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990-PF

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

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

2009

OMB No 1545-0052

For calendar year 2009, or tax year beginning , and ending Initial return of a former public charity G Check all that apply ☐ Final return Initial return Amended return ☐ Address change □ Name change Use the IRS Employer identification number Name of foundation label. amb Family Foundation Inc. 20-3863303 Otherwise. Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see page 10 of the instructions) print c/o Foundation Source, 501 Silverside Road 123 (800) 839-1754 or type. City or town, state, and ZIP code C If exemption application is pending, check here See Specific Instructions. Wilmınaton 19809-1377 D 1. Foreign organizations, check here H Check type of organization X Section 501(c)(3) exempt private foundation 2. Foreign organizations meeting the 85% test, Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation. check here and attach computation F If private foundation status was terminated Fair market value of all assets at end J Accounting method X Cash under section 507(b)(1)(A), check here of year (from Part II, col (c), Other (specify) F If the foundation is in a 60-month termination (Part I, column (d) must be on cash basis) line 16) ▶\$ under section 507(b)(1)(B), check here Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (c) Adjusted net (b) Net investment for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income ıncome purposes the amounts in column (a) (see page 11 of the instructions)) books (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 2 Check ► X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments Dividends and interest from securities 388 388 5 a Gross rents b Net rental income or (loss) evenue -7.4436 a Net gain or (loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a (3,720 00) Capital gain net income (from Part IV, line 2) 0 Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances **6** b Less Cost of goods sold ⊏ c Gross profit or (loss) (attach schedule) Other income (attach schedule) -845 66 12 Total. Add lines 1 through 11 -7.900454 Administrative等的配配 13 Compensation of officers directors trustees, 14 Other employee salaries and wages 15 Pension plans, employee benefits 2010 O က် b Accounting fees (attach schedule) c Other professional fees (attach schedule) 17 Interest Taxes (attach schedule) (see page 14 of the instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings and 22 Printing and publications 23 5.227 176 Other expenses (attach schedule) 5.048 Operating 24 Total operating and administrative expenses. Add lines 13 through 23 5,227 176 5,048 25 Contributions, gifts, grants paid 26 Total expenses and disbursements Add lines 24 and 25 5,227 176 5,048 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements -13,127 278 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)

Dэ	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	Beginning of year	End o	of year
<u>г</u> а		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	1,957	1,081	1,081
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the			
	_	instructions)			
	7	Other notes and loans receivable (attach schedule)			
Assets		Less allowance for doubtful accounts			
SS	8	Inventories for sale or use			
4	9	Prepaid expenses and deferred charges			
	I .	Investments—U.S. and state government obligations (attach schedule)	444.504	407.074	72.520
	l	o Investments—corporate stock (attach schedule) .	111,594	107,871	73,520
		c Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
	4.0	Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans	64.755	FC 227	27.720
	13	Investments—other (attach schedule)	64,755	56,227	27,728
	14	Land, buildings, and equipment basis			
	4-	Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers—see the	470 000	105 170	100.000
	47	instructions Also, see page 1, item I)	178,306	165,179	102,329
	17	Accounts payable and accrued expenses			
S	18	Grants payable			
Liabilities	19	Deferred revenue			
ğ	20	Loans from officers, directors, trustees, and other disqualified persons			
Ë	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe Total liabilities (add lines 17 through 22)			
	23		0	0	
, 0		Foundations that follow SFAS 117, check here			
alances	١	and complete lines 24 through 26 and lines 30 and 31.			
ä	24	Unrestricted			
	25	Temporanly restricted			
<u> </u>	26	Permanently restricted			
Ĭ		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
Net Assets or Fund	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	170,000	40E 470	
SS	29	Retained earnings, accumulated income, endowment, or other funds	178,306	165,179	
۲	30	Total net assets or fund balances (see page 17 of the instructions)	470 000	405 470	
Š	24	· ·	178,306	165,179	
_	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	470 200	4CE 470	
D۵	t III	Analysis of Changes in Net Assets or Fund Balances	178,306	165,179	
		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with		
•		net assets or fund balances at beginning of year—Part II, column (a), line of year figure reported on prior year's return)	oo (must agree with	1	178,30 <u>6</u>
2		amount from Part I, line 27a		2	-13,127
					-13,127
		increases not included in line 2 (itemize)		4	165,179
		eases not included in line 2 (itemize)		5	105,179
		net assets or fund balances at end of year (line 4 minus line 5)—Part II, or	nlumn (h) lung 30		
•	· Juli	included to the buildings of the of year (including of the o)—I are it, of	J. J. III (D), III (D D D		1 <u>65,179</u>

