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Return of Private Foundation

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

OMB No 1545-0052

		t of the Treasury venue Service Note.		Treated as a Private be able to use a copy of this			rting requirements	ZUIU
For	cale	ndar year 2010, or tax year beg	ginning		, and end	ıng		
G (Check		al return ended return	Initial return of a fo		_	Final return Name change	
Na	me o	foundation			,		A Employer identification	number
		THE TAMBUR F	AMILY FOU	NDATION			68-0616241	
Nui	mber a	and street (or P O box number if mail			R	oom/suite	B Telephone number	
		1140 ROUTE 3	315				570-825-950	01
Cit	y or t	own, state, and ZIP code	105				C If exemption application is pe	- management
<u>L</u>		WILKES-BARRE		F			D 1. Foreign organizations,	check here
H (_			kempt private foundation			Foreign organizations mee check here and attach con	nputation
		ction 4947(a)(1) nonexempt charket value of all assets at end o		Other taxable private foundaing method X Cash	Accrual	- 	E If private foundation statu	us was terminated
		Part II, col. (c), line 16)	· 1 —	ther (specify)	Acciual		under section 507(b)(1)(•
	\$	1,592,2	.57 . (Part I, colu	ımn (d) must be on cash b	pasis.)		F If the foundation is in a 6 under section 507(b)(1)(
P:	art l	Analysis of Revenue and Ex (The total of amounts in columns (to necessanly equal the amounts in columns)	penses b), (c), and (d) may not column (a))	(a) Revenue and expenses per books	(b) Net inves		(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc	c , received				N/A	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	2	Check X if the foundation is not	required to attach Sch. B					
	3	Interest on savings and temporary cash investments		5.		5.		STATEMENT 1
	4	Dividends and interest from se	ecurities	32,107.	32	,107.		STATEMENT 2
		Gross rents						
	6-2	Net rental income or (loss) Net gain or (loss) from sale of assets		7,043.	•			,
uge	b	Grace cales nace for all	246,665.	7,013.				
Revenue	7	Capital gain net income (from Part N		, , , , , , , , , , , , , , , , , , , ,	7	,043.		· · ·
œ	8	Net short-term capital gain			······································	 	RECEI	
	9	Income modifications					سنسيب ساليس	7+*
	10a	Gross sales less returns and allowances						?nsi (©*
	1	Less Cost of goods sold			······		, .,,	****
	11 11	Gross profit or (loss)						The state of the s
	12	Other income Total. Add lines 1 through 11		39,155.	39	,155.	-0G	* * * * * * * * * * * * * * * * * * * *
	13	Compensation of officers, directors,	trustees etc	0.		0.		0.
	14	Other employee salaries and w	•					
	15	Pension plans, employee bene	fits					
ses	16a	Legal fees	_					
be.	b	Accounting fees	STMT 3	2,235.		,118.		1,117.
Ü	C	Other professional fees	STMT 4	9,171.	4	,586.		4,585.
カウェンル Operating and Administrative Expenses	17	Interest	STMT 5	1,241.		621.		620.
istra	18 19	Taxes Depreciation and depletion	SIMI S	1,241.		021.		020.
in in	20	Occupancy						·····
Adı	21	Travel, conferences, and meeti	inas					
and	22	Printing and publications	3					
Bu	23	Other expenses	STMT 6	775.		388.		387.
a E	24	Total operating and administr			_			
ညီ		expenses. Add lines 13 throug	•	13,422.	6	,713.		6,709. 53,955.
		Contributions, gifts, grants paid		53,955.				53,955.
<u>§</u>	26	Total expenses and disburser Add lines 24 and 25	nents.	67,377.	6	,713.		60,664.
<u>z</u>	27	Subtract line 26 from line 12		0,,5,,,	0	,,130		00,004.
DENNED TO SECOND	a	Excess of revenue over expenses an	nd disbursements	-28,222.				
Z	b	Net investment income (if nega			32	,442.		, , , , , , , , , , , , , , , , , , ,
<u> </u>	C	Adjusted net income (if negative					N/A	
12:07	7-10	LHA For Paperwork Reduct	tion Act Notice, see	the instructions				Form 990-PF (2010)

