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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

2010

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Treated as a Private Foundation

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

Ford	alen	dar year 2010, or tax year	beginning OCT	25, 2010	, and e	naing	DEC 31, 2010	
G C	heck	all that apply:	Initial return	Initial return of a fo		harity	Final return	
			Amended return	Address chang	је		Name change	
Nar	ne of	foundation					A Employer identification	number
		LAMB FOUND	ATION		27-3770115			
Nun	ber a	nd street (or P O box number if	mail is not delivered to street	address)		Room/suite	B Telephone number	
		14724 PROC	TOR AVE.				626-369-50	85
City	or to	wn, state, and ZIP code					C if exemption application is p	ending, check here
		CITY OF IN	DUSTRY, CA	91746			D 1. Foreign organizations	, check here
H C	heck	type of organization:	X Section 501(c)(3) ex	empt private foundation			Foreign organizations me check here and attach co	eting the 85% test, pulling the mputation
] Se	ction 4947(a)(1) nonexemp	ot charitable trust	Other taxable private founda	ition		E If private foundation sta	tus was terminated
1 Fa	ır ma	rket value of all assets at er	nd of year J Accounti	ng method: X Cash	Accr	ual	under section 507(b)(1)	
(fr	om F	Part II, col. (c), line 16)		her (specify)			F If the foundation is in a	60-month termination
	\$	200	, 0 0 0 . (Part I, colu	mn (d) must be on cash t	oasis.)		under section 507(b)(1)	(B), check here
₹ P å	rt I	Analysis of Revenue and	Expenses	(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements for charitable purposes
		(The total of amounts in column necessarily equal the amounts	s in column (a))	expenses per books		ome	income	(cash basis only)
	1	Contributions, gifts, grants	s, etc., received	200,000.	7.7.7.1%	*** **********************************	N. State All March	Marie Marie Sales
	2		is not required to attach Sch B	化型(水类) 化原产	iden.	3-1 36 Bits	COMPANIAL PROPERTY	E LONG THE THE
	3	Interest on savings and tempor cash investments	rary					Frank Market Street
-	4	Dividends and interest from	m securities					WHEN AND THE
ر را	5a	Gross rents .						F. 强气酸: "数一数"
	b	Net rental income or (loss)		Print.	10-14/3		* Manager 1997	李 一种 多种种 水 1
	6a	Net gain or (loss) from sale of a	ssets not on line 10		: 1		Maria Maria	
_ Pu	b	Gross sales price for all assets on line 6a			11 11 718	生物	FOR MY MEDI	
±§ E	7	Capital gain net income (from P	art IV, line 2)	45 1 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		0.	者。 对于中部门的实际	CARL WILLIAM
SCANNED NEL W	8	Net short-term capital gain	1	· · · · · · · · · · · · · · · · · · ·		· 4 / 18		
II I	9	Income modifications				- : r40		200 00 00 00 00 00 00 00 00 00 00 00 00
Z	10a	Gross sales less returns and allowances			\$ 18 mg.	15° 1 1.03°	2.4 : W. M. W.	1000000 10000 1000 1000 1000 1000 1000
	b	Less Cost of goods sold		1000-2004	1.14.0	43.5%	3. 44 LATE TALE 18 LATE	Marine Company
3	C	Gross profit or (loss)		,	. "?	- 12 #		Brown of the state of
(Ç)	11	Other income						A THE PART OF A POST
	12	2 Total. Add lines 1 through 11		200,000.		0.	0.	
	13	Compensation of officers, direct	ctors, trustees, etc	0.		0.	0.	0.
	14	Other employee salaries ar	nd wages		<u> </u>			
co.	15	Pension plans, employee t	benefits					
Se	16a	Legal fees					<u> </u>	
sesued		Accounting fees						
ω		Other professional fees					-	-
tive	17	Interest				RE	CEIVER	
itra	18	Taxes				115	FCIAFD	
Operating and Administrative	19	Depreciation and depletion	1			8	10	* ' ' '
틍	20	Occupancy				₩ NU/	2 2 2011	
Ą	21	Travel, conferences, and m	neetings			-	1 1.11	
aŭ	22	Printing and publications		ļ	 	ÖĞİ		
īng	23	Other expenses			<u></u>	- MAI		
ırat	24	Total operating and admi		,		0		
odc		expenses Add lines 13 th	_	0.		0.	0.	0.
_		Contributions, gifts, grants		0.				0.
	26	Total expenses and disbu	ırsements.			^		
	<u> </u>	Add lines 24 and 25		0.		0.	0.	0.
	27	Subtract line 26 from line		200 000				
	i	Excess of revenue over expens		200,000.				
	ı	Net investment income (if				0.	0.	
0235		Adjusted net income (if ne		the medius to a co	L		1 0.	Form 990-PF (2010)
		I HA FOT PADEDWOOK RE	PRICTION ACT NOTICE SEE	THE INSTRUCTIONS				FORD 220-PF (2010)