Form 990-PF (2009) Lamb Fan	nily Foundation Inc					20	-3863303	Page 3
Part IV Capital Gains an	d Losses for Tax on Inve	estme	ent Incor	ne				
• •	e kind(s) of property sold (e g , real es se, or common stock, 200 shs MLC ((b) How acquired P—Purchase D—Donation		Date acquired o , day, yr)	(d) Date (mo , da	
1a Publicly-traded Securities	· · · · · · · · · · · · · · · · · · ·							
b Passthrough K1 Capital Gar	in .		-			 		
С								
d								
е		,	<u>.</u>					
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)			r other basis ense of sale			n or (loss) f) minus (g)	
a 246				3,723				-3,477
b -3,966				0				-3,966
_c								
<u>e</u>								
Complete only for assets show	ring gain in column (h) and owne	d by th	e foundation	on on 12/31/69		(I) Gains (Col	(h) gain minu	s
(ı) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		• •	ss of col (i) (j), if any		col (k), but not Losses (fr	less than -0-) om col (h))	or
_a								
b								
С		ļ						
d								
е		L						
2 Capital gain net income or			nter in Pa -0- in Pai		2			-7,443
3 Net short-term capital gain								
If gain, also enter in Part I,	line 8, column (c) (see pages	13 an	nd 17 of tl	ne }				
instructions) If (loss), enter	-0- in Part I, line 8			<u> </u>	3			
Part V Qualification Und	ler Section 4940(e) for Re	<u>educe</u>	ed Tax o	n Net Investm	ent In	come		
(For optional use by domestic p	orivate foundations subject to	the se	ection 494	0(a) tax on net in	vestm	ent income)		
If section 4940(d)(2) applies, le				` ,		•		
		trib i ita	hlo omou	nt of any year in	tha ha	an nariad?	☐ Yes [>	71 No
Was the foundation liable for the					lile ba	se penou?	☐ ies [7	7] 140
If "Yes," the foundation does no	• • • • • • • • • • • • • • • • • • • •						 	
1 Enter the appropriate amo	ount in each column for each	year, s	see page	18 of the instruct	ions b	efore making	any entries	3
(a)	(b)			(c)			(d)	
Base period years Calendar year (or tax year beginning i	Adjusted qualifying distribution	ons	Net value	of nonchantable-use a	ssets		inbution ratio	(c))
2008		6,338		144	,639	(6)		043819
2007		3,019	-		478			020063
2006		5,511			269	······································		055516
2005		0			,172			000000
2004					11.2			000000
200-1						<u> </u>	· · · ·	, 00000
2 Total of line 1, column (d)						2	(119398
3 Average distribution ratio for	or the 5-year base period—div	vide th	e total on	line 2 by 5 or by	, Ի			7 1 10000
	undation has been in existence					3	c	029850
the number of years the lot	andation has been in existence	,C 11 1C.	33 (11011 5	years	F	" 		023000
4 Enter the net value of nonc	haritable-use assets for 2009	from	Part X Jun	o 5		4		87,743
4 Litter the het value of hone	Haritable-use assets for 2005	110111	i ait X, iii		-			07,770
5 Multiply line 4 by line 3						5		2,619
o manapiy mic 4 by mic o					۲			2,010
6 Enter 1% of net investment	income (1% of Part I line 27	'b)			1	6		3
		,						<u> </u>
7 Add lines 5 and 6						7		2,622
					r			
8 Enter qualifying distribution	s from Part XII. line 4					8		5,048
	er than line 7, check the box i	n Part	VI, line 1	b. and complete	that pa		6 tax rate	
the Part VI instructions on i			,	,	P.			

