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_{Fòm} 990-РF

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

or calendar year 2011 or tax year beginning , and ending									
Name of foundation					A Emplo	yer identification number			
						0000440			
		nan Family Foundation		33-0777149 B Telephone number (see instructions)					
Number and street (or P O box number if mail is not delivered to street address) 16000 Horizon Way 100						none number (see instructions	5)		
		Horizon Way state, and ZIP code		.00					
-		: Laurel NJ 08054			C If exer	nption application is pending,	check here		
			- of a farmer public of	horitr					
ai (песк а		n of a former public c	папцу		reign organizations, check he	J		
		Final return Amended			1	reign organizations meeting to test, check here and attach			
		X Address change Name cha			65	76 lest, crieck nere and attach	Computation		
_	-	/pe of organization: 🗶 Section 501(c)(3) exempt private	foundation			ate foundation status was tern	ninated under		
<u></u>	ection	4947(a)(1) nonexempt charitable trust Other taxable	e private foundation		section	n 507(b)(1)(A), check here	▶ [_]		
Fa	ir mark	tet value of all assets at J Accounting method:	Cash X Acc	rual	F If the f	oundation is in a 60-month te	mination		
en	d of ye	ar (from Part II, col. (c), Other (specify)			under	section 507(b)(1)(B), check h	ere L		
lin	e 16) 🕨	\$ 694 (Part I, column (d) must	be on cash basis.)		L				
Pa	rt I 🚓		(a) Revenue and	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements for chantable		
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	incor		income	purposes		
			104,300		*1 187	» < ·· »3	(cash basis only)		
		Contributions, gifts, grants, etc., received (attach schedule)	104,300	1- 55 CAR.	1 Sec. 2				
		Check ► X if the foundation is not required to attach Sch. B	**** **	11 /APA		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1		
		Interest on savings and temporary cash investments	13		13	13			
je Te	_	Dividends and interest from securities	13	 	13	13			
		Gross rents	Fire the state of		24 (%)		* *		
		Net rental income or (loss)	31 - 22 23	1 10007	'a .				
	1	Net gain or (loss) from sale of assets not on line 10 Stmt 1	-13,014						
Revenue		Gross sales price for all assets on line 6a 174,339				25 1991 N 2			
		Capital gain net income (from Part IV, line 2)			<u>0</u> ~هُرُّ نِيْ الْمُرَّانِ				
	ı	Net short-term capital gain			, ,,,,	0	5 . 21		
	9	Income modifications				-4 0 0	137 8 G 11 15 14		
	10a	Gross sales less returns & allowances	* ***						
	ľ	Less: Cost of goods sold			, ~	*** <u> </u>	 		
	ı	Gross profit or (loss) (attach schedule)		, " %""3	all the state of t				
	11	Other income (attach schedule)		<u> </u>					
	12	Total. Add lines 1 through 11	91,299		13	13	* * .		
Ś	13	Compensation of officers, directors, trustees, etc		<u>'</u>					
xbeuses	14	Other employee salaries and wages		 					
ĕ	15	Pension plans, employee benefits		 		RECEIV			
찚	16a	Legal fees (attach schedule)	1 050	 			- 8 		
ē	b	Accounting fees (attach schedule) Stmt 2	1,050			R NOV 19	(012 0		
Ę	C	Other professional fees (attach schedule) Stmt 3	2,000	' -		MOA TO	<u> </u>		
Administrative	17	Interest	<u> </u>				lœ		
Ę.	18	Taxes (attach schedule) (see instructions) Stmt 4	35	<u> </u>		OGDEN	UT		
Ē	19	Depreciation (attach schedule) and depletion		 			* 1		
\$	20	Occupancy	<u> </u>	 		<u> </u>			
	1521	Travel, conferences, and meetings		 		<u> </u>			
and	 2 2	Printing and publications		.	4 555	 	 		
D D	23	Other expenses (att sch) Stmt 5	1,716	<u> </u>	1,527	 	 		
aţii	Þ24	Total operating and administrative expenses.		.1	4	1 -	1 _		
9	E	Add lines 13 through 23	4,801		1,527	0			
Q	.25	Contributions, gifts, grants paid	131,610				131,610		
	23 24 25 26 17 NB DB C	Total expenses and disbursements. Add lines 24 and 25	136,411		1,527		 		
	27	Subtract line 26 from line 12.		* '	A C	ž ~			
	₹a	Excess of revenue over expenses and disbursements	-45,112	*s*	^-	<u> </u>	2 2		
	Qb	Net investment income (if negative, enter -0-)		1 1 1 1 1 1 1	0		<u> </u>		
	D'AC	Adjusted net income (if negative, enter -0-)	. # 52 5 E	T **,	, · · / · · · · · · · · · · · · · · · ·	13	F 34 2 7		