Parille Balance Sheets Attached schedules and amounts in the description column should be for end of wear amounts only		Ralance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year				
11/2	aru	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value				
	1	Cash - non-interest-bearing		200,000.	200,000.				
	2	Savings and temporary cash investments							
	3	Accounts receivable >							
		Less; allowance for doubtful accounts							
	4	Pledges receivable ▶	M. 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Marie Marie Marie				
	İ	Less; allowance for doubtful accounts			**************************************				
	5	Grants receivable							
	6	Receivables due from officers, directors, trustees, and other							
	ŀ	disqualified persons							
	7	Other notes and loans receivable							
		Less; allowance for doubtful accounts	* 38 %	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3					
(O)	8	Inventories for sale or use							
Assets	9	Prepaid expenses and deferred charges							
As	10a	Investments - U.S. and state government obligations							
	ı	Investments - corporate stock							
	l	Investments cornerate hands							
	1	Investments - Land, buildings, and equipment basis	C 1989 1981 1981 1981		A COMPANY TRANSPORT IN THE SECOND OF THE SEC				
	``	Less accumulated depreciation		15.74					
	12	Investments - mortgage loans							
	13	Investments - other							
		Land, buildings, and equipment basis			5000 and 1000				
	l ''	Less accumulated depreciation							
	15	Other assets (describe >							
	'`	- This assoc (00001100 P							
	16	Total assets (to be completed by all filers)	0.	200,000.	200,000.				
	17	Accounts payable and accrued expenses		200,0001					
	18	Grants payable							
ιń.	19	Deferred revenue							
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		,					
igi	21	Mortgages and other notes payable							
Ë		Other liabilities (describe)							
		Carlot nationals (about the							
	23	Total liabilities (add lines 17 through 22)	0.	0.					
_	-	Foundations that follow SFAS 117, check here	· · · · · · · · · · · · · · · · · ·						
		and complete lines 24 through 26 and lines 30 and 31.		•					
ces	24	Unrestricted							
	25	Temporarily restricted							
Bal		Permanently restricted							
or Fund Balan		Foundations that do not follow SFAS 117, check here							
F		and complete lines 27 through 31.							
ō	27	Capital stock, trust principal, or current funds	0.	0.					
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.					
ASS	29	Retained earnings, accumulated income, endowment, or other funds	0.	200,000.					
ĕ	30	Total net assets or fund balances	0.	200,000.	. !				
2					ļ				
	31	Total liabilities and net assets/fund balances	0.	200,000.	1				
LP	Part III Analysis of Changes in Net Assets or Fund Balances								
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30	· · ·					
		t agree with end-of-year figure reported on prior year's return)		1	0.				
	•	amount from Part I, line 27a		2	200,000.				
		increases not included in line 2 (itemize)	3	0.					
		ines 1, 2, and 3		4	200,000.				
		eases not included in line 2 (itemize)		5	0.				
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumo (b), fine 30	6	200,000.				
<u> </u>	· o tai	The course of fund buildings at one of year time 4 minus line 3) - Fatti, the		Form 990-PF (2010)					

2006			
2005			
2 Total of line 1, column (d)		2	
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or the foundation has been in existence if less than 5 years	3		
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	Ĺ	4	
5 Multiply line 4 by line 3		5	
6 Enter 1% of net investment income (1% of Part I, line 27b)		6	
7 Add lines 5 and 6		7	
8 Enter qualifying distributions from Part XII, line 4		8	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

023521 12-07-10

Form **990-PF** (2010)

