

## 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

2010

Department of the Treasury Note The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For calendar year 2010, or tax year beginning , 2010, and ending G Check all that apply Initial return Initial Return of a former public charity Final return Name change Amended return Address change Employer identification number Name of foundation TOMKAT FOUNDATION 27-6428761 Number and street (or P O box number if mail is not delivered to street address) Room/suite В Telephone number (see the instructions) (917) 225-1314 6 WILLOW STREET City or town State ZIP code С If exemption application is pending, check here СТ 06355 D 1 Foreign organizations, check here MYSTIC Check type of organization |X| Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation Ε If private foundation status was terminated Fair market value of all assets at end of year J Accounting method X Cash under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination 1,128,763. (Part I, column (d) must be on cash basis ) under section 507(b)(1)(B), check here Part I Analysis of Revenue and (b) Net investment (c) Adjusted net (d) Disbursements (a) Revenue and Expenses (The total of amounts in for charitable expenses per books income income columns (b), (c), and (d) may not neces purposes (cash basis only) sarily equal the amounts in column (a) (see the instructions)) 1 Contributions, gifts, grants, etc, received (att sch) 2 Ck If the foundn is not req to att Sch B Interest on savings and temporary cash investments 12,462. Dividends and interest from securities 5a Gross rents b Net rental income or (loss) REVENU 6a Net gain/(loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances **b** Less Cost of goods sold c Gross profit/(loss) (att sch) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 12,462. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages Pension-plans, employeerbenefits legal fees (attach schedule) 15 16a 11,910 Accounting fees (attach sch) b Other prof fees (attach sch) 2011 c 17 TAXES Taxes (attact, schedule)(see instr.)...I Depreciátion (attach, sch), and depletion: 319 18 19 20 Occupancy Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 2,470. OFFICE EXPENSES Total operating and administrative expenses. Add lines 13 through 23 24 14,699 69,000. 25 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 83,699 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements -71,237 b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter 0-)

F Page 2

Par	<u> </u>	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		f year		
Par	<u> </u>	Balance Sheets column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash – non-interest-bearing	0.	1,128,763.	1,128,763.		
	2	Savings and temporary cash investments					
	3	Accounts receivable					
		Less allowance for doubtful accounts ▶					
	4	Pledges receivable					
		Less allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)					
	7	Other notes and loans receivable (attach sch)					
S		Less allowance for doubtful accounts ▶					
A S E T	8	Inventories for sale or use			-		
Ţ	9	Prepaid expenses and deferred charges					
S	10:	a Investments – U.S. and state government obligations (attach schedule)					
		b Investments — corporate stock (attach schedule)	.,		·		
	١ ،	c Investments — corporate bonds (attach schedule)		<del> </del>	<del></del>		
	11	Investments – land, buildings, and equipment basis			-		
	,	Less accumulated depreciation (attach schedule)					
	12	Investments – mortgage loans		·			
	13	Investments – other (attach schedule)					
	14	Land, buildings, and equipment basis▶					
		Less accumulated depreciation (attach schedule)					
	15 16	Total assets (to be completed by all filers-			1 100 750		
		see instructions. Also, see page 1, item I)	0.	1,128,763.	1,128,763.		
ī	17	,					
A B	18	Grants payable					
Ī	19	Deferred revenue					
L	20	Loans from officers, directors, trustees, & other disqualified persons			*4		
Ť	21	Mortgages and other notes payable (attach schedule)  Other liabilities (describe►)					
E	22	Other liabilities (describe	<del>.</del>		•		
<u> </u>	23	Total liabilities (add lines 17 through 22)					
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			-		
NF	24	Unrestricted		····			
E U	25	Temporarily restricted					
ת	26	Permanently restricted					
A B S L T		Foundations that do not follow SFAS 117, check here X and complete lines 27 through 31.					
EL	27	Capital stock, trust principal, or current funds		1,200,000.			
2 N	28	Paid-in or capital surplus, or land, building, and equipment fund					
O E	29	Retained earnings, accumulated income, endowment, or other funds		-71,237.			
RS	30	Total net assets or fund balances (see the instructions)		1,128,763.	11.2		
	31	Total liabilities and net assets/fund balances (see the instructions)	0.	1,128,763.			
Par	t III	Analysis of Changes in Net Assets or Fund Balance	es				
1	Tota end-	I net assets or fund balances at beginning of year— Part II, colun of-year figure reported on prior year's return)	nn (a), line 30 (must agi	ree with			
2		r amount from Part I, line 27a	2	-71,237.			
		increases not included in line 2 (itemize) POPENING DONATI	ON	3	1,200,000.		
4	Add	4	1,128,763.				
5	Decre	ases not included in line 2 (itemize)		5			
6	Total net assets or fund balances at end of year (line 4 minus line 5)- Part II, column (b), line 30 6 1,128,763.						