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page	e 18 c	of the i	nstı	uctio	ons)
1 8	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)					
ı	b Domestic foundations that meet the section 4940(e) requirements in Part V, check					
	here ▶ X and enter 1% of Part I, line 27b					
•	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%					
•	of Part I, line 12, col (b)	2			0	
2	, , , , , , , , , , , , , , , , , , , ,	3			3	
3 4		4				
5		5	-	_	3	
6	Credits/Payments	-				
-	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 10					li
	Exempt foreign organizations—tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868)					ł
	Backup withholding erroneously withheld					i
7	Total credits and payments Add lines 6a through 6d	7			10	
8	Enter any penalty for underpayment of estimated tax. Check here	8			0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0			7	
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 7 Refunded ▶ 1	11			0	
Pa	rt VII-A Statements Regarding Activities					
1 :	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?			1a		Χ
1	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		Χ
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					Ì
	published or distributed by the foundation in connection with the activities.		-		-	
	Did the foundation file Form 1120-POL for this year?		⊢	1c		Х
(Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation \$ (2) On foundation managers \$		— ∤			
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		ŀ			
_	on foundation managers \$		-	_		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		⊢	2		X
3	If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles					
J	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes]-	3		
4 :	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<u> </u>	4a		X
	o If "Yes," has it filed a tax return on Form 990-T for this year?		⊢	4b	N/A	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or		l			
	 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	<u> </u>
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	L
8 :	Enter the states to which the foundation reports or with which it is registered (see page 19 of the					
	instructions) ▶ DE					
I	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney		-	_		<u> </u> -
_	General (or designate) of each state as required by General Instruction G? If "No," attach explanation		-	8b	Х	ļ
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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)?				i	"
10	If "Yes," complete Part XIV Did any parsons become substantial contributors during the tay year? If "Yes," attach a schedule listing		-	9		_X_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing			40		_v
	their names and addresses			10		X

Form	990-PF (2009) Lamb Family Foundation Inc 20-386	3303	P	age 5
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		_x
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		_ <u>X</u> _
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Χ_	
14	Website address ► The books are in care of ► Foundation Source Telephone no ►	(800) 839-	.1754
14	Located at ► 501 Silverside Road, Suite 123, Wilmington, DE ZIP+4 ► 19809-1377		1000	11/27.
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			. [
	and enter the amount of tax-exempt interest received or accrued during the year		•	
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			1
	for the benefit or use of a disqualified person)?			j
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			İ
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
-	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,		- 	
	that were not corrected before the first day of the tax year beginning in 2009?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2009?			
h	If "Yes," list the years 20, 20, 20, 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see page 20 of the instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	21-	NI/A	
4-	If the foundation had excess business holdings in 2009)	3b 4a	N/A	X
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	" d		 ^-
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X