Fo	rm 990	PF (2011) Hassman Family Foundation			33-07771	49		Page 2
Ξ					Beginning of year		End o	f year
L	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			(a) Book Value	(b) Book Value		(c) Fair Market Value
٦	1	Cash—non-interest-bearing						
	2	Savings and temporary cash investments			50,855		382	382
ĺ	3	Accounts receivable ▶						
١		Less, allowance for doubtful accounts ▶						
1	4	Pledges receivable ▶	•					
ļ	•	Less: allowance for doubtful accounts						
	5	Grants receivable	•					
	6	Receivables due from officers, directors, trustees, and other						
- [disqualified persons (attach schedule) (see						
ı		instructions)						u.
١	7	Other notes and loans receivable (att schedule)				- ;		8 , 4 4
J	•	Less. allowance for doubtful accounts	()				
,,	8	Inventories for sale or use	•	•				
Assets	9	Prepaid expenses and deferred charges						
ş	10a	Investments—U.S and state government obligations (attach schedule)						
٦)		Investments—corporate stock (attach schedule)						
- [b	Investments—corporate stock (attach schedule)						
J	C 11	• • • • • • • • • • • • • • • • • • • •				,		
-	11	Investments—land, buildings, and equipment basis			in the second se	***************************************		
J	40	Less accumulated depreciation (attach sch.)			- 	· · · · · · · · · · · · · · · · · ·		
Ì	12	Investments—mortgage loans Investments—other (attach schedule) See Statement 6			492		389	312
]	13		•		»	Maria W	303	312 31 41 445
1	14	Land, buildings, and equipment basis			<u> </u>			
	4-	Less accumulated depreciation (attach sch.)						
	15	Other assets (describe)				
	16	Total assets (to be completed by all filers—see the			51,347		771	694
\dashv	17	instructions Also, see page 1, item I)			31,347			- 24 A
ŀ	18	Accounts payable and accrued expenses						
ŭ	19	Grants payable Deferred revenue						
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons						
ğ	21	Mortgages and other notes payable (attach schedule)						
Ë	22	Other liabilities (describe See Statement 7	7)	5,464			
	23	Total liabilities (add lines 17 through 22)		'	5,464			
٦	23	Foundations that follow SFAS 117, check here	• [T	3,101			
Š		and complete lines 24 through 26 and lines 30 and 31.	٠ ـ	1				
ည	24	Unrestricted						1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
ā	25	Temporarily restricted				· -		
B	26	Permanently restricted						
nď			▶ [ΧÌ				
교		and complete lines 27 through 31.	- [=				J. Charles
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds						\$ 1 \partial 2 \text{ \ \text{ \ \text{ \ \text{ \
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund						
SS	29	Retained earnings, accumulated income, endowment, or other funds			45,883		771	
t A	30	Total net assets or fund balances (see instructions)			45,883		771	
Ne	31	Total liabilities and net assets/fund balances (see						學學",於一四
	.	instructions)			51,347	' 	771	
	Part		es	_			_	<u> </u>
_		net assets or fund balances at beginning of year—Part II, column (a), line		mu	st agree with			
-		of-year figure reported on prior year's return)	,		-		1	45,883
2		r amount from Part I, line 27a					2	-45,112
		r increases not included in line 2 (itemize) ▶					3	
		lines 1, 2, and 3					4	771
		eases not included in line 2 (itemize)					5_	
_6	Tota	net assets or fund balances at end of year (line 4 minus line 5)—Part II, c	olum	ın (b), line 30		6	771