See the Part VI instructions

Form	990-PF (2010) LAMB FOUNDATION			27-37			Page 4
_* P _e a	rt VI Excise Tax Based on Investment Income (Section 494	Ю(a), 4940(b),	, 4940(e), or 4	948 - se	e instru	ctior	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here and element and element operating foundations described in section 4940(d)(2), check here	enter "N/A" on line 1	.)	的	940	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	47 12 14
	Date of ruling or determination letter: (attach copy of letter if nec	ces <u>sary</u> -see instru	ctions)			2	- 2° -
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter	1%	1			0.
	of Part I, line 27b			237			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	% of Part I, line 12,	col. (b). 🕽				ا مند
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	others enter -0-)		2		_	0.
3	Add lines 1 and 2			3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	Others enter -0-)		4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5			0.
6	Credits/Payments:				***		
a	2010 estimated tax payments and 2009 overpayment credited to 2010	6a					
þ	Exempt foreign organizations - tax withheld at source	6b					
C	Tax paid with application for extension of time to file (Form 8868)	6c					
d	Backup withholding erroneously withheld	6d					(*************************************
7	Total credits and payments. Add lines 6a through 6d			7			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ached		8			
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		. ▶	10			
	Enter the amount of line 10 to be: Credited to 2011 estimated tax		Refunded ▶	11			
Pa	rt VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it part	ticipate or intervene	ın	\$ 53°C	Yes	
	any political campaign?				1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpor				1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copies of any r	naterials publishe	ed or			#- X-1
	distributed by the foundation in connection with the activities.						
	Did the foundation file Form 1120-POL for this year?			•••	1c	a	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the		•				
	(1) On the foundation. > \$ (2) On foundation managers		0.	-		مخترج آثار د'ا دی د	1 3.1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendi	liture tax imposed i	on foundation		7		ξ, 3,
_	managers. ► \$				45. 161	1 1	1
2	Has the foundation engaged in any activities that have not previously been reported to the II	IRS?			2	¥	X
	If "Yes," attach a detailed description of the activities				(** C.)	,	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	=	s of incorporation, o	or		ستد سد	المنظيقة
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change				3		<u> </u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year of the result filed a tax return on Form 900. If for this year?	aı '		N/A	4a 4b		
	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?	2		74 \ Y	5		X
J	If "Yes," attach the statement required by General Instruction T	•			9		-
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	oither.				٠	
J	 By language in the governing instrument, or 					3, 18	1
	By state legislation that effectively amends the governing instrument so that no mandator	ry directions that o	onflict with the state	e law	i's	· \$. 3	· * -
	remain in the governing instrument?	., 5	Januar and the state		6	است	\mathbf{x}
7	Did the foundation have at least \$5,000 in assets at any time during the year?				7	Х	
•	If "Yes," complete Part II, col (c), and Part XV.				<u> </u>	\vdash	
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) ►			*.		
	CA	/ -			- .		,
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (o	r designate)		-		
-	of each state as required by General Instruction G? If "No," attach explanation	(0	g /		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of se	ection 4942(i)(3) o	r 4942(ı)(5) for cale	endar			
-	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," or				9		x '
10	Did any nersons become substantial contributors during the tay year?	•			10	x	

X

4a

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

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

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

Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NOI		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	······································	
		
Total number of others receiving over \$50,000 for professional services		▶ 0
PartilX:A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical infe	ormation such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, e	etc.	Expenses
1 N/A		
2		
		
3		
		
	· , , ,	
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
T. I. I. A. I.	•	0.
Total. Add lines 1 through 3	■	11

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ındations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	18	0.
b		16	200,000.
C		1c	0.
d	Total (add lines 1a, b, and c)	1d	200,000.
е	Reduction claimed for blockage or other factors reported on lines 1a and	3, 1	
	1c (attach detailed explanation)	ng en §	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	200,000.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,000.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	197,000.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED, FOR SHORT TAX PERIOD	6	1,835.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	1,835.
2a	Tax on investment income for 2010 from Part VI, line 5	15, 3	
b		1.40	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,835.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,835.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,835.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u> </u>
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	المتدعد مع	
а	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	0.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies for th	e section

PartXIII Undistributed Income (see instructions)