Page 2

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
Cotumn should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	2,501.	1,836.	1,836.
2 Savings and temporary cash investments	9,634.	19,256.	19,256.
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			
7 Other notes and loans receivable			······································
Less: allowance for doubtful accounts			
8 Inventories for sale or use			-
9 Prepaid expenses and deferred charges			
10a Investments - U.S. and state government obligations			
b Investments - corporate stock		-	
c Investments - corporate bonds			
11 Investments - land, buildings, and equipment basis			
Less accumulated depreciation			
12 Investments - mortgage loans			-
13 Investments - other STMT 8	1,404,701.	1,571,165.	1,571,165.
14 Land, buildings, and equipment basis	1,404,701.	1,3/1,103.	1,3/1,103.
	-	1	
Less, accumulated depreciation	,	-	
15 Other assets (describe ►)		
46 Tatal agests (to be consulated by all files)	1 416 926	1 502 257	1 502 257
16 Total assets (to be completed by all filers)	1,410,830.	1,592,257.	1,392,237.
17 Accounts payable and accrued expenses			
18 Grants payable			
g 19 Deferred revenue			
20 Loans from officers, directors, trustees, and other disqualified persons			
Deterred revenue Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable			
22 Other liabilities (describe >)		
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.	1	-	
월 24 Unrestricted			
Temporarily restricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds			
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31.	ŀ		
27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
29 Retained earnings, accumulated income, endowment, or other funds	1,416,836.	1,592,257.	
30 Total net assets or fund balances	1,416,836.	1,592,257.	
31 Total liabilities and net assets/fund balances	1,416,836.	1,592,257.	
Part III Analysis of Changes in Net Assets or Fund	Balancos		
Part III Allalysis of Changes III Net Assets of Fund	Dalarices		
1 Total net assets or fund balances at beginning of year - Part II, column (a), lin	ne 30		
(must agree with end-of-year figure reported on prior year's return)		11	1,416,836.
2 Enter amount from Part I, line 27a	•	2	-28,222.
3 Other increases not included in line 2 (itemize)	SEE STA		203,643.
Add lines 1, 2, and 3		4	1,592,257.
5 Decreases not included in line 2 (itemize)		5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b), line 30	6	1,592,257.
The contract of the con			Form 990-PF (2010)