	PPF (2009) Lamb Family Foundation In				<u> 20-3863303</u>	Page
Part \	/II-B Statements Regarding Activ		rm 4720 May Be R	Required (continued)		
	ring the year did the foundation pay or incur a	· ·			-	
) Carry on propaganda, or otherwise attemp			Yes X	<∐ No	
(2) Influence the outcome of any specific publ	•	4955), or to carry		.	
	on, directly or indirectly, any voter registra	ion drive?		∐ Yes ∐	<u> </u>	[
(3) Provide a grant to an individual for travel,	study, or other similar p	ourposes?	L Yes ∠	∐ No	
(4) Provide a grant to an organization other th				_ l	
	in section 509(a)(1), (2), or (3), or section	4940(d)(2)? (see page	22 of the instructions)	Yes X	∐ No	
(5) Provide for any purpose other than religiou		-		a	
	educational purposes, or for the prevention	•			<u>⟨</u> No] [
	ny answer is "Yes" to 5a(1)–(5), did any of th	•	•			N/A
	gulations section 53 4945 or in a current notic			of the instructions)?	<u>5b</u>	N/A
	ganizations relying on a current notice regard			▶_	-	
	ne answer is "Yes" to question 5a(4), does the		nption from the	□v □	¬ " -	
	because it maintained expenditure responsit Yes," attach the statement required by Regul	•	-5(d)	Yes	_] No	
	•		• •		i	
	the foundation, during the year, receive any miums on a personal benefit contract?	iunus, unechy or mone	city, to pay	Yes X	₹ No	
•	the foundation, during the year, pay premiur	ns directly or indirectly	on a nersonal henefit		6b	X
	Yes" to 6b, file Form 8870	ns, directly of mairectly	, on a personal benefit	Contract	<u> </u>	
7a Ata	any time during the tax year, was the foundat	on a party to a prohibi	ed tax shelter transacti	on? Yes X	K No	
	es, did the foundation receive any proceeds				7b	N/A
Part					id Employ	ees.
	and Contractors	.,		g,g,		,
1 Lis						
	t all officers, directors, trustees, four	dation managers a	nd their compensat	tion (see page 22 of the	instruction	s).
	t all officers, directors, trustees, four	(b) Title, and average	(c) Compensation	(d) Contributions to		s).
	t all officers, directors, trustees, four	(b) Title, and average hours per week			(e) Expen	
		(b) Title, and average	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expen	se account,
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expen	se account,
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expen	se account,
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expen	se account,
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expen	se account,
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expen	se account,
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expen	se account,
SEE A	(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) Expen other al	se account, lowances
SEE A	(a) Name and address TTACHMENT mpensation of five highest-paid emp	(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) Expen other al	se account, lowances
SEE A	(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) Expen other al	se account, lowances
SEE A	(a) Name and address ITACHMENT mpensation of five highest-paid emplone, enter "NONE."	(b) Title, and average hours per week devoted to position oyees (other than to b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) hose included on li	(d) Contributions to employee benefit plans and deferred compensation ne 1—see page 23 of the (d) Contributions to employee benefit	(e) Expenother all	se account, lowances
SEE A	(a) Name and address TTACHMENT mpensation of five highest-paid emp	(b) Title, and average hours per week devoted to position oyees (other than to b) Title, and average hours per week devoted to position	c (c) Compensation (If not paid, enter -0-) hose included on li erage eek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	(e) Expenother al	se account, lowances
SEE A 2 Co	(a) Name and address ITACHMENT mpensation of five highest-paid emplone, enter "NONE."	(b) Title, and average hours per week devoted to position oyees (other than 1) (b) Title, and average hours per week devoted to position	c (c) Compensation (If not paid, enter -0-) hose included on li erage eek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation ne 1—see page 23 of the (d) Contributions to employee benefit	(e) Expenother al	se account, lowances
SEE A	(a) Name and address ITACHMENT mpensation of five highest-paid emplone, enter "NONE."	(b) Title, and average hours per week devoted to position oyees (other than 1) (b) Title, and average hours per week devoted to position	c (c) Compensation (If not paid, enter -0-) hose included on li erage eek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	(e) Expenother al	se account, lowances
SEE A 2 Co	(a) Name and address ITACHMENT mpensation of five highest-paid emplone, enter "NONE."	(b) Title, and average hours per week devoted to position oyees (other than 1) (b) Title, and average hours per week devoted to position	c (c) Compensation (If not paid, enter -0-) hose included on li erage eek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	(e) Expenother al	se account, lowances
SEE A 2 Co	(a) Name and address ITACHMENT mpensation of five highest-paid emplone, enter "NONE."	(b) Title, and average hours per week devoted to position oyees (other than 1) (b) Title, and average hours per week devoted to position	c (c) Compensation (If not paid, enter -0-) hose included on li erage eek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	(e) Expenother al	se account, lowances
SEE A 2 Co	(a) Name and address ITACHMENT mpensation of five highest-paid emplone, enter "NONE."	(b) Title, and average hours per week devoted to position oyees (other than 1) (b) Title, and average hours per week devoted to position	c (c) Compensation (If not paid, enter -0-) hose included on li erage eek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	(e) Expenother al	se account, lowances
SEE A 2 Co	(a) Name and address ITACHMENT mpensation of five highest-paid emplone, enter "NONE."	(b) Title, and average hours per week devoted to position oyees (other than 1) (b) Title, and average hours per week devoted to position	c (c) Compensation (If not paid, enter -0-) hose included on li erage eek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	(e) Expenother al	se account, lowances
SEE A 2 Co	(a) Name and address ITACHMENT mpensation of five highest-paid emplone, enter "NONE."	(b) Title, and average hours per week devoted to position oyees (other than 1) (b) Title, and average hours per week devoted to position	c (c) Compensation (If not paid, enter -0-) hose included on li erage eek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	(e) Expenother al	se account, lowances
SEE A 2 Co	(a) Name and address ITACHMENT mpensation of five highest-paid emplone, enter "NONE."	(b) Title, and average hours per week devoted to position oyees (other than 1) (b) Title, and average hours per week devoted to position	c (c) Compensation (If not paid, enter -0-) hose included on li erage eek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	(e) Expenother al	se account, lowances