1. Distributable amount for 2010 from Part XI, time 7 2. Unusuableade income, if any, as of the end of 2010 a Enter amount for 2009 only 2. Excess distributions carryover, if any, to 2010; afrom 2005 2. From 2005 2. From 2005 2. From 2006 2. From 2006 2. From 2007 2. From 2009		(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
2 Undestributed recover, if any, is of he end of 2010		5)4			
Exters amount for 2009 only b Total for prior years: 2 Excess distributions carryover, if any, to 2010: a From 2006 From 2007 From 2007 From 2008 From 2009 1 Total of lines 3s through e 4 Qualifying distributions for 2010 from 2019 Applied to 2010 by but not more than line 2a Applied to 2010 by but not more than line 2a Applied to 2010 distributions out of corpus (Election required - see instructions) 4 Applied to 2010 distributions out of corpus (Election required - see instructions) 5 bross administrated more of profits From 2009 6 Enter the net total of each column as indicated below. Corpus Add sees M. 6. and 6 sobtesci line 4b from line 2b. 2 Clarker the amount of pror years' undistributed more for 2010 subtract line 4b from line 2b. 2 Clarker the amount of pror years' undistributed more for 2010. Subtract line 4b from line 2b. 3 Clarker the amount of pror years' undistributed more for 2010. Subtract line 4b from line 2b. 3 Clarker the amount of pror years' undistributed more for 2010. Subtract line 4b from line 2b. 3 Clarker the amount of pror years' undistributed more for 2010. Subtract line 4b from line 2b. 4 Subtract line 5 ch from line 6b. Taxable amount - see instructions 4 from line 2b. 4 Subtract line 5 ch from line 6b. 5 Excess from 2006 6 Excess from 2006 6 Excess from 2009 6 Excess from 2009 6 Excess from 2009 6 Excess from 2009 6 Excess from 2009 6 Excess from 2009 6 Excess from 2009 6 Excess from 2009 6 Excess from 2009		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The second second	1,030.
3 Excess distributions carryover, if any, to 2010: a From 2006 From 2006 From 2006 From 2008 From 2009 Fro				<u> </u>	
S Excess distributions carryover, d any, to 2010: a From 2005 b From 2006 e From 2007 d From 2008 e From 2008 1 Total of lines 3a through e Ouathying distributions for 2010 from Part XII, line 4: N S Ouathying distributions for 2010 from Part XII, line 4: N S Ouathying distributions of 2010 from Order Part XII, line 4: N S Ouathying distributions out of corpus (Election required - see instructions) (Frated as distributions out of corpus (Election required - see instructions) Frated as distributions out of corpus (Election required - see instructions) Frated as distributions out of corpus (Election required - see instructions) Frated as distributions out of corpus (Election required - see instructions) Frated as distributions out of corpus (Election required - see instructions) Frated as distributions out of corpus (Election required - see instructions) Frated as distributions out of corpus (Election required - see instructions) Frated as distributions out of corpus Copus Add Inea St. 4c, and 45 (Schwective 5) Pror years' undistributed income. Subtract line 48 from line 20 Enter the amount of pror years undistributed income for 2010, Subtract line 48 from line 20 Enter the amount of pror years undistributed income for 2010, Subtract line 48 from line 20 Indistributed income for 2010, Subtract line 48 from line 20 Indistributed income for 2010, Subtract line 48 from line 20 Indistributed income for 2010, Subtract line 48 from line 20 Indistribution for 2011 Indistributed income for 2010, Subtract line 48 from line 20 Indistribution for 2011 Indistributed income for 2010, Subtract line 48 from line 20 Indistribution for 2011 Indistribution for 2011 Indistribution line 2011 Indistribution line 2011 Indistribution line 2011 Indistribution line 2011 Indistribution line 2011 Indistribution line 3 from line 30 Indistribution line 2011 Indistribution line 2011 Indistribution line 3 from line 30 Indistribution line 3 from line 30 Indistribution line 3 from line 30 Indistribution line 3					
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 	c Excess from 2008				
1 1 1	d Excess from 2009				
e Excess from 2010 Form 990-PF (2010)	e Excess from 2010			<u> </u>	