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

131,610

6

Add lines 5 and 6

Part_VI instructions

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)						
1a						}	
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)						
b							
	here ▶ X and enter 1% of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of						
	Part I, line 12, col. (b).					_	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0	
3	Add lines 1 and 2	3_					
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				<u> </u>	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5_				0	
6	Credits/Payments·	Ů	ľ		•	1	
а	2011 estimated tax payments and 2010 overpayment credited to 2011			16		3,	
b	Exempt foreign organizations—tax withheld at source	* 5		7	,	• ,	
C	Tax paid with application for extension of time to file (Form 8868)	ì	.s }	,	*	٠, ١	
đ	Backup withholding erroneously withheld		 				
7	Total credits and payments. Add lines 6a through 6d	7					
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10					
11_	Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶ Refunded ▶	11					
	rt VII-A Statements Regarding Activities			49.7			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			À 4 ,	Yes	No_	
	participate or intervene in any political campaign?			1a		<u>x</u>	
þ	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		<u>X</u>	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			P			
	published or distributed by the foundation in connection with the activities.						
С	c Did the foundation file Form 1120-POL for this year?						
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. ▶ \$	_	,	jj	3.43	3345	
0	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				Mr		
	on foundation managers \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X	
	If "Yes," attach a detailed description of the activities.			, ## `		*	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				سنتسد		
_	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u>x</u>	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		NT / N	4a		X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		<u>x</u>	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			_5	.8		
_	If "Yes," attach the statement required by General Instruction T				. A.		
6	6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or By language in t				હે		
	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? 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 7 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 Pa	III AV		", ;	<u> </u>	/\$~.	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				, ,		
				` ~	ν×,	,24	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			0L	x		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b		7.5	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			[**	*	1	
	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"					x	
10	Complete Part XIV			9			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			ا ۱٫۰		x	
	names and addresses			10)A. DE	(2011)	

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

foundation had excess business holdings in 2011.)

Form 990-PF (2011)

X

3b

4a

4b

N/A

4a

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) Ba During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X N	•		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	٥		1 1
(,, ==,, =, 1, =, ==, ==, ==, ==, ==, ==,	٥		1 1
(2) Influence the outcome of any specific public election (see section 4955); or to carry on,		1,	
directly or indirectly, any voter registration drive?	o		1 1
(3) Provide a grant to an individual for travel, study, or other similar purposes?	0	1	1 1
(4) Provide a grant to an organization other than a charitable, etc., organization described in	[•	[1 1
section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)	0		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational		-	
purposes, or for the prevention of cruelty to children or animals?	0	-	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in			
Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	A 5	b	<u> </u>
Organizations relying on a current notice regarding disaster assistance check here			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax	_	·]	
because it maintained expenditure responsibility for the grant? N/A Yes N	o 🖟		**
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	5 ₀		, 22
Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums	,		
on a personal benefit contract?	o		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6	b	X_
If "Yes" to 6b, file Form 8870	^	* .	
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes 🗓 Yes	o	- 4-	2 5
b If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	A 7	'b 📗	<u> </u>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emp	loyee	s,	
and Contractors			
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).			
(b) Title, and average (c) Compensation (d) Contribution		-\ Eve	cooperant
(a) Name and address hours per week devoted to position -0-) employee bet plans and defe		e) Expense other allow	
compensation of the compen	n		
Cheryl Hassman Boca Raton President			
3760 Coventry Lane FL 33496 5.00 0	0		0
Allyson Davis Moorestown Board Member			
410 Salem Crossing Rd NJ 08054 0.25 0	0		0
Mark Simowitz San Diego Board Member			
10190 Telesis Ct CA 92101 0.25 0	0		0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter			
"NONE."			
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week (c) Compensation employee by		e) Expense	account,
(a) Name and address of each employee paid more than \$50,000 hours per week devoted to position compensation compensation		other allow	vances
	"		
NONE			
	-+-		
	[
	-+		
	_		
otal number of other employees paid over \$50,000		ightharpoonup	0
	Form	990-P	

