base period years	(b)	na Not va	(c) ue of noncharita	blo upo gosof	_ Du	stribution ratio	
Calendar year (or tax year beginning i					(COI (D)	divided by col (c))	
2010		1,500		108,64		0 105	
2009		7,000		98,80		0.172	
2008		2,750		95,37		0.238	
2007		5,250		89,90		0.169	
2006		9,029	<del></del>	82,41	15	0.230	1892
0 Takal af line 4 and						0.040	2055
2 Total of line 1, column (d)					2	0.916	1953
	or the 5-year base period livi				,	0.403	2004
the number of years the lo	undation has been in existend	e ii iess ma	ib years .		3	0.183	139
4 Enter the net value of nonc	haritable-use assets for 2011	from Part X	, line 5		4	115	,403
5 Multiply line 4 by line 3 .					5	21	,164
	t income (1% of Part I, line 27				6		
	•	~, · · ·					
7 Add lines 5 and 6					7		,164
8 Enter qualifying distribution If line 8 is equal to or great	ns from Part XII, line 4 .... er than line 7, check the box i				8 at part using a		,000
the Part VI instructions	2 , oon allo box !		,		F		

See Statement 5

their names and addresses .

10

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

4b

Pa	rt VII	-B Statements Regarding Activities	es for Which Forn	n 4720 May Be R	equired (continued)	
	Durin	g the year did the foundation pay or incur any Carry on propaganda, or otherwise attempt to	amount to influence legislation (	section 4945(e))?	. Yes X	] No
		Influence the outcome of any specific public on, directly or indirectly, any voter registration		955), OF to Carry	Yes X	No l
	(4)	5	a charitable, etc , orga	nization described	. Yes X	
		In section 509(a)(1), (2), or (3), or section 494 Provide for any purpose other than religious,			· [_] Yes [X	No
h		educational purposes, or for the prevention or answer is "Yes" to 5a(1)?5), did any of the tri	-			No
-	-	ilations section 53 4945 or in a current notice i		-		5b N/A
	_	nizations relying on a current notice regarding			<b>▶</b>	
c	_	answer is "Yes" to question 5a(4), does the fo				·
Ĭ	tax be	ecause it maintained expenditure responsibilities," attach the statement required by Regulation	y for the grant?		Yes	] No
6a		he foundation, during the year, receive any fur iiums on a personal benefit contract?	nds, directly or indirectl	y, to pay 	Yes X	No No
b		he foundation, during the year, pay premiums, es" to 6b, file Form 8870	directly or indirectly, o	n a personal benefit		6b X
		y time during the tax year, was the foundation	• •			No La
		es," did the foundation receive any proceeds o				7b
P	art V	<del></del>	Directors, Truste	es, Foundation	Managers, Highly Pai	d Employees,
		and Contractors				
_1_	List	all officers, directors, trustees, founda				<del>,</del>
		(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
			PRESIDENT 00	0	0	0
		3 PETERSEN	TREASURER .00	0	0	0
RIC	HARI	D CONNER	SECRETARY 00	0	o	0
		ROLEAU MARCIN	TRUSTEES 00	0	0	0
2		npensation of five highest-paid employ r "NONE."	rees (other than the	ose included on li	ne 1 ee instructions). I	f none,
(a	Name	and address of each employee paid more than \$50,0	(b) Title, and avera hours per week devoted to position	(c) Compensati	on (d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NO	ŅĒ					
·						
Tot	al nur	mber of other employees paid over \$50,0	000			1

Form 990-PF (2011) NEW HAMPSHIRE BALL BEARINGS FOUNDATION	02-6005861 Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pai	d Employees,
and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
***************************************	0
	0
	0
	0
	<u></u>
	0
Total number of others receiving over \$50,000 for professional services	<u> </u>
	<del></del> _
Part IX-A Summary of Direct Charitable Activities	
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
1 The foundation is solely engaged in grant making activities.	
2	
3	
4	
• • • • • • • • • • • • • • • • • • • •	
Part IX-B Summary of Program-Related Investments (see instructions)	<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
4 NONE	
I NONE	
•••••••••••••••••••••••••••••••••••••••	
2	<del> </del>
*	
All other program-related investments See instructions	<del> </del>
3	
	0
Total. Add lines 1 through 3	0