023581 12-07-10

<u> </u>	UNDATION				70115 Page 10			
PartXIV Private Operating For	oundations (see ins	structions and Part VII	A, question 9)	N/A				
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating	ļ					
foundation, and the ruling is effective for	2010, enter the date of t	he ruling	▶ ـ	 ,				
b Check box to indicate whether the found	b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)							
2 a Enter the lesser of the adjusted net	Tax year	41.000	Prior 3 years	1 (4) 0007				
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total			
investment return from Part X for								
each year listed _				. <u></u>				
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								
e Qualifying distributions made directly								
for active conduct of exempt activities.			ļ					
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	····				<u> </u>			
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				<u> </u>				
Part ³ XV. Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets			
at any time during t	he year-see the	instructions.)						
1 Information Regarding Foundation	-							
a List any managers of the foundation wh year (but only if they have contributed in			ributions received by the	e foundation before the clo	ose of any tax			
	1016 tilali 45,000). (566 5	ection 507 (d)(2).)						
NONE	100/		(ar an agually large part	an of the augustahin of a	and a salue as			
 b List any managers of the foundation wh other entity) of which the foundation has 			or an equally large porti	on of the ownership of a p	partnership or			
NONE	o a 1070 or ground interes	-						
2 Information Regarding Contribute	on Cront Cift Loon	Sabalarahia ata Di	· oarame:	- · · · · · · · · · · · · · · · · · · ·				
Check here X if the foundation o				not accent unsolveited red	uests for funds. If			
the foundation makes gifts, grants, etc.								
a The name, address, and telephone num	<u> </u>							
		1.b						
b The form in which applications should b	e submitted and informa	tion and materials they si	nould include:	<u> </u>				
c Any submission deadlines:								
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:				

Supplementary information	ontinued)			
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		<u> </u>
a Paid during the year				
NONE				
			İ	
				1
			1	
			<u> </u>	ļ
Total		T	▶ 3a	0
b Approved for future payment				
NONE				
			1	
				1
			1	
				1
				1
Total		L	▶ 3b	0
10(3)			► 30	1 0

Part XVI-A	Analysis of Income-Producing A	ctivities
* * * *	7 * * * * * * * * * * * * * * * * * * *	

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
•		.			· - · · ·
	 - 		-		
	-		 	<u> </u>	
A	 		\vdash	·	. _ ·
u	 		╁		
•	-				
g Fees and contracts from government agencies			-		
2 Membership dues and assessments					·
3 Interest on savings and temporary cash	+		 		
Investments			ļ		
4 Dividends and interest from securities	 		 		
• • •	· · · · · · · · · · · · · · · · · · ·		-10 5 201	ada Marina da Sala da	The Manual Roll of the Ro
5 Net rental income or (loss) from real estate:	-5A-6-9-7-2-10-7-	<u>~ .450 (12 to 1330 - 145 c)</u>	67480	Contraction of the Contraction o	That The Manager of the Control
a Debt-financed property	-		┼		<u> </u>
b Not debt-financed property	-		 		
6 Net rental income or (loss) from personal			ŀ		
property			 -		
7 Other investment income			ļ	-	
8 Gain or (loss) from sales of assets other					
than inventory	 				
9 Net income or (loss) from special events	ļ				
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	1				
a			ļ		
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	2 3 2	0.	1	0.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)		<u> </u>			
Part XVI-B Relationship of Activities t	o the Acco	omplishment of Ex	kemp	t Purposes	
Line No. Explain below how each activity for which inco			contri	outed importantly to the accor	nplishment of
the foundation's exempt purposes (other than	by providing fu	nds for such purposes).			
				•	<u> </u>

Partxx			To and Transactions ar	nd Relationships With Non	charitable
1 Dld the	organization directly or indi	rectly engage in any of the f	ollowing with any other organization	described in section 501(c) of	Yes No
			tion 527, relating to political organiz		
	ers from the reporting found				
			•	***************************************	1a(1) X

	ransactions:				
		ble exempt organization		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1b(1) X
					·····
(4) Re	eimbursement arrangements				·····
(5) Lo	······				
(6) Pe	erformance of services or me	mbership or fundralsing so	licitations		
				ays show the fair market value of the go	
or serv	_	oundation, if the foundation	received less than fair market value	in any transaction or sharing arrangem	•
(8)Line no.	(b) Amount Involved	(c) Name of nonch	aritable exempt organization	(0) Description of transfers, transaction	s, and sharing arrangements
		N	/A		
	· · · · · · · · · · · · · · · · · · ·				
	· - · · · · · · · · · · · · · · · · · ·				
-					
			_		
in sect	ion 501(c) of the Code (other complete the following sch	r than section 501(c)(3)) or edula.		ations described (c) Description of rel	
	(a) Name of org	janicauvii	(b) Type of organization	(c) Description of tel	anonamh
	N/A				
					
