

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

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

OMB No. 1545 0052

2009

Department of the Treasury Internal Revenue Service

SCANNED AUG 2 6 2010

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

| For ca | lenda | ar year 2009, or ta | ix year beginning | | , 2009 | , and ending | | | |
|--------------|--------|---|--------------------------------|-------------|------------------------------------|----------------------------|----------------|---|---------------------------------------|
| G Ch | eck a | all that apply: | Initial return | Init | ial Return of a former p | ublic charity | | Fin | al return |
| | | , | Amended retu | rn | Address | change Na | me d | change | |
| Use | tha | <u> </u> | · | | | | Α | Employer identification nur | nber |
| IRS I | | THE LAMBER | T FOUNDATIO | NC | | | l | 23-2742907 | |
| | wise, | | B. LAMBERT | | | | В | Telephone number (see the | instructions) |
| pri or ty | | 1135 BRIAN | | | | | 1 | (610) 293-928 | 33 |
| See Sp | | WAYNE, PA | 19087-2239 | | | | С | If exemption application is | pending, check here |
| Instruc | tions. | | | | | | Ь | 1 Foreign organizations, chec | · · · · |
| Н | heck | type of organiza | tion X Sect | on 50 | 1(c)(3) exempt private for | oundation | 1 | 2 Foreign organizations meet | |
| •• | | | nonexempt chard | | | private foundation | | here and attach computation | on · · · · |
| 1 1 | | rket value of all asset | s at end of year | I Acı | counting method: X C | | E | If private foundation status | |
| | | Part II, column (c), line | | <u> </u> | Other (specify) | | _ | under section 507(b)(1)(A) | • |
| ▶ | \$ | 344 | ,524. | ∟ Part I | , column (d) must be on | cash basis.) | F | If the foundation is in a 60 under section 507(b)(1)(B) | |
| Part | | nalysis of Re | | | <u> </u> | | ' - | l in the second | |
| <u> </u> | | | total of amounts | in | (a) Revenue and expenses per books | (b) Net investme income | nt | (c) Adjusted net income | (d) Disbursements for charitable |
| | С | olumns (b), (c), a | and (d) may not n | eces- | expenses per books | income | | ii ioonio | purposes |
| | | arıly equal the an see the ınstructıo | nounts ın column | (a) | | | | | (cash basis only) |
| | T 1 | | grants, etc, received (| att sch) | 37,045. | | | | |
| | 2 | | oundn is not req to att | • | 37,013. | | | | |
| | 3 | استا | ings and tempora | | <u> </u> | | | | <u> </u> |
| | ľ | cash investmen | | | | | | | |
| | 4 | Dividends and inter | est from securities . | | 2,877. | 2,87 | 77. | 2,877. | |
| | | a Gross rents | | | | | | | |
| | 1 | b Net rental income or (loss) | | | | | | | |
| R | | | sale of assets not on | | 29,866. | | | | |
| E V | | b Gross sales price fo assets on line 6a | rall36, | <u>118.</u> | | | | | |
| E N | 7 | | ome (from Part IV, line | 2) | | 29,86 | 6. | | |
| N U | 8 | Net short-term | | | | | | | |
| Ë | 9 | Income modific | ations I | | | | ••••• | | ······ |
| _ | 10 | a Gross sales less returns and allowances | | | | | | | |
| | 1 | h Less Cost of | | | | | | | |
| | | goods sold | (-111) | | | | | | |
| | | c Gross profit/(loss) | | | | : | | | |
| | 11 | Other income (a | attach schedule) | | | | | | |
| | 12 | Total. Add lines | : 1 through 11 | | 69,788. | 32,74 | 3 | 2,877. | |
| | 13 | | icers, directors, trustee | s. etc | 03,700. | J2, 73 | ٠. | 2,7077. | |
| | 14 | • | | | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | employee benefit | s . | | | | | |
| de≃ | | | | | | | | | |
| <u> </u> | 1 | Accounting tees (att | ach sch) SEE S | T 1 | 850. | | | | |
| Ŋ, | | c Other prof fees (atta | | | | | | | |
| 8 K | p 17 | | 1 20 | | | | | | |
| E | ₽ 18 | Interest 7 20 Fales (Mach schedule)(se | e instr) SEE SI | 'M 2 | 142. | | | | |
| RRA | 19 | Depreciation (at | Hach → 🗠 | | | | | | |
| ? ? | | ach motherief | ight. | | | | | | |
| OPERAT-NE | 20 | Occupancy | | | | | | | |
| | 21 | | nces, and meeting | gs | | | | | |
| A E X D P | 22 | Printing and put | olications (attach schedule | ; | | | | | |
| E | 23 | S. | EE STATEMEN | ίπ al | 15. | | | | |
| AND ENSES | 24 | | and administrativ | _ | | | | | |
| E S | -~ | expenses. Add | lines 13 through 2 | 23. | 1,007. | | | | |
| _ | 25 | | grants paid PART | | 24,066. | | | | 24,066. |
| | 26 | Total expenses | and disbursemer | | | | \prod | | - |
| | | Add lines 24 and | d 25 | | 25,073. | | 0. | 0. | 24,066. |
| | 27 | Subtract line 26 | | _ | 1 | | | | |
| | ١ | Excess of reven and disburseme | ue over expense | s | 44,715. | | - 1 | İ | |
| | ۱ ۱ | | ne (if negative, enter - | , I | **, '*3. | 32,74 | 3.1 | | |
| | 1 | | ine (ii negative, enter 3 | | | 02,71 | | 2,877. | |