	1) Hassman Family Foundation	33-0777149	Page 7
Part VIII	Information About Officers, Directors, Trustees, Fo	undation Managers, Highly Paid E	Employees,
	and Contractors (continued)		
3 Five highes	t-paid independent contractors for professional services (see in	nstructions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
none			
		ļ	
			
			
Total number of o	thers receiving over \$50,000 for professional services		
Part IX-A	Summary of Direct Charitable Activities		
	our largest direct chantable activities during the tax year include relevant statistical inform ter beneficianes served, conferences convened, research papers produced, etc	ation such as the number of	Expenses
1 N/A			
2			
			1
			
3			
4		······································	
Part IX-B	Summary of Program-Related Investments (see in	structions)	
	est program-related investments made by the foundation during the tax year on lines 1 and	2	Amount
1 N/A			
			
2			
All other program-rel	ated investments. See instructions		
3			

Total. Add lines 1 through 3

Fom	1 990-PF (2011) Hassman Family Foundation 33-0777149		Page 8
P	Minimum Investment Return (All domestic foundations must complete this part. Foreign	ın fou	indations,
	' see instructions.)	1	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	7.7	
	purposes:		
а	Average monthly fair market value of securities	<u>1</u> a	0
b	Average of monthly cash balances	1b	0
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and	A 4 6	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2011 from Part VI, line 5	-	
b	Income tax for 2011. (This does not include the tax from Part VI)	1.	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	O
<u></u>			<u></u>
₽ Pa	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	<u> </u>	
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	_1a	131,610
þ	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	l	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	نىد ئۇسىڭ	
a	Suitability test (prior IRS approval required)	За	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	131,610
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	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	131,610
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	ation	
	qualifies for the section 4940(e) reduction of tax in those years.		