Form **990-PF** (2011)

Pai	Minimum Investment Return (All domestic foundations must complete this part Foreign	ın foundatio	ns,
	see instructions.)		
1	Fair'market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	<del></del>
b	Average of monthly cash balances	1b	117,160
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	117,160
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	<u>117,160</u>
4	Cash deemed held for charitable activities  Enter 1 ?% of line 3 (for greater amount, see		
	Instructions)	4	1,757
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	. 5	115,403
6	Minimum investment return. Enter 5% of line 5	6	5,770
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here 🕒 🔲 and do not complete this part )		···
1	Minimum investment return from Part X, line 6	1	5,770
2a	Tax on investment income for 2011 from Part VI, line 5	0	
b	Income tax for 2011 (This does not include the tax from Part VI) .	0	
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	5,770
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4 .	5	<u>5,770</u>
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	5,770
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		05.000
а	Expenses, contributions, gifts, etc otal from Part I, column (d), line 26	1a	25,000
b	Program-related investments otal from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0.5.000
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	25,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	•
_	Income Enter 1% of Part I, line 27b (see instructions)	5	25.000
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	25,000
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo	undation	
	qualifies for the section 4940(e) reduction of tax in those years		

Eli	VIII Undistributed incom	e (see instructions)			<del></del>	
1	Distributable amount for 2011 fro	om Part XI,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
	line 7					5,770
2	Undistributed income, if any, as o	of the end of 2011	}	-		
a	Enter amount for 2010 only				0	
	Total for prior years 20,			0		
3	Excess distributions carryover, if	-				
а	From 2006	14,923	J	J		
þ	From 2007 .	10,768				
¢	From 2008	17,990				
þ	From 2009	12,065				
е	From 2010	6,072				
f	Total of lines 3a through e		61,818			
4	Qualifying distributions for 2011 f	from Part		·		
	XII, line 4.	25,000				
a	Applied to 2010, but not more that	an line 2a			0	
b	Applied to undistributed income of	of prior years				
	(Election required ee instruction	ns)		o		
C	Treated as distributions out of co	·				
	required ee instructions) .	· ·	ol			
d	Applied to 2011 distributable ame					5,770
е	Remaining amount distributed ou		19,230			
5	Excess distributions carryover ap	·	0			0
	(If an amount appears in column same amount must be shown in	(d), the				
6	Enter the net total of each coluindicated below:	` ' '				
2	Corpus Add lines 3f, 4c, and 4e	Subtract line 5	81,048			
	Prior years' undistributed income		01,040			
U	<del>-</del>	. Subtract		0		
_	line 4b from line 2b					
C	Enter the amount of prior years'					
	income for which a notice of defi-	· [				
	been issued, or on which the sec	` '			İ	
	tax has been previously assesse			····		
a	Subtract line 6c from line 6b Tax	kable			ļ	
	amount ee instructions			0		······································
е	Undistributed income for 2010 S					
	4a from line 2a. Taxable amount	ee			_	
	instructions	· · <u> </u> _		<u> </u>	0	
f	Undistributed income for 2011 S	Subtract				
	lines 4d and 5 from line 1. This a	mount must				
	be distributed in 2012					0
7	Amounts treated as distributions	out of				
	corpus to satisfy requirements in	posed by		ş	}	
	section 170(b)(1)(F) or 4942(g)(3	) (see instructions) .			<u></u>	
8	Excess distributions carryover from	om 2006				
	not applied on line 5 or line 7 (se	e instructions)	14,923			· · · · · · · · · · · · · · · · · · ·
9	Excess distributions carryover	to 2012.			1	
	Subtract lines 7 and 8 from line 6	Sa	66,125			
10	Analysis of line 9.					
а	Excess from 2007	10,768				
b		17,990				
C	Excess from 2009	12,065			,	
d	Excess from 2010	6,072				
	Excess from 2011 .	19,230				