| Form | 990- | PF (2009) THE LAMBERT FOUNDATION | | 23-274 | |
|-----------------|---------------|---|---------------------------------|----------------|--|
| Day | | Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only | Beginning of year | | f year |
| r all | ** 1 | (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash — non-interest-bearing | 185. | 988. | 988. |
| | 2 | Savings and temporary cash investments | 508. | 1,174. | 1,174. |
| | 3 | | | | |
| | | 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 the instructions) | | | |
| | 7 | Other notes and loans receivable (attach sch). | | | |
| ASSETS | [| Less: allowance for doubtful accounts ▶ | | | |
| Š | 8 | Inventories for sale or use | | | |
| T | 9 | Prepaid expenses and deferred charges . | | | |
| S | 10 a | a Investments – U.S. and state government obligations (attach schedule) | | | |
| | 1 | o Investments — corporate stock (attach schedule) STATEMENT 4 | 211,893. | 281,656. | 281,656. |
| | (| c Investments — corporate bonds (attach schedule) | | | ······································ |
| | 11 | Investments — land, buildings, and equipment: basis | | | |
| | | Less: accumulated depreciation (attach schedule) | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments – other (attach schedule) STATEMENT 5 | 36,321. | 60,706. | 60,706. |
| | 14 | Land, buildings, and equipment: basis ► | | | |
| | | Less: accumulated depreciation (attach schedule) | | | |
| | 15 | Other assets (describe | | | |
| _ | 16 | Total assets (to be completed by all filers — see instructions. Also, see page 1, item l) | 248,907. | 344,524. | 344,524. |
| Ļ | 17 | ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | | |
| Å | 18 | Grants payable | | | |
| B | 19 | Deferred revenue | | | |
| L | 20 | Loans from officers, directors, trustees, & other disqualified persons . | | | |
| | 21 | Mortgages and other notes payable (attach schedule) | | | |
| | 22 | Other liabilities (describe | | | |
| E S | 23 | Total liabilities (add lines 17 through 22). | 0. | 0. | |
| <u> </u> | | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. | | | |
| N F | 24 | Unrestricted . | | | |
| TN | 25 | Temporarily restricted | | | |
| D | 26 | Permanently restricted | | | |
| A S B S A | | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. | | | |
| EL | 27 | Capital stock, trust principal, or current funds | | | |
| SN | 28 | Paid-in or capital surplus, or land, building, and equipment fund | | | |
| CE | 29 | Retained earnings, accumulated income, endowment, or other funds. | 248,907. | 344,524. | |
| i S | 30 | Total net assets or fund balances (see the instructions) | 248,907. | 344,524. | |
| | 31 | Total liabilities and net assets/fund balances | 248,907. | 344,524. | |
| ادو(| 111 | (see the instructions) Analysis of Changes in Net Assets or Fund Balance | | | |
| | | | | with | |
| 1 | Total end- | net assets or fund balances at beginning of year — Part II, colum of-year figure reported on prior year's return) | in (a), line 30 (must agree | with . 1 | 248,907. |
| 2 | | ramount from Part I, line 27a | • • | 2 | 44,715. |
| | | increases not included in line 2 (itemize) - SEE STATEMENT | <u>6</u> | 3 | 78,881. |
| | | | | ا م ا | 372 503 |

4 Add lines 1, 2, and 3..... ► SEE STATEMENT 7 5 5 Decreases not included in line 2 (itemize) . . 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 344,524.

| (a) List and describe 2-story brick warehouse | .osses for lax on Investment the the kind(s) of property sold (e.g., re se; or common stock, 200 shares MLC | al estate. | b) How acquired P — Purchase D — Donation | (c) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
|---|---|--|---|--|-------------------------------------|
| 1a 200 SHS - EXCEL MAR | TTIME CARRIERS | | D | 12/01/03 | 12/14/09 |
| b 1,260 SHS - ILLUMIN | | | D | 12/01/03 | 12/14/09 |
| С | | | | | |
| d | | | _ | | |
| e | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (e) plus (f) m | inus (g) |
| a1,280. | | | 930. | | -650. |
| b34,838. | | | 322. | | 30,516. |
| <u> </u> | | | | | |
| d | | | | | |
| Complete only for accets chayer | g gain in column (h) and curred by th | o foundation on 12/21/60 | | | |
| (i) Fair Market Value as of 12/31/69 | g gain in column (h) and owned by th (j) Adjusted basis as of 12/31/69 | (k) Excess of column (i over column (j), if any |) t | (I) Gains (Colu gain minus column (k han -0-) <mark>or L</mark> osses (fro |), but not less |
| a | | | | | -650. |
| b | | | | | 30,516. |
| C_ | | | | | |
| d | | | | | |
| е | | | | | |
| 2 Capital gain net income or (net o | capital loss). | enter in Part I, line 7 r -0- in Part I, line 7 | 2 | | 29,866. |
| 3 Net short-term capital gain or (lo | ss) as defined in sections 1222(5) and | d (6): | | | |
| If gain, also enter in Part I, line 8 | 3, column (c) (see the instructions). If | (loss), enter -0- | | | |
| In Part I, line 8 Part V Qualification Under | | <u> </u> | 3 | <u> </u> | 0. |
| Was the foundation liable for the section if 'Yes,' the foundation does not qualify | under section 4940(e). Do not comp | ete this part. | | . Yes | X No |
| | each column for each year; see the ir | | entries. | (d) | |
| (a) Base period years Calendar year (or tax year beginning in) | Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | s (col | Distribution umn (b) divided b | |
| 2008 | 33,938. | 323, | 997. | | 0.104748 |
| 2007 | 27,695. | 351, | 915. | | 0.078698 |
| 2006 | 25,728. | 291, | | | 0.088275 |
| 2005 | 27,672. | 262, | | | 0.105587 |
| 2004 | 13,518. | 246, | 857. | | 0.054760 |
| 2 Total of line 1, column (d) | | | 2 | | 0.432068 |
| 3 Average distribution ratio for the number of years the foundation f | 5-year base period — divide the total a las been in existence if less than 5 ye | on line 2 by 5, or by the ars | 3 | | 0.086414 |
| 4 Enter the net value of noncharita | ble-use assets for 2009 from Part X, I | ine 5 | . 4 | | 288,889. |
| 5 Multiply line 4 by line 3 | • • | | 5 | | 24,964. |
| 6 Enter 1% of net investment incor | ne (1% of Part I, line 27b) | | 6 | | 327. |
| 7 Add lines 5 and 6 | | | | | |
| | | | 7 | | 25,291. |
| 8 Enter qualifying distributions from | | | 8 | | 25,291. 24,066. |