F	990-PF(2011) Hassman Fami	lv Foundati	on	33-07771	49	Page 9
		(see instructions)				
Pa	rt XIII Undistributed Income	(Sec instructions)	(a)	(b)	(c)	(d)
	min i i i i i i i i i i i i i i i i i i	,	Corpus	Years prior to 2010	2010	2011
1	Distributable amount for 2011 from Part X	\'\				0
	line 7	4 44 00111				
2	Undistributed income, if any, as of the en	a of 2011:				
а	Enter amount for 2010 only					
þ	Total for prior years: 20, 20				_ =	
3	Excess distributions carryover, if any, to 2			•		•
а	From 2006	8,240		•		7
b	From 2007	64,915	•		•	1
С	From 2008	103,248	,		•	* ′
d	From 2009	40,171	*	>	7	
е	From 2010	31,515	040 000	* * *	*	,:
f	Total of lines 3a through e	-	248,089			
4	Qualifying distributions for 2011 from Par	rt XII,	.,	. • 7 🐩 -	, š <u>.</u>	, , ,
	line 4: ▶ \$131,610		3 4	7 4 - 3		**
а	Applied to 2010, but not more than line 2	a Į			3 2 /	
b	Applied to undistributed income of prior y	/ears	* * *		, , , , ,	s & * *
	(Election required—see instructions)		* "			
С	Treated as distributions out of corpus (E	lection				/ 'Q 2 %
	required—see instructions)			* (<u> </u>
d	Applied to 2011 distributable amount		* '.	\$ ~~ \$* · **		
е	Remaining amount distributed out of con	pus	131,610		**************************************	* * * · · · · ·
5	Excess distributions carryover applied to			· · · · · · · · · · · · · · · · · · ·	V 18 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* * * * *
	(If an amount appears in column (d), the					
	amount must be shown in column (a).)					
6	Enter the net total of each column as		Mark San San			
_	indicated below:	,				
а	a title of the and to Culptus	ct line 5	379,699	The state of the s	Mary Service of Mary Mary Mary Mary Mary Mary Mary Mary	-3% 25% - 46% 1
	Prior years' undistributed income. Subtra		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	line 4b from line 2b		2,2 (2 M - 80 M		the state of the state of	1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
c		buted	and the state of the state of			
•	income for which a notice of deficiency I			,		
	been issued, or on which the section 49					
	tax has been previously assessed	• •			TA No.	
	Subtract line 6c from line 6b. Taxable			;		
	amount—see instructions					1
•	Undistributed income for 2010. Subtract	t line				
	4a from line 2a. Taxable amount—see				~	
	Instructions					
1		t lines	* ** ** **			•
	4d and 5 from line 1. This amount must					
	distributed in 2012		· * · / ×			0
7	Amounts treated as distributions out of	corpus			,	
•	to satisfy requirements imposed by sec					
	170(b)(1)(F) or 4942(g)(3) (see instructi			· / · · · · · · · · · · · · · · · · · ·	· * / * · * ?	C. H. C. M.
8	Excess distributions carryover from 200			w	****	
·	applied on line 5 or line 7 (see instruction		8,24	o <u> </u>	4 w ~ 2 %	Ja 50 130 5
9	Excess distributions carryover to 20			~ M ~ .		* 4 * * * *
3	Subtract lines 7 and 8 from line 6a		371,45	L.	A- 2. "	
10	Analysis of line 9.			b	1 - 10 1	
		64,91	l' '			* < 5 * .
a		103,248	-			*
b	- , , , , , , , , , , , , , , , , , , ,	40,17	-		4	
•		31,51	-		*	
C		131,61	-			
	Excess from 2011		<u> </u>			Form 990-PF (201

unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

The name, address, and telephone number of the person to whom applications should be addressed:

N/A

The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines.

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

N/A

Part XV Supplementary Information (continued) 3 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 reapient Name and address (home or business) or substantial contributor a Paid during the year Devereux Foundation Public Donation 103,990 Congregation Beth El Church Donation 18,425 Various Public Charities Public Donation 9,195 131,610 ▶ 3a **b** Approved for future payment N/A **▶** 3b Total