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

Form 990-PF (2009) Lamb Family Foundation Inc		20-38633 <u>03</u> Page /
Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	oundation Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors for professional services (see	name 23 of the instructions) If none ente	r "NONE "
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant s the number of organizations and other beneficianes served, conferences convened, research pa		Expenses
1	<u> </u>	
'		
	•••••	
2		
3		
4	· · · · · · · · · · · · · · · · · · ·	·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··
		
Part IX-B Summary of Program-Related Investments (see page	24 of the instructions)	··· -· · · · · · · · · · · · · · · · ·
Describe the two largest program-related investments made by the foundation during the tax year	r on lines 1 and 2	Amount
1		
2		·
All other program-related investments See page 24 of the instructions		
3		
Total. Add lines 1 through 3		0
I Otali Add III (CS LIII (CUGII)		U

Form **990-PF** (2009)

Average of monthly cash balances

Total (add lines 1a, b, and c)

1c (attach detailed explanation)

Fair market value of all other assets (see page 24 of the instructions)

Reduction claimed for blockage or other factors reported on lines 1a and

Average monthly fair market value of securities

Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,

Part X

purposes

1

Dos Lamb Family Foundation Inc	20-3863	
Minimum Investment Return (All domestic foundations must complete this part. Fore	ign foundation	ıs,
see page 24 of the instructions)		
rket value of assets not used (or held for use) directly in carrying out charitable, etc.,		
es		
e monthly fair market value of securities	1a	71,641
e of monthly cash balances	1b	2,090
rket value of all other assets (see page 24 of the instructions)	1c	15,348
add lines 1a, b, and c)	1d	89,079
on claimed for blockage or other factors reported on lines 1a and		
ch detailed explanation) 1e		
tion indebtedness applicable to line 1 assets	2	

4	Acquisition indebtedness applicable to line Tassets		
3	Subtract line 2 from line 1d .	3	89,079
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions)	4	1,336
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	87,743
6	Minimum investment return. Enter 5% of line 5	6	4,387
Par	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of foundations and certain foreign organizations check here	perati	ng
1	Minimum investment return from Part X, line 6	1	4,387
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI)] [
С	Add lines 2a and 2b	2c	3
3	Distributable amount before adjustments Subtract line 2c from line 1	3	4,384
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	4,384
6	Deduction from distributable amount (see page 25 of the instructions)	6_	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	4,384

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 Program-related investments—total from Part IX-B

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 3

Amounts set aside for specific charitable projects that satisfy the

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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 page 26 of the instructions) 6

Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

5,048

5,048

5,045

0

1a

1b

2

3a

3b

4

5

Par	Undistributed income (see page 26	of the instructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years pnor to 2008	2008	2009
	line 7				4,384
2	Undistributed income, if any, as of the end of 2009				
a	Enter amount for 2008 only			4,380	
t	Total for prior years 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2009				
a	From 2004				
t	From 2005 .				
c	From 2006				
c	From 2007				
e	From 2008				
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2009 from Part				
	XII, line 4 ▶ \$5,048				
2	Applied to 2008, but not more than line 2a			4,380	
	Applied to undistributed income of prior years			+,000	
•	(Election required—see page 26 of the instructions)		o		
,	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)				
_					668
	Applied to 2009 distributable amount				008
	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2009	0			0
	(If an amount appears in column (d), the				
_	same amount must be shown in column (a))				
6	Enter the net total of each column as		•		
	indicated below:				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
t	Prior years' undistributed income Subtract				
	line 4b from line 2b		0		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
C	Subtract line 6c from line 6b Taxable				
	amount—see page 27 of the instructions		0		
e	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount—see page 27 of the	ne l			
	instructions .			0	
f					
	lines 4d and 5 from line 1. This amount must				
	be distributed in 2010				3,716
7	Amounts treated as distributions out of				5,. 10
-	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see page 27 of				
	the instructions)				
8	Excess distributions carryover from 2004				
Ü					
	not applied on line 5 or line 7 (see page 27 of the	o			
0	instructions)				
9	Excess distributions carryover to 2010.				
40	Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9				
	Excess from 2005	_0			
t		0			
C	Excess from 2007	0			
C	Excess from 2008	_0			
e	Excess from 2009	0			

	1 990-PF (2009) Lamb Family Foundation Inc				20-3863	
Pa	rt XIV Private Operating Foundations (s	ee page 27 of t	he instructions a	nd Part VII-A, qu	estion 9)	N/A
1 a	If the foundation has received a ruling or determination, and the ruling is effective for 2009, enter			•		
b	Check box to indicate whether the foundation is a p	orivate operating for	undation described ii	n section	4942(j)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for each	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	year listed					
b	85% of line 2a					
C	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization		-			
	(4) Gross investment income					
Pa	rt XV Supplementary Information (Cor	nplete this par	t only if the fou	ndation had \$5,	000 or more in	
	assets at any time during the year	ar—see page 2	8 of the instruc	tions.)		
1	Information Regarding Foundation Manage					
а	List any managers of the foundation who have con				the foundation	
	before the close of any tax year (but only if they ha	ve contributed mor	e than \$5,000) (See	section 507(d)(2))		
	In R Lamb		-lf		and an of the	-
	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				ortion of the	
<u>NO</u> 2	N⊑ Information Regarding Contribution, Gran	t Gift Loan Sci	holarship etc. Pr	ograms:	· · · · · · · · · · · · · · · · · · ·	
	Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation ma under other conditions, complete items 2a, b, c, an	contributions to pre kes gifts, grants, et	eselected charitable	organizations and do	•	ons
а	The name, address, and telephone number of the	person to whom ap	plications should be	addressed		
b	The form in which applications should be submitted	and information a	nd materials they sh	ould include		
С	Any submission deadlines					
d	Any restrictions or limitations on awards, such as b factors	y geographical are	as, charitable fields,	kınds of institutions,	or other	

Form	1 990-PF (2009) Lamb Family Foundation Inc			20-38	63303 Page 11
Pa	rt XV Supplementary Information (contin	nued)			
3 (Grants and Contributions Paid During the	Year or Approved fo	r Future Payı	ment	
	Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
	Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
а	Paid during the year				
			1		
			1		
			!		
	Tatal			> 20	
b	Total Approved for future payment			▶ 3a	<u></u>
-	, pp. ovod io. id.dio paymon.				

Total

▶ 3b

Part XVI-A Analysis of Income-Producing Acti	vities	_	,		
Enter gross amounts unless otherwise indicated	Unrelated busin	ness income	Excluded by section	512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a					
b					
c					
d					
e	·	·			
f	· 	· · ·			
g Fees and contracts from government agencies					
Membership dues and assessments Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	388	
5 Net rental income or (loss) from real estate			,,	000	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income	1				
8 Gain or (loss) from sales of assets other than inventory	 		18	-7,443	
Net income or (loss) from special events Gross profit or (loss) from sales of inventory					
11 Other revenue a K-1 Pass-Through Gain/Loss	525990	-911	14	66	
b					.=
c					
d					
e			- <u>-</u>		
12 Subtotal Add columns (b), (d), and (e)		-911	<u> </u>	-6,989	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 28 to verify calc	ulations)			13	-7,900
Part XVI-B Relationship of Activities to the Ac		of Exempt P	urnoses		
Line No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.) N/A	ne is reported in colu	mn (e) of Part X	VI-A contributed im	portantly to ses) (See	
				_	
		-			
· · · -					
					····