| Form 990-PF (2009) THE LAMBERT FOUNDATION 23-27429 | | | Page 4 |
|--|--------------|---------|--------------|
| Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the instr | uctions) | ***** | |
| 1 a Exempt operating foundations described in section 4940(d)(2), check here . \blacktriangleright and enter 'N/A' on line 1. | | | |
| Date of ruling or determination letter: (attach copy of letter if necessary - see instr.) | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, | | | 655. |
| check here ► and enter 1% of Part I, line 27b | | 11111 | |
| c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b) | | | |
| 2. Tax and an earlier 511 (demostra control 4047(a)(1) trusts and levelle | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | 0. |
| 3 Add lines 1 and 2 | | | 655. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | | 655. |
| 6 Credits/Payments: | | | •••• |
| a 2009 estimated tax pmts and 2008 overpayment credited to 2009 . 6a 100. | | | |
| b Exempt foreign organizations — tax withheld at source | | | |
| | | | |
| | | | |
| 2 Santap manner and a sant | | | 400. |
| , voice and polyment that the polyment of the | | | 400. |
| | | | 262. |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 8 | | | 202. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | |
| 11 Enter the amount of line 10 to be: Credited to 2010 estimated tax . Refunded. 11 | | | |
| Part VII-A Statements Regarding Activities | | 3 | Т |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | ļ | Yes | No |
| participate or intervene in any political campaign? | 1 a | Ь— | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? . | 1 b | | x |
| If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | | | |
| c Did the foundation file Form 1120-POL for this year? | 1c | Ť | x |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. | | | |
| (1) On the foundation ►\$ 0. (2) On foundation managers ►\$ | 0. | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on | 7 | | |
| foundation managers \$0. | | 1 | ! |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | ļ | 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 incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes | 3 | | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | <u></u> | X |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year? | 46 | N | / <u>A</u> |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | X |
| If 'Yes,' attach the statement required by General Instruction T. | | | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either. | | | |
| By language in the governing instrument, or | | | |
| By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict | | | |
| with the state law remain in the governing instrument? | 6 | X | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV | 7 | Х | |
| 8a Enter the states to which the foundation reports or with which it is registered (see the instructions) | | | |
| PA | | | |
| b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G? If 'No,' attach explanation</i> | 8ь | Х | |
| 9 is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) | | | v |
| for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV | 9 | | <u>X</u> |
| 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses. | 10 | | X |
| BAA | Form 99 | U-PF (| (2009) |

jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

BAA

charitable purposes?

Form **990-PF** (2009)

4a

Х

4a Did the foundation invest during the year any amount in a manner that would jeopardize its