rar	(a) List and describe	the kind(s) of property sold (e.g., rese, or common stock, 200 shares ML	eal estate.	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
	<del></del>					
C						
e	•					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal		(h) Gain or (e) plus (f) m	
a	<u> </u>					
t	)					
	J					
6						
		ng gain in column (h) and owned by			(1) Gains (Colu	
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a		gain minus column (k an -0-) <b>or</b> Losses (fr	
a	1					
t					_	
	——————————————————————————————————————					
6		capital loss) If gain, also	o enter in Part I, line 7 ter -0- in Part I, line 7			
	Capital gain het income or thet	If (loss), en	ter -0- in Part I, line 7	2		
3	Net short-term capital gain or (I	oss) as defined in sections 1222(5)	and (6)			t
	If gain, also enter in Part I, line in Part I, line 8	8, column (c) (see the instructions)	If (loss), enter -0-	. 3		
Par	t V Qualification Under	Section 4940(e) for Reduced	d Tax on Net Investme	nt Income		
Was	es,' the foundation does not quali	ion 4942 tax on the distributable am fy under section 4940(e) Do not cor	nplete this part		Yes	∏ No
1	Enter the appropriate amount in	each column for each year, see the	e instructions before making	any entries		I .
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as:	sets (col	<b>(d)</b> Distributior umn (b) divided	
	2009					
	2008					*
	2007					
	2006					
	2005			_		
2	Total of line 1, column (d)			2		
3		e 5-year base period — divide the to has been in existence if less than 5		3		· ·
4	Enter the net value of noncharit	able-use assets for 2010 from Part	X. line 5	4		<u>-</u>
_						
5	5 Multiply line 4 by line 3					
6	Enter 1% of net investment inco	ome (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
8	Enter qualifying distributions fro			8		
	If line 8 is equal to or greater the Part VI instructions	nan line 7, check the box in Part VI,	line 1b, and complete that p	eart using a 1%	tax rate See the	e 

<u>and addresses</u>

| 10 | X |

BAA

Form 990-PF (2010)

9 X

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)7f 'Yes,' complete Part XIV

Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names

10

TEFA0305 02/16/11

jeopardize its charitable purpose that had not been removed from jeopardy before the first day of

the tax year beginning in 2010?

BAA

. . . .

Form 990-PF (2010)

Form 990-PF (2010) TOMKAT FOUNDATION			27-642	28761 Page <b>6</b>		
Part VII-B   Statements Regarding Activiti		1 4720 May Be Req	uired (continued)			
<ul><li>5a During the year did the foundation pay or incu</li><li>(1) Carry on propaganda, or otherwise attempt</li></ul>	•	n (section 4945(e))?	Yes X	No		
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section	1 4955), or to carry		No .		
(3) Provide a grant to an individual for travel,	study, or other similar		Yes X			
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or 4940(d)(2)? (see instri	rganization described uctions)	Yes X	No		
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No		
<ul> <li>b If any answer is 'Yes' to 5a(1)-(5), didany of the described in Regulations section 53 4945 or in (see instructions)?</li> <li>Organizations relying on a current notice regains</li> </ul>	a current notice regard	ding disaster assistance	ons :-	5b		
c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If 'Yes,' attach the statement required by Regulations section 53 4945-5(d)						
6a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or ind	irectly, to pay premiums	Yes X	No		
<b>b</b> Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870	ums, directly or indirec	tly, on a personal bene	fit contract?	6b _ X		
7a At any time during the tax year, was the found	dation a party to a proh	ibited tax shelter transa	ction? Yes X	No		
<b>b</b> If yes, did the foundation receive any proceed				7b		
Part VIII Information About Officers, Diand Contractors	rectors, Trustees,	Foundation Manag	gers, Highly Paid E	mployees,		
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).	-		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances		
RICHARD CHAMBERLAIN				-		
7 WILLOW STREET	CO-PRESIDENT					
MYSTIC CT 06355	4.00	0.	0.	0.		
MARTHA_CRUM	CO-PRESIDENT			,		
MYSTIC CT 06355	4.00	0.	0.	0.		
			:			
	1	,		,		
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1 see ins	tructions). If none, ent	er '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 account, other allowances		
N/A			compensation	-		
0			7			
0						
0						
0						
<u> </u>				_ ~_		
Total number of other employees paid over \$50,000			<b>•</b>	None		
BAA	TEEA0306 0	07/23/10		Form <b>990-PF</b> (2010)		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	-
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
N/A	(с) сотпрелзати
	-
Total number of others receiving over \$50,000 for professional services	None
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	- - -
2	
3	-
4	-
Part IX-B Summary of Program-Related Investments (see instructions)	·
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount-
1	-
2	-
All other program-related investments See instructions  3	
Total. Add lines 1 through 3	•
BAA	Form <b>990-PF</b> (2010)