02-6005861

NEW HAMPSHIRE BALL BEARINGS FOUNDATION

Part XV Supplementary Information (contin	ued)			
3 Grants and Contributions Paid During t	he Year or Approved	for Future F	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		
Name and address (home or business)  a Paid during the year SEE STATEMENT 3	or substantial contributor	Геограни		25,000
Total	1	<u> </u>	<b>▶</b> 3a	25,000
b Approved for future payment				20,000
Total		1	▶ 3b	0

Enter aro	ss amounts unless otherwise indicated.	Unrelated bus	siness income	Excluded by section	n 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
_	im service revenue					
a <u>N/</u>	Α		0		0	
b		.   <u></u>	0	<del></del>	0	0
c			0		0	0
d			0		0	0
е	<del></del>	.	0		0	
f	<del></del>		0		0	0
	es and contracts from government agencies					
2 Memb	ership dues and assessments					
3 Interes	st on savings and temporary cash investments	ļ			L	
	nds and interest from securities .					
5 Net rei	ntal income or (loss) from real estate					
	bt-financed property					
b No	t debt-financed property					
6 Net rei	ntal income or (loss) from personal property .					
	investment income					
8 Gain o	r (loss) from sales of assets other than inventory				0	
9 Net inc	come or (loss) from special events .					
	profit or (loss) from sales of inventory					
11 Other	revenue. a		0	<del></del>	0	0
b			0		0	0
c			0		0	0
d	· · · · · · · · · · · · · · · · · · ·		0	<del></del>	0	<u>`</u>
е			0		0	<u>~</u>
	al Add columns (b), (d), and (e)		0		0	<u> </u>
	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations)		•	•	13	0
	-B Relationship of Activities to the Ac	complishment	of Exempt P	urposes		
Line No.						
	Explain below how each activity for which incom	e is reported in col	umn (e) of Part X			
	Explain below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	umn (e) of Part X			ctions)
	Explain below how each activity for which incom	e is reported in col	umn (e) of Part X			ctions)
<b>V</b>	Explain below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	umn (e) of Part X			ctions )
<b>V</b>	Explain below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	umn (e) of Part X			ctions )
<b>V</b>	Explain below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	umn (e) of Part X			ctions )
<b>V</b>	Explain below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	umn (e) of Part X			ctions )
<b>V</b>	Explain below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	umn (e) of Part X			ctions )
<b>V</b>	Explain below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	umn (e) of Part X			ctions )
<b>V</b>	Explain below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	umn (e) of Part X			ctions )
<b>V</b>	Explain below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	umn (e) of Part X			ictions )
<b>V</b>	Explain below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	umn (e) of Part X			ctions )
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<b>V</b>	Explain below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	umn (e) of Part X			ctions )
<b>V</b>	Explain below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	umn (e) of Part X			ctions )
<b>V</b>	Explain below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	umn (e) of Part X			ctions )
<b>V</b>	Explain below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	umn (e) of Part X			ctions )
	Explain below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	umn (e) of Part X			octions )
	Explain below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	umn (e) of Part X			octions )
	Explain below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	umn (e) of Part X			ictions )
	Explain below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	umn (e) of Part X			ictions )
	Explain below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	umn (e) of Part X			octions )
	Explain below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	umn (e) of Part X			ictions )
	Explain below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	umn (e) of Part X			octions )