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

| Form 990-PF (2009) THE LAMBERT FOUND | | | | 742907 | Page 6 |
|--|--|---|--|--|---|
| Part VII-B Statements Regarding Activity | <u>ties for Which For</u> | m 4720 May Be Re | quired (continued | <u>) </u> | |
| 5a During the year did the foundation pay or incu (1) Carry on propaganda, or otherwise attempt | - | n (section 4945(e))? | ☐ Yes [X | No ON | |
| (2) Influence the outcome of any specific pub | _ | | | | |
| on, directly or indirectly, any voter registra (3) Provide a grant to an individual for travel, | ation drive? | • | | No No | |
| (4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section | nan a charitable, etc, or | rganization described | | No | |
| (5) Provide for any purpose other than religio educational purposes, or for the preventio | us, charitable, scientific | , literary, or | Yes X | No | |
| b If any answer is 'Yes' to 5a(1)-(5), did any of to described in Regulations section 53.4945 or in (see instructions)? | he transactions fail to d a current notice regard | ualify under the exceptions disaster assistance | ons . | 5b | N/A |
| Organizations relying on a current notice regar | rding disaster assistanc | e check here | ▶ | | |
| c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure responsing 'Yes,' attach the statement required by Region 16 (1998). | sibility for the grant? | | N/A Yes | No | *************************************** |
| 6a Did the foundation, during the year, receive ar on a personal benefit contract?. | • • | | ∐ Yes ∑ | No | ١ |
| b Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870. | | | | . 6b | X |
| 7a At any time during the tax year, was the found | | | | No No | |
| b If yes, did the foundation receive any proceeds | s or have any net incom | ne attributable to the trai | nsaction? | 7b | N/A |
| Part VIII Information About Officers, D and Contractors | irectors, Trustees | , Foundation Mana | igers, Highly Paid | I Employees | s, |
| List all officers, directors, trustees, foundation | managers and their co | mnensation (see instru | ctions) | | |
| List an officers, unectors, trustees, foundation | (b) Title and average | (c) Compensation | (d) Contributions to | (e) Expense | account |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | employee benefit plans and deferred compensation | other allov | vances |
| DAVID B. LAMBERT | PRESIDENT | 0. | 0. | | 0. |
| 1135 BRIANS WAY | 1.00 | | | | |
| WAYNE, PA 19087-2239 | | | | <u> </u> | |
| | | | | | |
| | | | | | |
| | | | | ; | |
| 2 Compensation of five highest-paid employees | (other than those inclu | ided on line 1— see inst | ructions). If none, ente | r 'NONE.' | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense other allow | |
| NONE | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total number of other employees paid over \$50,000 | | | > | | 0 |
| BAA | TEEA0306L 0 | 7/06/09 | | Form 990-F | PF (2009) |

| Form 990-PF (2009) THE LAMBERT FOUNDATION | 23-27 | |
|--|--|------------------|
| Part VIII Information About Officers, Directors, Trustees, Fo and Contractors (continued) | undation Managers, Highly Paid | Employees, |
| 3 Five highest-paid independent contractors for professional services — (se enter 'NONE.' | e instructions). If none, | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | ,, |
| | | |
| | | |
| | 7 | |
| | | |
| | - | |
| | | |
| | † | |
| | | |
| | - | |
| | | 0 |
| Total number of others receiving over \$50,000 for professional services | | 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| ist the foundation's four largest direct charitable activities during the tax year. Include relevant statist organizations and other beneficiaries served, conferences convened, research papers produced, etc. | ical information such as the number of | Expenses |
| 1 TEMPLE UNIVERSITY - SUPPORT OF THE HONORS PROG | RAM SCHOLARSHIP FUND | |
| | | 24,066. |
| 2 | | 24,000. |
| | | |
| 3 | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments (see inst | *- | |
| Describe the two largest program-related investments made by the foundation due to N/A | | Amount |
| 1 N/A | | |
| • | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions. | | |
| | | |
| otal. Add lines 1 through 3. | | 0. |
| | | |

BAA

Form **990-PF** (2009)

Page 8

| see instructions.) | roreign i | oundations, |
|--|-------------|-------------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes. a Average monthly fair market value of securities | 1a | 250,499. |
| b Average of monthly cash balances | 1 b | 42,789. |
| c Fair market value of all other assets (see instructions) | 1 c | |
| d Total (add lines 1a, b, and c). | 1 d | 293,288. |
| e 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 | 0. |
| 3 Subtract line 2 from line 1d | 3 | 293,288. |
| 4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 4,399. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 288,889. |
| 6 Minimum investment return. Enter 5% of line 5. | 6 | 14,444. |
| Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private ope | rating fo | undations |
| and certain foreign organizations check here ▶ and do not complete this p | art.) | |
| 1 Minimum investment return from Part X, line 6 | 1 | 14,444. |
| 2a Tax on investment income for 2009 from Part VI, line 5 . 2a 655. |]] | |
| b Income tax for 2009. (This does not include the tax from Part VI.) |] | |
| c Add lines 2a and 2b | 2c | 655. |
| 3 Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 13,789. |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 Add lines 3 and 4 | 5 | 13,789. |
| 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 | 13,789. |
| Part XII Qualifying Distributions (see instructions) | | |
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes. a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 | 1a | 24,066. |
| b Program-related investments — total from Part IX-B | 1Ь | |
| 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. a Suitability test (prior IRS approval required) | 3a | |
| 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 | 24,066. |
| 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 | |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 24,066. |
| Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth qualifies for the section 4940(e) reduction of tax in those years. | er the foun | dation |

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
|---|----------------|----------------------------|--------------------|---------------------------------------|
| 1 Distributable amount for 2009 from Part XI, line 7 | | | | 13,789. |
| 2 Undistributed income, if any, as of the end of 2009: | | | | · · · · · · · · · · · · · · · · · · · |
| a Enter amount for 2008 only | | | 0. | |
| b Total for prior years: 20, 20, 20 | . , | 0. | | |
| 3 Excess distributions carryover, if any, to 2009. | | | | • |
| a From 2004 1,339. | | | - | |
| b From 2005 14, 948. | .] | | | |
| c From 2006 | .] | | | |
| d From 2007 11,055. | .] | | | |
| e From 2008 . 17, 822 . | | | | |
| f Total of lines 3a through e . | 56,699. | | | <u></u> |
| 4 Qualifying distributions for 2009 from Part | | | | |
| XII, line 4. ► \$ 24,066. | | | | |
| a Applied to 2008, but not more than line 2a. | | | 0. | |
| Applied to undistributed income of prior years (Election required — see instructions) | | 0. | | |
| c Treated as distributions out of corpus (Election required — see instructions) | 0. | | | |
| d Applied to 2009 distributable amount | | | | 13,789. |
| e Remaining amount distributed out of corpus | 10,277. | | | |
| 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).) | | | | |
| Same amount must be shown in column (a).) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 66,976. | | | · |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency has been issued, or on which the section | | 0. | | |
| 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b. Taxable | | | | |
| amount — see instructions . | | 0. | | |
| e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount — see instructions | | | 0. | |
| f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010. | | | | 0. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) | | | | |
| (see instructions) . | 0. | | | |
| 8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions) | 1,339. | | | |
| 9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a | 65,637. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2005 14, 948. | | | | |
| b Excess from 2006 11, 535. | - 1 | | | |
| c Excess from 2007 11, 055. | 7 4 | | | |
| d Excess from 2008. 17,822. | | | | |
| e Excess from 2009 10, 277. | <u> </u> | | | |