Part X   Minimum Investment R see instructions )	eturn (All domestic founda	ations must complete this part. F	oreign f	oundations,
Fair market value of assets not use     Average monthly fair market value of	d (or held for use) directly in carry of securities	ying out charitable, etc, purposes	1 a	1,200,000.
<b>b</b> Average of monthly cash balances			1 b	
c Fair market value of all other assets	s (see instructions)		1c	
d Total (add lines 1a, b, and c)			1 d	1, <u>20</u> 0,00 <u>0</u> .
<ul> <li>Reduction claimed for blockage or c (attach detailed explanation)</li> </ul>	other factors reported on lines 1a	and 1c   1e		
2 Acquisition indebtedness applicable	to line 1 assets		2	
3 Subtract line 2 from line 1d			3	1,200,000.
4 Cash deemed held for charitable ac (for greater amount, see instruction			4	18,000.
5 Net value of noncharitable-use ass	ets.Subtract line 4 from line 3 Er	nter here and on Part V, line 4	5	1,182,000.
6 Minimum investment return.Enter 5			6	59,100.
Part XI Distributable Amount (and certain foreign organ	· · ·	4942(j)(3) and (j)(5) private ope x and do not complete this p		undations
<ol> <li>Minimum investment return from Pa</li> </ol>	art X, line 6	1 1	1	<del></del>
2a Tax on investment income for 2010	from Part VI, line 5	2 a	_	1
<b>b</b> Income tax for 2010 (This does not	include the tax from Part VI)	2 b	_	• •
c Add lines 2a and 2b			2c	
3 Distributable amount before adjustm	nents Subtract line 2c from line 1		3	<del></del>
4 Recoveries of amounts treated as q	ualifying distributions		4	
5 Add lines 3 and 4			5	
6 Deduction from distributable amoun	t (see instructions)		6	
7 Distributable amount as adjusted S	Subtract line 6 from line 5. Enter l	nere and on Part XIII, line 1	7	
Part XII Qualifying Distributions	s (see instructions)			
1 Amounts paid (including administral a Expenses, contributions, gifts, etc-	tive expenses) to accomplish cha total from Part I, column (d), line	ritable, etc, purposes e 26	1 a	٠,
<b>b</b> Program-related investments – total	I from Part IX-B		1 b	
2 Amounts paid to acquire assets use	d (or held for use) directly in carr	rying out charitable, etc, purposes	2	· · · · · · · · · · · · · · · · · · ·
3 Amounts set aside for specific chari a Suitability test (prior IRS approval re	table projects that satisfy the equired)		3a	- :_}
<b>b</b> Cash distribution test (attach the red			3b	
4 Qualifying distributions Add lines 1	la through 3b Enter here and on	Part V, line 8, and Part XIII, line 4	4	
5 Foundations that qualify under secti Enter 1% of Part I, line 27b (see ins	on 4940(e) for the reduced rate c	of tax on net investment income	5	. 0.
6 Adjusted qualifying distributions.S	•		6	0.
		bsequent years when calculating wheths	er the four	ndation .
ВАА				Form <b>990-PF</b> (2010

### Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2009	<b>(c)</b> 2009	<b>(d)</b> 2010
1 Distributable amount for 2010 from Part XI,				60,000
Ine 7  2 Undistributed income, if any, as of the end of 2010				69,000.
a Enter amount for 2009 only				
<b>b</b> Total for prior years 20 , 20 , 20	<del></del>			
3 Excess distributions carryover, if any, to 2010				
<b>a</b> From 2005				
<b>b</b> From 2006				
<b>c</b> From 2007				
<b>d</b> From 2008				
<b>e</b> From 2009				
f Total of lines 3a through e				_ <del></del>
4 Qualifying distributions for 2010 from Part				•
XII, line 4 • \$				<b>I</b> -
a Applied to 2009, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2010 distributable amount				69,000.
e Remaining amount distributed out of corpus	0.			,
5 Excess distributions carryover applied to 2010				
(If an amount appears in column (d), the Same amount must be shown in column (a) )				
carrie arroant ritust 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	0.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency				
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				
amount — see instructions		0.		
e Undistributed income for 2009 Subtract line 4a from				
line 2a Taxable amount — see instructions	·		0.	<del></del>
f Undistributed income for 2010 Subtract lines	· 			
4d and 5 from line 1. This amount must be distributed in 2011.				·· o.
7 Amounts treated as distributions out of	<u> </u>			
corpus to satisfy requirements imposed				•
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)			ı	
8 Excess distributions carryover from 2005 not				
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a			-	
)	0.			
10 Analysis of line 9				
a Excess from 2006 0.				-
<b>b</b> Excess from 2007 0.	ı			
c Excess from 2008 0.				
<b>d</b> Excess from 2009 0.		ļ	ļ	
e Excess from 2010 0.				

BAA

Form 990-PF (2010)

army received or minutesis on analog,					***
d Any restrictions or limitations on awards,	such as by geograph	nical areas, charitat	ole fields, kinds of i	institutions, or other	factors
c Any submission deadlines			<del></del>		<del> </del>
<b>b</b> The form in which applications should be	submitted and inform	mation and material	ls they should inclu	de	
	c. or the person to w	om applications s			
a The name, address, and telephone numb	·				
Check here \( \sum_{\text{off}} \) If the foundation only requests for funds. If the foundation mak					
2 Information Regarding Contribution, Gra					
, , , , , , , , , , , , , , , , , , , ,					. ·
<b>b</b> List any managers of the foundation who a partnership or other entity) of which the	own 10% or more of e foundation has a 10	f the stock of a corp 0% or greater intere	ooration (or an equa	ally large portion of	the ownership of
a List any managers of the foundation who close of any tax year (but only if they have	have contributed move to the contributed more to the c	ore than 2% of the t han \$5,000) (See	otal contributions re section 507(d)(2))	eceived by the found	dation before the
1 Information Regarding Foundation Mana	agers:				
Part XV Supplementary Information assets at any time during t	n(Complete this	part only if the o	organization ha	ıd \$5,000 or moı	e in .
an exempt organization  (4) Gross investment income					·
(3) Largest amount of support from			<u> </u>		
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
on securities loans (section 512(a)(5)), or royalties)					
(1) Total support other than gross investment income (interest, dividends, rents, payments					r 31
ine 6 for each year listed  c 'Support' alternative test— enter					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X,		-			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					· .
(1) Value of all assets		.,			. 154
alternative test relied upon  a 'Assets' alternative test – enter					· -
for active conduct of exempt activities Subtract line 2d from line 2c 3 Complete 3a, b, or c for the	0.	0.	0.	0.	N/A
for active conduct of exempt activities  • Qualifying distributions made directly					<del></del>
line 4 for each year listed  d Amounts included in line 2c not used directly					·
b 85% of line 2a c Qualifying distributions from Part XII,	0.			,,	N/A
each year listed	0.		· · · · · · · · · · · · · · · · · · ·		N/A
income from Part I or the minimum investment return from Part X for	Tax year (a) 2010	<b>(b)</b> 2009	(c) 2008	<b>(d)</b> 2007	(e) Total
<ul><li>b Check box to indicate whether the founda</li><li>2a Enter the lesser of the adjusted net</li></ul>		rating foundation de	Prior 3 years	X   4942(j)(3) or	4942(j)(5)
is effective for 2010, enter the date of the	e ruling				7
Part XIV Private Operating Foundati  1 a If the foundation has received a ruling or	determination letter				<del>-</del>