					
		$\overline{}$			·
——Tü	Inder penalties of perbry/i declar	e that I have exemined this return	Lincieting accompanying solvedules/and	elements, and to the best of my knowledge	and ballef, it is true, correct.
Sign Here	Signature of officer or tre	vor (other thumsdant)er or fiduci	ary is based on all information of which of	eparer has any knowledge. PRESIDENT Title	
	Print/Type preparer's na				PTIN
Paid	MARK A. TH		MXX	self- employed	P000 79658
Prepare Use On	Firm's name OST			Firm's EIN > 36-293	
	Firm's address > 45	5 N. CITYFRO	NT PLAZA DRIVE,		
		ICAGO, IL 60			L2-670-7444
					Form 000 DE (0040)

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 1545-004

2010

Name of the organization **Employer identification number** LAMB FOUNDATION 27-3770115 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts i, II, and III. → For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.. purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

LAMB FOUNDATION	27-3770115

Part I	Contributors (see instructions)		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	R.H PETERSON 14724 EAST PROCTOR AVENUE CITY OF INDUSTRY, CA 91746	s200,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Nume, address, and En 14	\$	Person Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(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) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Name, address, and 211 + 4	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(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) No	(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)

023452 12-23-10

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	ST OF OFFICERS, DI FOUNDATION MANAG		STATI	ement 1
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
LESLIE BORTZ 14724 EAST PROCTOR AVENUE CITY OF INDUSTRY , CA 91746	PRESIDENT/BOARD	MEMBER 0.	0.	0.
JOHN STIEFEL 311 SOUTH WACKER, SUITE 30 CHICAGO, IL 60606	BOARD MEMBER 5.00	0.	0.	0.
RICHARD REISIN 445 N. CITYFRONT PLAZA CHICAGO , IL 60611	BOARD MEMBER 5.00	0.	0.	0.
MICHAEL BORTZ 25394 LA LOMA DRIVE LOS ALTOS HILLS , CA 94022	VICE PRESIDENT 5.00	0.	0.	0.
MARCIE HEMMELSTEIN 2500 W. ARTHINGTON ST. CHICAGO, IL 60612	SECRETARY/TREAS	SURY 0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	- 5, PART VIII -	0.	0.	0.

8868

(Rev January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenu		► File a sep	arate applic	cation for each return.				
• If you are	filing for a	n Automatic 3-Month Extension, o	complete c	only Part I and check this box			. ▶ □	
	_	n Additional (Not Automatic) 3-Mo rt II unless you have already been g			-		8868.	
Electronic	filina (e-f	ile). You can electronically file Form	8868 if voi	u need a 3-month automatic extens	sion of time	to file (6	months for	
		d to file Form 990-T), or an addition						
		extension of time to file any of the f						
		Associated With Certain Personal						
instruction	s). For mor	e details on the electronic filing of th	nis form, vis	sit www.irs.gov/efile and click on e-	file for Chai	nties & No	nprofits.	
Part I	Automa	tic 3-Month Extension of Time	. Only sub	omit original (no copies needed)				
A corpora	tion requir	ed to file Form 990-T and reques	sting an a	utomatic 6-month extension—che	ck this bo	x and co	omplete ► ✓	
•	omorations	(including 1120-C filers), partnersh	ins RFMIC	cs and trusts must use Form 7004	to request	 an extens		
to file ıncoi			100, 11L1111C	is, and trades made add t of the took	to request	an extens	ion or anie	
Type or		exempt organization			Employer ic	lentificatio	n number	
print	l l	DUNDATION				27-3770115		
File by the		street, and room or suite no. If a P.O bo	ny see instri	ictions		7-3770113		
due date for		OCTOR AVE	7A, 000 IIIQII (3010113.				
filing your		n or post office, state, and ZIP code. For	r a foreign ag	dress see instructions	_			
return See instructions	1 7	INDUSTRY, CA 91746	a loreign at	duress, see instructions.				
	0111 01	MD031K1, CA 31740						
Enter the F	Return code	e for the return that this application i	s for (file a	separate application for each return	n)		0 4	
Application	on		Return	Application			Return	
Is For			Code	Is For			Code	
Form 990			01	Form 990-T (corporation)			07	
Form 990	-BL		02	Form 1041-A			08	
Form 990		· · · · · · · · · · · · · · · · · · ·	03	Form 4720		09		
Form 990			04	Form 5227		10		
		1(a) or 408(a) trust)	05	Form 6069		-	11	
		her than above)	06	Form 8870			12	
1 01111 330	1 (11 431 61	ner than above,		10/11/00/0	-		12	
Telephor If the org If this is f	ne No. ► anization of or a Group ole group, o		F. usiness in t ir digit Groi it is for part	AX No. ► the United States, check this box .		 If this _ and att		
		and EINs of all members the extensi						
unti for	ıl 0 the organiz	utomatic 3-month (6 months for a co 8/15 , 20 11 , to file the exer lation's return for: year 20 10 or	•	equired to file Form 990-T) extension attension return for the organization na		. The exte	ension is	
		beginning	. 20	, and ending		. 20		
	•	9 9						
_		entered in line 1 is for less than 12 naccounting period	nonths, che	eck reason:	ınal return			
		ion is for Form 990-BL, 990-PF, 990	D-T, 4720,	or 6069, enter the tentative tax, les	·			
nonrefundable credits. See instructions b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits.			3a	\$				
		ition is for Form 990-PF, 990-T, 4 payments made Include any prior y			and 3b	\$		
c Bala	ance due. S	Subtract line 3b from line 3a Include yo	our payment	t with this form, if required, by using E				
(Ele	ctronic Fed	eral Tax Payment System) See instruc	tions.		3с	\$	NONE	
	r you are o	going to make an electronic fund v	viiiiarawal	with this form 8008, see form 8	403-EU and	ı Form 88	5/9-EU for	