## Form 990-PF (2011) NEW HAMPSHIRE BALL BEARINGS FOUNDATION 02-6005861 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

in	secti	organization directly ion 501(c) of the Code cations?								Yes No
aТ	ransfe	ers from the reporting	foundation to	a noncharitable exer	mot organizat	ion of			, ,	
		sh							1a(1)	X
		her assets							1a(2)	$\frac{1}{x}$
	•	ransactions:							10(2/	عنامه
		les of assets to a non	charitable av	amnt organization					1b(1)	X
		rchases of assets from								<del>  x</del>
									1b(2)	
		ntal of facilities, equip							1b(3)	<u> X</u>
		imbursement arrange							1b(4)	X
		ans or loan guarantee							1b(5)	<u> X</u>
•	-	rformance of services		•					1b(6)	X_
c S	harin	g of facilities, equipme	ent, mailing lis	sts, other assets, or p	aid employee	s			1c	<u> </u>
	alue d alue ii	nswer to any of the al of the goods, other as n any transaction or s	sets, or service haring arrang	es given by the report ement, show in colun	rting foundation (d) the value	on, If the ue of the	foundation rece goods, other as	eived less that ssets, or servi	n fair ma ces rece	rket ived.
(a) Lin	e no	(b) Amount involved	(c) Name	of noncharitable exempt org	anization	(d) Descri	iption of transfers, tra	ansactions, and sl	naring arrar	igements
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20 10	the f	oundation directly or i	<u> 1 — — — — — — — — — — — — — — — — — — </u>	atad with or related t	0.000.01.001	o tay ay	mnt organization			
d	escrib	ped in section 501(c) of the complete the following complete the fol	of the Code (d						res X	No
		(a) Name of organization	1	(b) Type of o	organization		(c) De	escription of relation	onship	
								· · ·		
				<u> </u>						
	Un	ider penalties of perjury, I declare	nat I have examined	this return, including accompanying	ng schedules and state	ements, and to	o the best of my knowled	ge and belief, it is true	e.	
٥.	1 00	rrect, and complete Declaration of								
Sign	ן נ	111		11				May the IRS		
Here	e   b	21711		13/14/12	TREASU	סכם		with the prepa		
	- 17 -	Signature of officer or truste		Date	Title	\CK		instructions)?	Yes	No.
		Print ype preparer's n		,	1100		Date		PTIN	
Paid	ı	ype preparer's n	ante	Preparer's signature			, ale	Check I if	] " " " "	
		. 1 1/				- 1	1	self-employed		
Prep		Francis and the last		J	<del>.</del> _			ırm's EIN ▶	1	
Use	Only	v						hone no		
		Firm's address						HOHE HO		

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No 1545-0047

2011

**Employer identification number** 

NEW HAMPSHIRE BALL BEARINGS FOUNDATION 02-6005861 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note, Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For 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% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and 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, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more . . . **▶** \$\_\_\_\_\_\_ . . . . . 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

Part I, 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)

Name of organization Employer identification number

NEW HAN	IPSHIRE BALL BEARINGS FOUNDATION		02-6005861					
Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1	NEW HAMPSHIRE BALL BEARINGS, INC. 9700 INDEPENDENCE AVENUE CHATSWORTH CA 91311 Foreign State or Province Foreign Country	\$24,000	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
. 2	Foreign State or Province. Foreign Country	\$ <u>o</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
3	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
4	Foreign State or Province <sup>-</sup> Foreign Country.	\$ <u>o</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution)					
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
5	Foreign State or Province. Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
6	Foreign State or Province Foreign Country	\$	Person Payroll Occupation (Complete Part II if there is a noncash contribution )					

Name of organization
NEW HAMPSHIRE BALL BEARINGS FOUNDATION

Employer identification number 02-6005861

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
	N/A	\$0				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$0				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$0				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$0				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$0				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$0				