Form 990-PF (2010) TOMKAT FOUNDATION

Part XV | Supplementary Information (continued)

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 recipient	Purpose of grant or contribution	Amount	
Name and address (home or business	s)	substantial contributor				
a Paid during the year						
MYSTIC SEAPORT						
75 GREENMANVILLE AVENUE MYSTIC CT 0	6355			GENERAL	5,000.	
NOANK GROUP HOMES& SUPPORT SERVICE				GENERAL	5,000.	
306 THAMES STREET	ES INC			1		
	6340			GENERAL	5,000.	
STONEHILL COLLEGE	,0310			02.0314.2	,	
320 WASHINGTON STREET						
	2357			EDUCATION	5,000.	
PARK SLOPE CHRISTIAN HELP I						
200 FOURTH AVENUE						
BROOKLYN NY 1	.1217			GENERAL	5,000.	
MYSTIC AREA SHELTER & HOSPITALIT	ry inc					
119 HIGH STREET					-	
MYSTIC CT 0	6355			GENERAL	5,000.	
TRINITY CHURCH					1	
74 TRINITY CHURCH				1	. 41	
NEW YORK NY 1	0006			GENERAL	25 <b>,</b> 000.	
WELLESLEY COLLEGE					-	
106 CENTRAL STREET						
WELLESLEY MA 0	2481			EDUCATION	5,-000.	
ST THOMAS EPISCOPAL CHURCH						
111 HIGH STREET						
	2780			EDUCATION	10,000.	
ALLSTAR VOLLEYBALL						
231 EAST 50TH STREET					4 000	
NEW YORK NY 1	10022			EDUCATION	4,000.	
					ν,	
					•	
Total		<u>'                                      </u>	<u> </u>	► 3a	69,000.	
<b>b</b> Approved for future payment					•	
,,						
					``,	
					,	
					0, 5	
					**, ;	
					•	
				1	, 1	
					•	
					••	
		1			•	
Total				► 3b		

Form 990-PF (2010) TOMKAT FOUNDATION 27-6428761 Page 12 Part XVI-A Analysis of Income-Producing Activities 1-. Enter gross amounts unless otherwise indicated Unrelated business income Excluded by section 512, 513, or 514 (e) Related or exempt (d) Amount (c) Exclu-(b) (a) Business function income (see the instructions) Amount SION code 1 Program service revenue code b С d g Fees and contracts from government agencies 2 Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate a Debt-financed property **b** Not debt-financed property Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue b d е 12 Subtotal Add columns (b), (d), and (e) 13 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions) Line No.

Form **990-PF** (2010)

Form 990-PF (2010) TOMKAT FOUNDATION 27-6428761 P
Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