inter gross am	nounts unless otherwise indicated.	Unrelated	d business income	Exclude	d by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
_	ervice revenue:					(Occ manucions)
		-				
		-				
		-				
		-		+		
. ——		-		 -		
g Fees 3	and contracts from government agencies	-				
•	ip dues and assessments	 		 		
	savings and temporary cash investments			1		
	and interest from securities			14	13	
	income or (loss) from real estate:	>_ 5-	, ,	2	. **	<u> </u>
	nanced property					
	bt-financed property					
	income or (loss) from personal property					
	stment income					
8 Gain or (lo	ss) from sales of assets other than inventory					-13,014
9 Net income	e or (loss) from special events		<u> </u>			
O Gross prof	it or (loss) from sales of inventory					
1 Other reve	nue. a	_	 			
		_				
c		_				
d		-				
e						
2 Subtotal. A	Add columns (b), (d), and (e)	A ? -:		0 🚈 🦯	13	-13,014
					13 _	-13,001
	line 12, columns (b), (d), and (e)					
See workshee	et in line 13 instructions to verify calculations.)	Accomplishm	ent of Evernet	Purnose		
	Relationship of Activities to the Activities to the Activities to the Activity for which income	ne is reported in co	olumn (e) of Part X\	/I-A contril	es outed importantly to the	
See workshee Part XVI-I Line No. ▼	Relationship of Activities to the Activities to the Accomplishment of the foundation's exempt pure	ne is reported in co poses (other than	olumn (e) of Part X\ by providing funds	/I-A contri for such p	es outed importantly to the urposes) (See instructi	ons)
See workshee Part XVI-I	Relationship of Activities to the Activities to the Activities to the Activity for which income	ne is reported in co poses (other than	olumn (e) of Part X\ by providing funds	/I-A contri for such p	es outed importantly to the urposes) (See instructi	ons)
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See workshee Part XVI-I Line No. ▼	Relationship of Activities to the Activities to the Accomplishment of the foundation's exempt pure	ne is reported in co poses (other than	olumn (e) of Part X\ by providing funds	/I-A contri for such p	es outed importantly to the urposes) (See instructi	ons)
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See workshee Part XVI-I Line No. ▼	Relationship of Activities to the Activities to the Accomplishment of the foundation's exempt pure	ne is reported in co poses (other than	olumn (e) of Part X\ by providing funds	/I-A contri for such p	es outed importantly to the urposes) (See instructi	ons)
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Cowan DiGiacomo & Associates LLC

12000 Lincoln Dr W Ste 203

Marlton, NJ 08053-3403

P00048450

22-3844790

856-596-0585

PTIN

Firm's EIN

Phone no

Use Only

Firm's name

Firm's address

Federal Statements

50141 Hassman Family Foundation 33-0777149 FYE: 12/31/2011

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;	Net on Gain / Loss	\$ -13,040	26	0 \$ -13,014		Charitable	Furbose	\$	0
	Expense Depreciation	·		\$ 0	nting rees	Adjusted	Net	₩.	٥ «
	Cost	187,219 \$	134	187,353 \$	rm 990-PF, Part I, Line 16b - Accounting Fees	Net	Investment	\$	\$
How Received	Sale Price	Purchase 174,179 \$ Purchase	160	174,339 \$	orm 990-PF, Part I		Total	1,050	1,050
otion	Date Date Acquired Sold	1/01/11 12/31/11 \$	1/01/10 12/31/11	_•	Statement 2 - For			χ _γ	.ν.
Description	Whom Sold Ac	TD Ameritrade Activity 1/	1D Americiane accivicy 1/	Total			Description	Indirect Accounting Fees	Total

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Charitable Purpose	w w
Adjusted Net	v v
Net Investment	w w
Total	\$ 2,000
Description	Indirect Other Professional Fees Total

50141 Hassman Family Foundation 33-0777149 FYE: 12/31/2011	Federal S	Federal Statements		11/9/2012 9:59 AM
	Statement 4 - Form 990-	Form 990-PF, Part I, Line 18 - Taxes	axes	•
Description California Tax and Registrations Total	Total	Net Investment	Adjusted Net	Charitable Purpose
Staten	Statement 5 - Form 990-PF, Part I,	art I, Line 23 - Other Expenses	Expenses	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Expenses Investment Expenses Bank Charges Office Supplies Total	1,527 150 39 \$ 1,716	\$ 1,527		
				4-5

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_ __ _

11/9/2012 9:59 AM	Fair Market Value \$ 312	ဖ
	Basis of Valuation Cost	
ements	Statement 6 - Form 990-PF, Part II, Line 13 - Other Investments Beginning Find of Bax S 492 \$ 492 \$ 389 Cos	
Federal Statements	Beginning of Year \$\\ \sqrt{492}\\ \sqrt{492}\\ \sqrt{11}\\ \sqrt{12}\\	
50141 Hassman Family Foundation 33-0777149 FYE: 12/31/2011	Description Mutual Funds Total	