| Form 990-PF (2009) THE LAMBERT FOUN | | | | 23-2742907 | Page 10 |
|---|---|---|--|--|--------------------------|
| Part XIV Private Operating Foundati | | | | | N/A |
| 1a If the foundation has received a ruling or on its effective for 2009, enter the date of the | ruling | | | ··· | 1 |
| b Check box to indicate whether the foundat | | erating foundation de | | 4942(j)(3) or | 4942(j)(5) |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | 42.0000 | Prior 3 years | T (4) 2000 | (a) Tatal |
| investment return from Part X for each year listed | (a) 2009 | (b) 2008 | (c) 2007 | (d) 2006 | (e) Total |
| b 85% of line 2a | | | | <u> </u> | |
| 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 | | | | | |
| Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon. | | | | | |
| a 'Assets' alternative test — enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c 'Support' alternative test — enter. | | | | | |
| (1) Total support other than gross 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 | | | | | |
| Part XV Supplementary Information assets at any time during the | (Complete this ie year – see ii | s part only if the nstructions.) | organization h | nad \$5,000 or more | e in |
| Information Regarding Foundation Managa List any managers of the foundation who holose of any tax year (but only if they have DAVID B. LAMBERT | ers: | ore than 2% of the to | otal contributions re section 507(d)(2).) | ceived by the foundation | n before the |
| b List any managers of the foundation who o a partnership or other entity) of which the f NONE | wn 10% or more of oundation has a 10 | f the stock of a corpo 1% or greater interes | oration (or an equal st. | ly large portion of the o | ownership of |
| 2 Information Regarding Contribution, Gran | , Gift, Loan, Schol | arship, etc, Program | ıs: | | |
| Check here I I If the foundation only makes | akes contributions | to preselected chari | itable organizations | and does not accept u nizations under other c | nsolicited onditions, |
| complete items 2a, b, c, and d. | r of the person to u | whom applications sh | aculd be addressed | | |
| a The name, address, and telephone numbe | r of the person to v | whom applications si | iouid be addressed | • | |
| | | | | | |
| SEE STATEMENT 9 | | | | | |
| b The form in which applications should be s | ubmitted and inforr | mation and materials | they should includ | e: | |
| SEE STATEMENT FOR LINE 2A | | | | | |
| c Any submission deadlines: | | | | | |
| SEE STATEMENT FOR LINE 2A | | | | | |
| d Any restrictions or limitations on awards, si | uch as by geograph | hical areas, charitabl | le fields, kinds of in | stitutions, or other fact | ors: |
| SEE STATEMENT FOR LINE 2A | | | | | |

| 3 Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | | | | | |
|--|--|---------------------------------------|----------------------------------|---------|--|--|--|--|--|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount | | | | | |
| Name and address (home or business) | substantial contributor | recipient | | | | | | | |
| a Paid during the year | | | | | | | | | |
| TEMPLE UNIVERSITY | | | HONORS PROGRAM | 24,066. | | | | | |
| 1330 W. BERKS STREET | | | SCHOLARSHIP FUND | | | | | | |
| PHILADELPHIA, PA 19122 | | | SUPPORT | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | 0.1.056 | | | | | |
| Total | | · · · · · · · · · · · · · · · · · · · | ► 3a | 24,066. | | | | | |
| b Approved for future payment | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | l | | | | | | | |
| | | | | | | | | | |
| | | | İ | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | ļ | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | 1 | | | | | | | | |
| | | | | | | | | | |
| Total | | | ► 3Ы | | | | | | |