<b>b.</b>								V	N <sub>a</sub>
1 Did the	organization directly	or indirectly er	ngage in any of the following her than section 501(c)(3) or	with any o	ther organization	<b>)</b> 7		Yes	No_
relating	to political organizat	ions?	THE THAIT SECTION SOT(C)(S) OF	gariizations	5) 01 111 300(1011 32	-,,			
		foundation to	a noncharitable exempt orga	nization of			4 43		.,
(1) Cas							1a (1) 1a (2)	-	X
` ,	er assets ansactions						14(2)		
	es of assets to a non	charitable exe	mpt organization				1 b (1)		Х
, ,			ble exempt organization				1 b (2)		X
<b>(3)</b> Rer	ntal of facilities, equip	oment, or other	assets				1 b (3)		X
(4) Rei	mbursement arrange	ments					1 b (4)		_X
<b>(5)</b> Loa	ins or loan guarantee	es.					1 b (5)		X
٠,,			p or fundraising solicitations				1b (6)		X
c Sharing	of facilities, equipme	ent, mailing lis	ts, other assets, or paid emp	loyees			1 c	<u> </u>	<u> </u>
the ano	ds other assets or s	services diven	complete the following sched by the reporting foundation l now in column <b>(d)</b> the value of	f the found	lation received le	ss than fair marke	et value in	of	
(a) Line no	(b) Amount involved		f noncharitable exempt organization			fers, transactions, and		ngemen	ts
					·			_	
		-							
		-				<del></del>			
	<u> </u>				<u> </u>				
			1.2					-	
								-	
								-	
0 - 1 - 11 - 6					avamet arganize	tions		<b>-</b> -	
describe	ed in section 501(c) of	of the Code (ot	ated with, or related to, one on her than section 501(c)(3)) o	r in section	1 527?	ations	Yes	s X	No
	complete the follows				-T				
(a	a) Name of organizati	ion	(b) Type of organiza	tion	(c)	Description of rel	ationship	7'	
					-				
				. <u>.</u>		<del> </del>			
								-	
Under	penalties of perjury, I declar	e that I have exami	ned this return, including accompanyir than taxpayer or fiduciary) is based on	g schedules ar	nd statements, and to t	he best of my knowledg	e and belief,	it is true	
Sign	, and complete Declaration	or preparer (other t	nan taxpayer or ilductary) is based on	an imormation	( / / /	any knowledge		-	
Here	sika bill	Kantoon		14	4116211	Tuisto	0	-	
<b>-</b>	gnature of officer or trustee	XOV OC		Date	<i>/// /W//</i>	Title			
	Print/Type preparer's nar	TIE A	Preparer's signature		Date	Check if X if	PTIN		
Paid	PHILIP(N. A)	(ODB )	PHILIP N. AYO	UB	03/26/11	self-employed			
Preparer	Firm's name	MILÍPN.	AYOUB			Firm's EIN			
Use Only	Firm's address	<del></del>	R HILL RD						
		ZVERSIDE		CT 06	878-1009	Phone no (203			
BAA							Form 99	90-PF	(2010)

#### 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

2010

+ 5, v

Name of the organization		Employer identification nun	nber
TOMKAT FOUNDATION		27-6428761	
Organization type (check one)			
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust <b>not</b> to 527 political organization		·
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treate 501(c)(3) taxable private foundation	ed as a private foundation	
Check if your organization is covered by Note. Only a section 501(c)(7), (8), or (	the <b>General Rule</b> or a <b>Special Rule</b> 10) organization can check boxes for both the General F	Rule and a Special Rule See instr	uctions
General Rule			-
	990-EZ, or 990-PF that received, during the year, \$5,00	0 or more (in money or property)	from any one
Special Rules			
$\sim$ 509(a)(1) and 170(b)(1)(A)(vi), and	filing Form 990 or 990-EZ, that met the 33-1/3% supporeceived from any one contributor, during the year, a copp. Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complet	ntribution of the greater of Y \$5.00	ctions 10 or
aggregate contributions of more that	organization filing Form 990 or 990-EZ, that received from \$1,000 for useexclusively for religious, charitable, scie or animals Complete Parts I, II, and III	om any one contributor, during the ntific, literary, or educational purp	e year, oses, or
contributions for use exclusively for If this box is checked, enter here th	organization filing Form 990 or 990-EZ, that received from the religious, charitable, etc., purposes, but these contributions that were received during the year for a parts unless the General Rule applies to this organization.	ons did not aggregate to more than for a <b>e</b> x <i>clusively</i> religious, charitable	า \$1,000 e, etc,
religious, charitable, etc, contributio	ns of \$5,000 or more during the year	<b>▶</b> \$	
990-PF) but it must answer 'No' on Pari	rered by the General Rule and/or the Special Rules does IV, line 2 of their Form 990, or check the box on line H the filing requirements of Schedule B (Form 990, 990-E.	of its Form 990-EZ, or on line 2 of	90-EZ, or of its Form
BAA For Paperwork Reduction Act No 990EZ, or 990-PF.	otice, see the Instructions for Form 990,	chedule B (Form 990, 990-EZ, or	990-PF) (2010)

	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2010)	Page 1	of 1 of Part I
Name of org	anization  F FOUNDATION	1 ' 1	r identification number
Part I	Contributors (see instructions )		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	RICHARD AND MARTHA CHAMBERLAIN  7 WILLOW STREET  MYSTIC CT 06355	\$1,200,000.	Person X 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 દેવસાઉ
		\$	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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2010)