Form 990-PF (2009) Lamb Family Foundation Inc. Page 13 20-3863303 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described Yes No in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of. 1a(1) (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization . 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column. (d) the value of the goods, other assets, or services received (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no (b) Amount involved N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations Yes X No described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Sign Here Sigi ature of o Preparer's identifying Paid Preparer's Use Only Check if number (see Signature on self-employed ▶ page 30 of the instructions) Preparer's Jeffrey D. Haskell signature 7/27/2010 Firm's name (or yours if FOUNDATION SOURCE self-employed), address, Phone no (800) 839-1754 55 WALLS DRIVE, FAIRFIELD, CT 06824

Lamb Family Foundation Inc

Form 990-PF, Part I, Line 11 - Other Income

	TOTAL:	-845	99
		(a) Expenses per Books	(b) Net Investment Income
_	ENTERPRISE PRODUCTS PARTNERS LP K-1 Pass-Through Share of Partnership Income/(Loss)	-264	-11
7	2 KINDER MORGAN ENERGY PARTNERS LP K-1 Pass-Through Share of Partnership Income/(Loss)	-581	77
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10	C		

Lamb Family Foundation Inc

Form 990-PF, Part I, Line 23 - Other Expenses

TOTAL:	L: 5,227	176	0	5,048
	(a)	(q)	(c)	(p)
	Expenses per	Net Investment	Adjusted Net	Charitable
	Books	Income	Income	Purpose
1 Administrative Fees	5,048	0	0	5,048
2 Bank Charges	125	125	0	0
3 K-1 nondeductible pass-through KINDER MORGAN ENERGY PARTNERS LP	3	0	0	0
4 K-1 pass-through KINDER MORGAN ENERGY PARTNERS LP	51	51	0	0
9				
9				
7				
8				
6				
10				

Form 990-PF, Part II, Line 10b - Investments: Corporate Stock

		TOTAL:	107,871	73,520
			Line 10b - Column (b)	Line 10b - Column (b) Line 10b - Column (c)
	Description/Symbol/CUSIP Number	Shares	Book Value	Fair Market Value
-	1 ADVANCE AUTO PARTS INC (AAP)	320	13,700	14,168
2	ASSOCIATED BANC-CORP (ASBC)	150	5,073	1,652
က	3 CB RICHARD ELLIS SVCS (CBG)	200	17,775	9,499
4	4 CISCO SYSTEMS INC (CSCO)	265	7,743	6,344
2	HOME DEPOT INC (HD)	100	3,782	2,893
9	INFINERA CORPORATION (INFN)	400	7,157	3,548
7	PANTRY INC (PTRY)	320	19,219	4,756
8	PUBLIC STORAGE INC (PSA)	99	4,651	5,294
6	STARBUCKS CORP COM (SBUX)	1,100	28,771	25,366
10				

Form 990-PF, Part II, Line 13 - Investments - Other

		TOTAL:	56,227	27,728
L	To the Company of the		ine 13 - Column (b)	Line 13 - Column (b) Line 13 - Column (c)
	Asset Description		Book Value	Fair Market Value
_	I AEI 2007 VENTURE ACCESS FUND I LLC (AEI07VACI)		52,610	15,348
124	2 ENTERPRISE PRODUCTS PARTNERS LP (EPD)		2,367	6,282
ന	3 KINDER MORGAN ENERGY PARTNERS LP (KMP)		1,250	6,098
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Lamb Family Foundation Inc

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	Expense Account								i		
0	Benefits	0									
	Сотр.	0									
TOTAL:	Avg. Hrs	4									
	Title	President / Director / Secretary									
	Zıp Code	19809		i		1					
	State	DE									
	Cıty	Wilmington									
	Street	Source									
	Name	1 Joan R Lamb									
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