Page **12**

. Part XVI-A Analysis of Income-Producing Activities

| Enter gree | s amounts unless otherwise indicated. | Unrelate | ed business income | Excluded by | section 512, 513, or 514 | |
|--|---|-------------------------|--|--|--------------------------|---------------------------------------|
| - | | (a) Business code | (b) Amount | (c) Exclu- sion | (d) Amount | (e) Related or exempt function income |
| _ | ram service revenue: | | | code | | (see the instructions) |
| | | | | | | |
| | | | | | | |
| | | - " | · | | | |
| | | | | | | |
| f | | | | | | |
| g Fees | and contracts from government agencies. | | | | | |
| 2 Mem | bership dues and assessments | | | <u> </u> | | |
| 3 Interes | st on savings and temporary cash investments | | | <u> </u> | | |
| | ends and interest from securities | | | 14 | 2,877. | - NRO |
| | ental income or (loss) from real estate: | | | ╄ | | |
| | financed property . | | - | <u> </u> | | · · · · · · · · · · · · · · · · · · · |
| | lebt-financed property | | | | | |
| | ntal income or (loss) from personal property . | | | + | | |
| | r investment income | | | 18 | 29,866. | |
| | r (loss) from sales of assets other than inventory | | | 10 | 29,000. | |
| | ncome or (loss) from special events . s profit or (loss) from sales of inventory | | | | | |
| | revenue: | | ······································ | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| - | | | | | | |
| 12 Subto | otal. Add columns (b), (d), and (e) | | | | 32,743. | |
| 13 Total | . Add line 12, columns (b), (d), and (e) | | | | 32,743. | 32,743. |
| 13 Total | | ulations.) | | | | 32,743. |
| 13 Total (See works | . Add line 12, columns (b), (d), and (e) | | | | 13 | 32,743. |
| 13 Total (See works | Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calc B Relationship of Activities to the | Accompli | shment of Exemp | ot Purpose | 13 s | |
| 13 Total. (See works Part XVI- Line No. | . Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calc | Accompli | shment of Exemp | ot Purpose | 13 s | |
| 13 Total. (See works Part XVI- Line No. | Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calc B Relationship of Activities to the | Accompli | shment of Exemp | ot Purpose | 13 s | |
| 13 Total. (See works Part XVI- Line No. | Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calc B Relationship of Activities to the | Accompli | shment of Exemp | ot Purpose | 13 s | |
| 13 Total. (See works Part XVI- Line No. | Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calc B Relationship of Activities to the | Accompli | shment of Exemp | ot Purpose | 13 s | |
| 13 Total. (See works Part XVI- Line No. | Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calc B Relationship of Activities to the | Accompli | shment of Exemp | ot Purpose | 13 s | |
| 13 Total. (See works Part XVI- Line No. | Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calc B Relationship of Activities to the | Accompli | shment of Exemp | ot Purpose | 13 s | |
| 13 Total. (See works Part XVI- Line No. | Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calc B Relationship of Activities to the | Accompli | shment of Exemp | ot Purpose | 13 s | |
| 13 Total. (See works Part XVI- Line No. | Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calc B Relationship of Activities to the | Accompli | shment of Exemp | ot Purpose | 13 s | |
| 13 Total. (See works Part XVI- Line No. | Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calc B Relationship of Activities to the | Accompli | shment of Exemp | ot Purpose | 13 s | |
| 13 Total. (See works Part XVI- Line No. | Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calc B Relationship of Activities to the | Accompli | shment of Exemp | ot Purpose | 13 s | |
| 13 Total. (See works Part XVI- Line No. | Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calc B Relationship of Activities to the | Accompli | shment of Exemp | ot Purpose | 13 s | |
| 13 Total. (See works Part XVI- Line No. | Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calc B Relationship of Activities to the | Accompli | shment of Exemp | ot Purpose | 13 s | |
| 13 Total. (See works Part XVI- Line No. | Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calc B Relationship of Activities to the | Accompli | shment of Exemp | ot Purpose | 13 s | |
| 13 Total. (See works Part XVI- Line No. | Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calc B Relationship of Activities to the | Accompli | shment of Exemp | ot Purpose | 13 s | |
| 13 Total. (See works Part XVI- Line No. | Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calc B Relationship of Activities to the | Accompli | shment of Exemp | ot Purpose | 13 s | |
| 13 Total. (See works Part XVI- Line No. | Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calc B Relationship of Activities to the | Accompli | shment of Exemp | ot Purpose | 13 s | |
| 13 Total. (See works Part XVI- Line No. | Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calc B Relationship of Activities to the | Accompli | shment of Exemp | ot Purpose | 13 s | |
| 13 Total. (See works Part XVI- Line No. | Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calc B Relationship of Activities to the | Accompli | shment of Exemp | ot Purpose | 13 s | |
| 13 Total. (See works Part XVI- Line No. | Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calc B Relationship of Activities to the | Accompli | shment of Exemp | ot Purpose | 13 s | |
| 13 Total. (See works Part XVI- Line No. | Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calc B Relationship of Activities to the | Accompli | shment of Exemp | ot Purpose | 13 s | |
| 13 Total. (See works Part XVI- Line No. | Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify calc B Relationship of Activities to the | Accompli | shment of Exemp | ot Purpose | 13 s | |