50141 Hassman Family Foundation 33-0777149

Federal Statements

FYE: 12/31/2011

Statement 7 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	Be 	End of <u>Year</u>		
Bank Overdrafts	\$	277 5,187	\$	
Short Options Total	<u></u>	5,464	<u> </u>	
Iocai	Ÿ <u></u>	<u> </u>	Y <u></u>	

11/9/2012 9:59 AM

50141 Hassman Family Foundation 33-0777149 Federal Statements FYE: 12/31/2011	11/9/2012 9:59 AM							
Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000								
Name of Manager	Amount							
NONE Total	\$							
Form 990-PF, Part XV, Line 1b - Managers Who Own 10% or More Stock								
Name of Manager Amount								
NONE Total	\$							

8868

Application for Extension of Time To File an

(Rev January 20	12)	Exem	ipt Orga	anization Heturn		1	OMB No 1	545-170 9
Department of the Internal Revenue		▶ File a	a separate a	application for each return.				
		tomatic 3-Month Extension, comple	te only Pari	Ll and check this box			·····	▶ X
- ·	•		•	emplete only Part II (on page 2 of this i	form).			
	-	-		3-month extension on a previously filed		68.		
		, , g		,,,,,,,,				
Electronic fi	iing (e-file). Yo	u can electronically file Form 8868 if yo	ou need a 3-	-month automatic extension of time to f	ile (6 mon	ths for		
	- •	-		onth extension of time. You can electro				
8868 to requ	est an extensio	n of time to file any of the forms listed i	n Part I or P	art II with the exception of Form 8870,	Informatio	n		
Return for Tr	ansfers Associa	ited With Certain Personal Benefit Con	tracts, whic	h must be sent to the IRS in paper form	at (see			
instructions).	For more detai	ls on the electronic filing of this form, v	isit www.irs.	gov/efile and click on e-file for Charities	& Nonpr	ofits.		
Part I	Automati	c 3-Month Extension of Time	Only sub	omit original (no copies needed)				
A corporation	required to file	Form 990-T and requesting an automa	atic 6-month	extension-check this box and complete	Э			_
Part I only								▶ 🔲
All other corp	orations (includ	ling 1120-C filers), partnerships, REMI	Cs, and trus	ts must use Form 7004 to request an e	xtension (of time		
to file income	tax returns.							
				Enter filer's	identify	ing numbe	er, see in	structions
Type or	Name of exe	empt organization or other filer, see ins	tructions.		Emplo	yer identifica	ition numbe	r (EIN) or
print								
File by the	the HASSMAN FAMILY FOUNDATION X 33-0777149							
Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (Social security number (Social security number)						nber (SSN)		
return See		LEM CROSSING ROAD			Ш			
instructions	1 7	r post office, state, and ZIP code. For a	-					
	MOORES	NJ NWOTE	08057	<u> </u>				
Enter the Re	turn code for the	e return that this application is for (file a	a separate a	pplication for each return)				04
Applicatio	n		Return	Application				Return
Is For			Code	Is For				Code
Form 990			01	Form 990-T (corporation)				07
Form 990-	BL		02	Form 1041-A				08
Form 990-	EZ		01	Form 4720				09
Form 990-	PF		04	Form 5227				10
Form 990-	T (sec 401(a) c	r 408(a) trust)	05	Form 6069				11
Form 990-	T (trust other th	an above)	06	Form 8870				12
		The Foundation						
		410 Salem Crossing Re	oad					
 The books 	s are in the care of	▶ Moorestown				ŊJ	0805	7
				_				
•		9-280-4277	FAX No					. —
		not have an office or place of business						▶ ∐
		um, enter the organization's four digit (this is			
	group, check t		the group,	check this box	ch			
		Ns of all members the extension is for.		 	_			
•		3-month (6 months for a corporation r	-					
	•	• •	m for the or	ganization named above. The extension	is is			
	organization's							
	calendar year	or						
	ı							
▶⊔	tax year begir			пі п				
	-	in line 1 is for less than 12 months, ch	eck reason:	Initial return Final return				
	Change in acco				- 1	ι	 .	
		r Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, ente	er the tentative tax, less any	_ ا	1.		^
		See instructions.		formula later and a second	3a	\$		0
		r Form 990-PF, 990-T, 4720, or 6069,]	1.		^
		its made. Include any prior year overpa			3b	\$		0
		et line 3b from line 3a. Include your pay		nis rorm, it requirea, by using				^
EFIP	> (⊫iectronic ⊢e	deral Tax Payment System) See instru	uctions.		3c	1 \$		U