Name of or	-			Employer identification number			
Part III •	PSHIRE BALL BEARINGS FOUNDATION Exclusively religious, charitable, etc.,	individual co	ntributions to section 5	02-6005861 (01(c)(7) (8) or (10) organizations			
. care in	total more than \$1,000 for the year. Col						
	For organizations completing Part III, ento	•		•			
	contributions of \$1,000 or less for the year	ar. (Enter this	information once. See in	structions.) > \$ 0			
<del></del>	Use duplicate copies of Part III if addition	al space is ne	eded.	······································			
(a) No. from	(b) Purpose of gift	(c	e) Use of gift	(d) Description of how gift is held			
Part I				(u) Description of now girt is need			
	N/A						
		(e) T	ransfer of gift				
		(c) Handlet of Site					
	Transferee's name, address, and ZIP + 4 Relationship of			ip of transferor to transferee			
	For Done						
(a) No.	For Prov Country			<del></del>			
from Part I	(b) Purpose of gift	(c	e) Use of gift	(d) Description of how gift is held			
raiti							
		(e) i	ransfer of gift				
	Transferee's name, address, and	71P + 4	Relationsh	ip of transferor to transferee			
		<del></del> -					
(a) No.	For Prov Country						
from	(b) Purpose of gift	(c	e) Use of gift	(d) Description of how gift is held			
Part I		<u> </u>					
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	Transferee's name, address, and ZIP + 4 Relationship of			ip or transferor to transferee			
	For Prov Country						
(a) No. from	(b) Purpose of gift	(c	e) Use of gift	(d) Description of how gift is held			
Part I	(5) ( a.poso o. g			(4, 2000), page 1010			
	(e) Transfer of gift						
	V-V						
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee			
	For Prov Country						

## FINANCIAL STATEMENTS STATEMENT OF FINANCIAL POSITION AS OF 12/31/2011

ASSETS:	BOOK VALUE	FAIR MARKET VALUE
CITIZENS CHECKING ACCOUNT CITIZENS MONEY MARKET ACCOUNT	\$ 2,315 114,371	\$ 2,315 114,371
TOTAL ASSETS	116,686	116,686
LIABILITIES	- 0 -	- 0 -
	\$ 116,686	\$ 116,686

# FINANCIAL STATEMENTS STATEMENT OF OPERATION AS OF 12/31/2011

#### **RECEIPTS AND GAINS:**

CONTRIBUTION RECEIVED INTEREST EARNED OTHER INCOME	\$	24,000 126 5
TOTAL RECEIPTS AND GAINS		24,131
DISBURSEMENTS AND LOSSES:		
TAXES GRANTS		(79) (25,000)
TOTAL DISBURSEMENTS AND LOSSES	•	(25,079)
NET YEAR-TO-DATE		(948)
BEGINNING CAPITAL		117,634
ENDING CAPITAL	\$	116,686

#### FINANCIAL STATEMENTS STATEMENT OF GRANTS AS OF 12/31/2011

		FOUNDATION STATUS OF	PURPOSE OF		
	DATE	RECEIPIENT	GRANT	ΔΝ.	10UNT
	DATE	RECEIPTENT	GRANT		100111
Laconia Area Community Land Trust, Inc.	2-09	PUBLIC	OPERATIONS	\$	2,500
Monadnock Babe Ruth Baseball	2-09	PUBLIC	OPERATIONS		500
North Valley Family YMCA	2-09	PUBLIC	OPERATIONS		2,500
Pepperdine University	2-09	PUBLIC	OPERATIONS		3,000
Harry Gregg Foundation	2-09	PUBLIC	OPERATIONS		1,000
The Mayhew Program	2-09	PUBLIC	OPERATIONS		500
The River Center	2-09	PUBLIC	OPERATIONS		500
Y.E.S.S. Youth Educational Sports Scholarship	3-29	PUBLIC	OPERATIONS		500
Boys and Girls Club of Simi Valley	3-29	PUBLIC	OPERATIONS		250
Spaulding Youth Center	3-29	PUBLIC	OPERATIONS		1,500
Pine Hill Child Care Center	3-29	PUBLIC	OPERATIONS		500
Mariposa Museum	3-29	PUBLIC	OPERATIONS		500
Regional Center for Advanced Manufacturing Education	3-29	PUBLIC	OPERATIONS		2,500
Laconia Area Community Land Trust, Inc.	12-10	PUBLIC	OPERATIONS		2,500
Pancreatic Cancer Action Network	12-10	PUBLIC	OPERATIONS		250
The Grapevine	12-10	PUBLIC	OPERATIONS		3,000
Monadnock at Home	12-10	PUBLIC	OPERATIONS		500
The Mayhew Program	12-10	PUBLIC	OPERATIONS		500
Mariposa Museum	12-10	PUBLIC	OPERATIONS		500
Liberty House	12-10	PUBLIC	OPERATIONS		500
Society for the Protection of New Hampshire Forests	12-10	PUBLIC	OPERATIONS		500
MEND (Meet Each Need with Dignity)	12-10	PUBLIC	OPERATIONS		500
TOTAL				\$	25,000