THE TAMBUR FAMILY FOUNDATION

Part IV Capital Gains and Losses for Tax on Investment Income	_		TAMBUR FAMILY						6	8-061	6241	Page 3
19 PUBLICLY TRADED SECURITIES 1 PUBLICLY TRADED SECURITIES 2 PUBLICLY TRADED SECURITIES 1 PUBLICLY TRADED SECURITIES 2 PUBLICLY TRADED SECURITIES 3 PUBLICLY TRADED SECURITIES 4 PUBLICLY TRADED SECURITIES 2 PUBLICLY TRADED SECURITIES 3 PUBLICLY TRADED SECURITIES 4 PUBLICLY TRADED SECURITIES 4 PUBLICLY TRADED SECURITIES 4 PUBLICLY TRADED SECURITIES 5 PUBLICLY TRADED SECURITIES 6 PUB	Ц			······································	t Income	1753 L	low or	aurad I		· .		
PUBLICITY TRADED SECURITIES		2-story brick wa	arehouse, or common stock, 200 s			ייניין ס	iow ac - Purc - Dona	hase ation				
(e) Gross sales grace (f) Deprecation allowed (p) Cost or other basis (p) plus expense of sale (p) plus (p) minus (p) plus expense of sale (p) plus (p) minus (p) plus expense of sale (p) plus (p) minus (p) plus expense of sale (p) plus (p) minus (p) plus expense of sale (p) plus (p) minus (p) plus expense of sale (p) plus	_											
(e) Gross sales pnce (7) Deprecation allowed (or allowable) (p) Cost or other basis (p) plus (7) minus (p) (p) at 125,717. b 120,948.	_!	DUBLICLY TRADE	D SECURITIES									
(a) Gross sales gince (1) Depreciation allowed (c) Cost or other bases (e) plus (f) minus (g) 2 (e) plus (f) plus (g) 2 (e) plus (f) plus (g) 2 (e) plus (g) 2 (e												
(e) Gross sales price (1) Experioration altowed (or allowable) (p) Excit or their bases (e) plus (f) minus (g) (f) (f) plus (f) minus (g) (f) (f) plus (f) minus (g) (f) (f) plus (_					ļ						
125,717, 125,717,		<u> </u>		1 1.1.		<u> </u>						
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Gains (Col. (h) gain minus of (R), but not less than 4-0-) or Lesses (from cell (h), but not less than 4-0-) or Lesses (from cell (h), but not less than 4-0-) or Lesses (from cell (h), but not less than 4-0-) or Lesses (from cell (h)) as or 12/31/69 (ii) Gains (Col. (h) gain minus cell (h), but not less than 4-0-) or Lesses (from cell (h)) as or 12/31/69 (iii) Gains (Col. (h) gain minus cell (h), but not less than 4-0-) or Lesses (from cell (h)) as or 12/31/69 (iii) Gains (Col. (h) gain minus cell (h), but not less than 4-0-) or Lesses (from cell (h)) as or 12/31/69 (iii) Gains (Col. (h) gain minus cell (h), but not less than 4-0-) or Lesses (from cell (h)) as or 12/31/69 (iii) Gains (Col. (h), but not less than 4-0-) or Lesses (from cell (h)) as or 12/31/69 (iii) Gains (Col. (h), but not less than 4-0-) or Lesses (from cell (h)) as or 12/31/69 (iii) Gains (Col. (h), but not less than 4-0-) or Lesses (from cell (h)) as or 12/31/69 (iii) Gains (Col. (h), but not less than 4-0-) or Lesses (from cell (h)) as or 12/31/69 (iii) Gains (Col. (h), but not less than 4-0-) or Lesses (from cell (h)) in the second from the cell (h) and the cell (h) as or 12/31/69 (iii) Gains (Col. (h), but not less than 4-0-) or Lesses (from cell (h)) as or 12/31/69 (iii) Gains (Col. (h), but not less than 4-0-) or 12/31/69 (iii) Gains (Col. (h), but not less than 4-0-) or 12/31/69 (iii) Gains (Col. (h), but not less than 4-0-) or 12/31/69 (iii) Gains (Col. (h), but not less than 5-0-12/31/69 (iii) Gains (Col. (h), but not less than 5-0-12/31/69 (iii) Gains (Col. (h), but not less than 5-0-12/31/69 (iii) Gains (Col. (h), but not less than 5-0-12/31/69 (iii) Gains (Col. (h), but not less than 5-0-12/31/69 (iii) Gains (Col. (h), but not less than 5-0-12/31/69 (iii) Gains (Col. (h), but not less than 5-0-12/31/69 (iii) Gains (Col. (h), but not less than 5-0-12/31/69 (iii) Gains (Col. (h), but not less than 5-0-12/31/69 (iii) Gains (Col. (h), but no	_		1	1 17/	expense of sale						g)	
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Gomplete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (ii) Gains (Co) (h) gain minute (co) (l) (h) districted basis as of 12/31/69 (ii) Adjusted basis (iii) Excess of col (i) col (h) out not less shan -0) or Col (h), but not less shan -0) or Col (h), had not have have have have have have have have	_1	120,948.			149,48	5.					28	<u>,537.</u>
Complete only for assets showing gain in column (n) and owned by the foundation on 12/31/69 (ii) FMV as of 12/31/69 (iii) Adjusted basis as of 12/31/69 (iii) Adjusted basis as of 12/31/69 (iii) Capital gain net microme or (et capital loss) (iii) Gains (Cot (n) poin minus cot (n), if any cover cot (n), if any cot (n), if any cover	_	C		<u> </u>								
Complete only for assets showing gam in column (h) and owned by the foundation on 123 f/69 (i) FMV as of 12/31/69 (ii) Adjusted basis (iii) Excess of col. (iii) gam muss col (iii) Link (iii) and in the stand-of-) or Closses (from col. (iii) and in the stand-of-) or Closses (from col. (iii) and in the stand-of-) or Closses (from col. (iii) and in the stand-of-) or Closses (from col. (iii) and in the stand-of-) or Closses (from col. (iii) and in the stand-of-) or Closses (from col. (iii) and in the stand-of-) or Closses (from col. (iii) and in the stand-of-) or Closses (from col. (iii) and in the stand-of-) or Closses (from col. (iii) and in the stand-of-) or Closses (from col. (iii) and in the stand-of-) or Closses (from col. (iii) and in the stand-of-) or Closses (from col. (iii) and in the stand-of-) or Closses (from col. (iii) and in the col. (iii) and in the stand-of-) or Closses (from col. (iii) and in the col. (iii) and in the stand-of-) or Closses (from col. (iii) and in the col. (iii) and in the stand-of-) or Closses (from col. (iii) and in the col. (iii) and in the stand-of-) or Closses (from col. (iii) and in the stand-of-) or Closses (from col. (iii) and in the stand-of-) or Closses (from col. (iii) and in the stand-of-) or Closses (from col. (iii) and in the stand-of-) or Close (iii) and in the stand-of-) or	_	d		ļ								