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form 8868 (R	Rev. 1:2012)					Page 2
 If you are 	filing for an Additional (Not Automatic) 3-Month Ex	xtension, co	omplete only Part II and check this bo	x		▶ X
Note. Only co	omplete Part II if you have already been granted an a	utomatic 3-m	onth extension on a previously filed Fo	rm 8868.		_
	filing for an Automatic 3-Month Extension, comple					_
Part II	Additional (Not Automatic) 3-Month E			o copies	needed).	
			Enter filer	s identify	ng number, see i	nstructions
Type or	Name of exempt organization or other filer, see ins	structions.			er identification num	
print	}			, ,		. ,
	HASSMAN FAMILY FOUNDATION	N		🗵 33	-0777149	
File by the	Number, street, and room or suite no. If a P.O. box		ctions.	Social	security number (SSf	4)
due date for filing your	410 SALEM CROSSING ROAD	,			•	•
return See	City, town or post office, state, and ZIP code. For	a foreign add	fress, see instructions.			
Instructions		08057				
						
Enter the Ret	urn code for the return that this application is for (file	a senarate a	ipplication for each return)			04
21101 010 1100	an oode for the retain that the apphication is for (inc.	a soparato t	pproductive			<u></u>
Application		Return	Application			Return
Is For	•	Code	1s For			Code
Form 990		01		# 15 m	Mary and the second of the second	32 33 4
Form 990-E		02	Form 1041-A	(:) -	**** * F - 1 1224	08
Form 990-E		01	Form 4720			09
Form 990-F		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11
	(trust other than above)	06	Form 8870			12
1 01111 930-1	(indistroller than above)	7 00	10111 0070			(2
Telephon If the orga If this is for the whole list with the no If the calc For calc If the ta	are in the care of Moorestown le No. Mo9-280-4277 anization does not have an office or place of business or a Group Return, enter the organization's four digit group, check this box Moorestown is for all members the extension is for st an additional 3-month extension of time until 11 endar year 2011, or other tax year beginning ax year entered in line 5 is for less than 12 months, che change in accounting period in detail why you need the extension itional time is requested accurate return.	Group Exempt of the group /15/12 gheck reason:	ed States, check this box ption Number (GEN) . If this up, check this box , and ending . Initial return . Final return	l attach a	ny 080	▶□
	application is for Form 990-BL, 990-PF, 990-T, 4720, and able credits. See instructions.	or 6069, ent	er the tentative tax, less any	8a	\$	0
	application is for Form 990-PF, 990-T, 4720, or 6069,	_		13/3		
estimat	ted tax payments made. Include any prior year overpa	ayment allov	ved as a credit and any	1 1	ļ	
	t paid previously with Form 8868.			8b	\$	0
c Balanc	ce due. Subtract tine 8b from line 8a. Include your pay	yment with t	nis form, if required, by using EFTPS		}	
(Electro	onic Federal Tax Payment System). See instructions.	·		8c	\$	0
	Signature and Verific	cation mi	ist be completed for Part II or	ılv		
	ies of perjury, I declare that I have examined this form to belief, it is true, correct, and complete, and that I a	n, including a	accompanying schedules and statemer	-	the best of my	
Signature Signature		т	itte CPA		Date ▶ 07	/27/12
						8 (Rev. 1-2012)