PART I - ANALYSIS OF REVENUES AND EXPENSES
LINE 18 - TAXES
AS OF 12/31/2011

PART I, LINE 18 - TAXES:

FEDERAL EXCISE TAX	\$
STATE OF NEW HAMPSHIRE ANNUAL FEE	
	\$

4

# PART VII-A - STATEMENTS REGARDING ACTIVITIES LINE 10 - SUBSTANTIAL CONTRIBUTOR AS OF 12/31/2011

#### PART VII-A, LINE 10 - SUBSTANTIAL CONTRIBUTOR:

NEW HAMPSHIRE BALL BEARINGS, INC. STATE OF NEW HAMPSHIRE ANNUAL FEE \$ 24,000

Contributions	
January	\$ 2,000
February	2,000
March	2,000
April	2,000
May	2,000
June	2,000
July	2,000
August	2,000
September	2,000
October	2,000
November	2,000
December	2,000_
Total	\$ 24,000

# FINANCIAL STATEMENTS INTEREST INCOME AS OF 12/31/2011

	VALUE	
MONTH		
January	\$	25
February		11
March		9
April		9
May		9
June		8
July		9
August		9
September		9
October		9
November		9
December		10
Total	\$	126

PART XV - SUPPLEMENTARY INFORMATION
LINE 2 - INFORMATION REGARDING CONTRIBUTION, GRANT, SUBSTANTIAL CONTRIBUTOR
GIFT, LOAN, SCHOLARSHIP, ETC., PROGRAMS
AS OF 12/31/2011

PART XV, LINE 2 - INFORMATION REGARDING CONTRIBUTION, GRANT, GIFT, LOAN, SCHOLARSHIP, ETC., PROGRAMS

a. GRANT REQUESTS SHOULD BE ADDRESSED TO:

RICHARD CONNER, TRUSTEE
NEW HAMPSHIRE BALL BEARINGS, INC.
9700 INDEPENDENCE AVENUE
CHATSWORTH, CA 91311

- b. GRANT REQUEST SHOULD BE IN WRITING AND SUPPORTED BY FINANCIAL STATEMENTS AND/OR DESCRIPTIONS.
- c. GRANT REQUESTS ARE GENERALLY ACTED ON MONTHLY, NO LESS THAN QUARTERLY.
- d. GRANTS ARE MADE ONLY TO CHARITABLE ORGANIZATIONS FAVORING THOSE BENEFITTING AREAS OF SUBSTANTIAL NHBB EMPLOYMENT, (PETERBOROUGH, JAFFREY, AND LACONIA, NH AND CHATSWORTH, CA) BUT NOT LIMITED THERETO. GRANT AMOUNTS DEPEND ON FUNDS AVAILABLE AND REQUESTOR'S NEED, CAUSE, MANAGEMENT QUALITY AND FINANCIAL STATUS.

LINES NOT COMPLETED PER SPECIAL RULES FOR FOUNDATIONS SOLELY ENGAGED IN GRANT MAKING ACTIVITY.

**STATEMENT 7**