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| | | | | | | | | Yes | No |
|---------|---|---|--|--|------------------------------------|---|------------------------|-----------|----------|
| | 1 Did to descript description 1 description | the organization directly cribed in section 501(c) ting to political organiza | / or indirectly e of the Code (o tions? | ngage in any of the followin ther than section 501(c)(3) o | g with any othe organizations) | er organization or in section 527, | | | |
| | | • • | | a noncharitable exempt org | janization of. | | | | |
| | | Cash | | | | | 1a (1) | | Х |
| | (2) | Other assets | | | | | 1a (2) | | Х |
| | • • • | er transactions: | | | | | | | |
| | (1) | Sales of assets to a nor | ncharitable exe | mpt organization . | | | 1 b (1) | | Х |
| | ٠,, | | | able exempt organization. | | | 1b (2) | | X |
| | • - | Rental of facilities, equi | | | | | 1 b (3) | | Х |
| | | Reimbursement arrange | | | | | 1b (4) | | Х |
| | ` ` ` | Loans or loan guarantee | | | | , , , , , | 1b (5) | | X |
| | • • | - | | ip or fundraising solicitation | s . | | 1b (6) | | X |
| | ` ' | | | ts, other assets, or paid em | | · | 1c | | Х |
| | | , | | • | | | | | |
| | d If the | e answer to any of the a goods, other assets, or transaction or sharing a | above is 'Yes,' services given | complete the following sche by the reporting foundation. | dule. Column If the foundat | (b) should always show the fair ma ion received less than fair market v other assets, or services received. | rket value ralue in | of | |
| 6 |) Line no. | | | of noncharitable exempt organization | | Description of transfers, transactions, and s | | | |
| | /A | (b) / anount involved | (S) Hame | of Honoral Casto Group Congainzacio | | Boostiption of transfero, transactions, and o | iai iiig arraii | 901110111 | |
| | , 11 | | | | | | | | |
| _ | | | | | | | | | |
| _ | | | | | | | | | |
| | | | | | | | p. | | |
| _ | | | | | | | | | |
| _ | | | | | | | | | |
| | | ··· | | | | | | | |
| | | | | | | | | | |
| _ | | | | | | | | | |
| | _ | | | | | | | | |
| | | | + | · | | | | | |
| | | | - | | | | | | |
| _ | | | - | | | | | | |
| | | | - | | | | | | |
| _ | | | | | | | | | |
| | | | <u> </u> | | | | | | |
| : | 2a is the descr | e foundation directly or ribed in section 501(c) o | indirectly affiliated affiliated in the Code (of | ited with, or related to, one her than section 501(c)(3)) o | or more tax-ex or in section 52 | tempt organizations 27? | Yes | X | No |
| | b If 'Ye | es,' complete the follow | ng schedule. | | | | | | |
| | | (a) Name of organizati | ion | (b) Type of organiz | ation | (c) Description of relat | ionship | | |
| N | /A | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Under pena | alties of permay declare that I ha | ave examined this re | arn, including accompanying schedule | s and statements, ar | nd to the best of my knowledge and belief, it is trues any knowledge | e, correct, an | d | |
| - | complete | Declaration of preparer (other | than taxpayer or a | ductary) is based on all information o | winch preparer in | 7 ~ | | , | |
| i | _ | 1/2 1 1/2 | $1 \leq 1$ | nd of | 18 | -13-10 - Acsin | lan H | | |
| S I G N | - | 10 2010 | | | | Title | | | |
| G | Sign | nature of officer or trustee | <u> </u> | | Date | | er's Identifyir | a numb | |
| | | Preparer's | Ω . α | a 4000 | I | Charles I Can C | ignature in t | he instr | s) |
| | Paid Pre- | signature | NOW | y a Lay | 87 | \langle \lang | | | <u>.</u> |
| Ë | parer's | Firm's name (or BEUC | LER KELL | & IRWIN LTD | | EIN ► N/A | | | |
| | Use Only | yours if self employed). | | AVE STE 116 | | | | | |
| | Jilly | address, and ZIP code WAYN | | 87-3388 | | Phone no ► (610 |) 688- | ·320 | 0 |
| BA | | · | | | | | Form 990 |)-PF (2 | 2009) |

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545 0047

2009

| Name of the organization THE LAMBERT | FOUNDATION | Employer Identification number |
|---|---|--|
| C/O DAVID B. | | 23-2742907 |
| Organization type (check one): | - | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | rganization | |
| | | trust not treated as a private foundation |
| | 527 political organization | |
| Form 990-PF | X 501(c)(3) exempt private foundati | on |
| | 4947(a)(1) nonexempt charitable | trust treated as a private foundation |
| | 501(c)(3) taxable private foundation | on |
| Check if your organization is covered be Note: Only a section 501(c)(7), (8), or (| y the General Rule or a Special Rule . 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 contributor. (Complete Parts I and I | 990-EZ, or 990-PF that received, during the yell.) | ear, \$5,000 or more (in money or property) from any one |
| Special Rules — | | |
| 509(a)(1)/170(b)(1)(A)(vi) and receive | i filing Form 990 or 990-EZ, that met the 33-1/3 ved from any one contributor, during the year, a ine 1h or (ii) Form 990-EZ, line 1. Complete Pa | 8% support test of the regulations under sections a contribution of the greater of (1) \$5,000 or (2) 2% of the arts I and II. |
| For a section 501(c)(7), (8), or (10) aggregate contributions of more that prevention of cruelty to children or a | organization filing Form 990 or 990-EZ, that red in \$1,000 for use <i>exclusively</i> for religious, chart animals. Complete Parts I, II, and III. | ceived from any one contributor, during the year, itable, scientific, literary, or educational purposes, or the |
| contributions for use exclusively for | religious, charitable, etc, purposes, but these of the contributions that were received during the | ceived from any one contributor, during the year, contributions did not aggregate to more than \$1,000. If e year for an exclusively religious, charitable, etc, organization because it received nonexclusively |
| religious, charitable, etc, contributio | ons of \$5,000 or more during the year. | |
| 990-PE) but it must answer 'No' on Par | vered by the General Rule and/or the Special R t IV, line 2 of their Form 990, or check the box the filing requirements of Schedule B (Form 99 | Rules does not file Schedule B (Form 990, 990-EZ, or on line H of its Form 990-EZ, or on line 2 of its Form 90, 990-EZ, or 990-PF). |
| BAA For Privacy Act and Paperwork F for Form 990, 990EZ, or 990-PF. | Reduction Act Notice, see the Instructions | Schedule B (Form 990, 990-EZ, or 990-PF) (2009 |