Form 886	8 (Rev. 1·2011)					Page 2	
• if you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this bo	X	▶	X	
	ly complete Part II if you have already been granted an a			Form 8	3868.		
Part II	are filing for an Automatic 3-Month Extension, comple Additional (Not Automatic) 3-Month E				oodod)		
TAIL		xtensio	IT OF TIME. Only file the original (no co	r			
Type or	or Name of exempt organization			Employer identification number		number	
print	LAMB FOUNDATION			2	7-3770115		
File by the extended due date for filing your	ended Number, street, and room or suite no. If a P.O. box, see instructions.						
return See Instructions	City, town or post office, state, and ZIP code. For a for CITY OF INDUSTRY, CA 91746	oreign add	dress, see instructions.				
Enter the	Return code for the return that this application is for (file	e a separa	ite application for each return)			04	
Applicati	ion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990		01					
Form 990	-BL	02	Form 1041-A			08	
Form 990)-EZ	03	Form 4720			09	
Form 990		04	Form 5227			10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	-T (trust other than above)	06	Form 8870			12	
STOP! D	o not complete Part II if you were not already granted		natic 3-month extension on a previou	sly file	d Form 8868.		
	LESLIE S. BORT		army on thinkamny	~ .	01746		
	poks are in the care of ► 14724 PROCTOR	AVE.		CA	91/46		
•	none No.		FAX No. ▶				
	organization does not have an office or place of busines						
	is for a Group Return, enter the organization's four digit	-	· · · · · · · · · · · · · · · · · · ·				
box ▶	If it is for part of the group, check this box Quest an additional 3-month extension of time until		BER 15, 2011.	memo	ers the extension is	s tor.	
	calendar year, or other tax year beginning			DEC	31, 2010		
	ne tax year entered in line 5 is for less than 12 months, or			Final r			
• " <u>"</u>	Change in accounting period	HEUN IEas	initial feturi	IIIIaii	etam		
7 Sta	tte in detail why you need the extension						
		ORDER	TO COMPILE THE INFO	RMA	TION THAT	IS	
	CESSARY FOR A COMPLETE AND						
8a If ti	nis application is for Form 990-BL, 990-PF, 990-T, 4720.	or 6069. e	enter the tentative tax, less any	1			
	nrefundable credits. See instructions.		•	8a	\$	0.	
b If the	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated				
	payments made. Include any prior year overpayment al	-					
	eviously with Form 8868.			8b	\$	0.	
	lance due. Subtract line 8b from line 8a. Include your pa	ayment wi	th this form, if required, by using				
	TPS (Electronic Federal Tax Payment System). See instr	-		8c	\$	0.	
			nd Verification				
Under pen it is true, c	alties of perjury declare that I have examined this form, includ orrect, and complete, and that I am authorized to prepare this fo	ling accom orm	panying schedules and statements, and to th	e best o	of my knowledge and I		
Signature	► Title ►	CPA		Date		U 13	
					Form 9969 /F	201 1 2011	