| . Schedule | B (Form 990, 990-EZ, or 990-PF) (2009) | Page 1 | of 1 of Part I |
|----------------------|--|-----------------------------------|--|
| Name of org | AMBERT FOUNDATION | 1 | er identification number 742907 |
| | Contributors (see instructions.) | | 742301 |
| | | | (h |
| (a) Number ——— | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | DAVID B. LAMBERT | - | Person Payroll |
| | 1135 BRIANS WAY | \$ 37,045. | |
| | WAYNE, PA 19087 | | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| BAA | TEEA0702L 06/23/09 | Schedule B (Form 990 | , 990-EZ, or 990-PF) (2009) |

f 1

of Part II

Name of organization

THE LAMBERT FOUNDATION

Employer identification number

23-2742907

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| 1 | 500 SHS - CTRP.COM INTERNATIONAL LTD | | |
| | | \$ 37,045. | 12/09/09 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | - |
| | | \$ | |
| | | edule B (Form 990, 990-EZ | |

(a) (b) (c) (d)

No. from Part I Use of gift Description of how gift is held

(e)

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Transfer of gift

Relationship of transferor to transferee

| 2009 | PAGE 1 23-2742907 | |
|--|--|--|
| STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES | | |
| BEUCLER KELLY & IRWIN, LTD | (A) (B) NET (C) EXPENSES INVESTMENT ADJUST PER BOOKS INCOME NET INC \$ 850. TOTAL \$ 850. \$ 0. \$ | |
| STATEMENT 2 FORM 990-PF, PART I, LINE 18 TAXES | | |
| FEDERAL EXCISE TAX | (A) (B) NET (C) EXPENSES INVESTMENT ADJUST PER BOOKS INCOME NET INC \$ 142. TOTAL \$ 142. \$ 0. \$ | |
| STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES | | |
| PA REGISTRATION FEE | (A) (B) NET (C) EXPENSES INVESTMENT ADJUST PER BOOKS INCOME NET INC \$ 15. TOTAL \$ 15. \$ 0. \$ | TED CHARITABLE |
| STATEMENT 4 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STO | ocks | |
| CORPORATE STOCKS | VALUATION BOOK METHOD VALUE | FAIR MARKET VALUE |
| 300/800 SHS-CTRIP.COM INTL I 848 SHS-GAMESTOP CORP NEW CI 1,274 SH-INTEGRAMED AMER INC 800 SHS-MEDTRONIC INC 1,488 SHS-MICROSOFT CORP CON 600 SHS-NIKE INC CL B 1,687 SHS-STAPLES INC 491 SHS-HUMANA INC 1,660/400 SHS-ILLUMINA INC 200/0 SHS-EXCEL MARITIME CAF | MKT VAL \$ 57,48 A MKT VAL 18,60 COM NEW MKT VAL 10,07 MKT VAL 35,18 MKT VAL 45,35 MKT VAL 39,64 MKT VAL 41,48 MKT VAL 41,48 MKT VAL 21,55 MKT VAL 12,27 | 8. \$ 57,488. 5. 18,605. 8. 10,078. 4. 35,184. 4. 45,354. 2. 39,642. 3. 41,483. 0. 21,550. 2. 12,272. 0. 0. |

| • | | |
|----|---|---|
| 20 | 0 | 9 |

FEDERAL STATEMENTS

THE LAMBERT FOUNDATION C/O DAVID B. LAMBERT

PAGE 2

23-2742907

| STATEMENT 5 | |
|------------------------------|---|
| FORM 990-PF, PART II, LINE 1 | 3 |
| INVESTMENTS - OTHER | |

| | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
|--|---------------------|----------------------|-------------------|
| OTHER INVESTMENTS | • | | |
| VANGUARD L/T INV GR FD: 27.192/253.17 SH VANGUARD PRIMECAP FD: 810.139/983.470 SH | MKT VAL MKT VAL | \$ 2,258. 58,448. | |
| | TOTAL | \$ 60,706. | \$ 60,706. |

STATEMENT 6 FORM 990-PF, PART III, LINE 3 OTHER INCREASES

| FMV ADJUSTMENT-MUTUAL FUNDS | • • | • | \$ | 11,945. |
|-----------------------------|-----|---|---------|---------|
| FMV ADJUSTMENT-STOCKS | | | | 66,936. |
| | | | TOTAL Ş | 78,881. |

STATEMENT 7 FORM 990-PF, PART III, LINE 5 OTHER DECREASES

ADJ FOR TAX BASIS OF DONATED STOCK SOLD

27,979. 27,979. TOTAL \$

STATEMENT 8 FORM 990-PF, PART VI, LINE 9 **TAX DUE**

TAX DUE LATE PAYMENT PENALTY LATE INTEREST

255. Ŝ 4. 262. TOTAL \$

STATEMENT 9 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

DAVID B. LAMBERT

CARE OF:

STREET ADDRESS:

1135 BRIANS WAY

CITY, STATE, ZIP CODE: TELEPHONE:

WAYNE, PA 19087-2239

FORM AND CONTENT:

WRITTEN APPLICATION CITING PROBLEM AND DOCUMENTING

FINANCIAL NEED. NONE

SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS:

NONE