(i) F M V as of 12/31/69 (i) Adjusted basis as of 12/31/69 (vover col (i), if any) a				•								
(i) FMV as of 12/31/69 as of 12/31/69 over col (i), if any lower col (ii), if any lower col (iii), and lower col (iii), if any lower col (iii), any lower col (iii), and lower col (iii)	_	Complete only for assets showing	ng gain in column (h) and owned by	y the foundation	on 12/31/69							
E Capital gain net income or (net capital loss) (If gain, also enter in Part I, line 7 If (loss), enter -0 in Part I, line 7 If (loss), enter -0 in Part I, line 7 If (loss), enter -0 in Part I, line 7 If (loss), enter -0 in Part I, line 8 (loss), enter -0 in Part I, line 8, column (c). If gain, also enter in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 2 in Part I, line 2 in Part I, line 7, enter li	_	(i) F M V as of 12/31/69						COI			h))	
E Capital gain net income or (net capital loss) (If gain, also enter in Part I, line 7 If (loss), enter -0 in Part I, line 7 If (loss), enter -0 in Part I, line 7 If (loss), enter -0 in Part I, line 7 If (loss), enter -0 in Part I, line 8 (loss), enter -0 in Part I, line 8, column (c). If gain, also enter in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 8, column (c). If (loss), enter -0 in Part I, line 2 in Part I, line 2 in Part I, line 7, enter li	_:	2									35	<u>,580.</u>
d e	╝	b									-28	,537.
E Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0 - in Part I, line 7 If (loss), enter -0 - in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If yes, the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If yes, the foundation does not qualify under section 4940(e) Do not complete this part Enter the appropriate amount in each column for each year, see instructions before making any entries (a) (s) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	_	<u> </u>										
2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 8 It gain, also enter me part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 7, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8, column (c). If (loss), en	_1	d										
2 Capital gain net income or (net capital loss)	_!	B										
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c). If (loss), enter in Part I, line 8, column (c). If (loss), enter in Part I, line 8, column (c). If (loss), enter in Part I, line 8, column (c). If (loss), enter in Part I, line 8, column (c). If (loss), enter in Part I, line 8, column (c). If (loss), enter in Part I, line 8, column (c). If (loss), enter in Part I, line 2, column (2	Capital gain net income or (net ca	apital loss)	er in Part I, line -0- in Part I, line	7 7	}	2				7	,043.
If gain, also enter in Part I, line 8, column (c) 3 N/A Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income	3	Net short-term capital gain or (los	•									
Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income	Ī	, ,		ua (0)		31						
For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income	_					\int	3			N/A		
## Section 4940(d)(2) applies, leave this part blank Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes	Ц	Part V Qualification U	Inder Section 4940(e) fo	r Reduced	i Tax on Net	Inve	estn	nent Inc	ome			
Was the foundation lable for the section 4942 tax on the distributable amount of any year in the base period? If Yes, the foundation does not qualify under section 4940(e) Do not complete this part Enter the appropriate amount in each column for each year, see instructions before making any entries Base period years	(F	or optional use by domestic private	e foundations subject to the section	3 4940(a) tax on	net investment in	come)					
Was the foundation lable for the section 4942 tax on the distributable amount of any year in the base period? If Yes, the foundation does not qualify under section 4940(e) Do not complete this part Enter the appropriate amount in each column for each year, see instructions before making any entries Base period years	Ιf	caction 4040/d\/2\ annine teave ti	hic nart blank									
The triangle of the spropriate amount in each column for each year, see instructions before making any entries The triangle of the spropriate amount in each column for each year, see instructions before making any entries The triangle of the spropriate amount in each column for each year, see instructions before making any entries The triangle of the spropriate amount in each column for each year, see instructions before making any entries The triangle of the spropriate amount in each column for each year, see instructions before making any entries The triangle of the spropriate amount in each column for each year, see instructions before making any entries The triangle of the spropriate amount in each column for each year, see instructions before making any entries The triangle of the spropriate amount in each column for each year, see instructions before making any entries The triangle of the spropriate amount in each column for each year, see instructions before making any entries The triangle of the spropriate and triangle of the value of noncharitable-use assets The triangle of the spropriate of the sp	"	Section 4340(u)(2) applies, leave ti	ilis part bialik									
Enter the appropriate amount in each column for each year, see instructions before making any entries Calendar year (or tax year beginning in) Adjusted qualifying distributions Net value of noncharitable-use assets Color (b) divided by col (c)						10d?					Yes	X No
Sase period years Adjusted qualifying distributions Net value of noncharitable-use assets Cot (b) divided by col (c)												
Rase period years (of tax year beginning in) Adjusted qualifying distributions Net value of noncharitable-use assets Cool (b) divided by col (c)	1		each column for each year, see insi	tructions before	making any entrie	es					7.15	
Calendar year (or tax year beginning in) Adjusted qualifying distributions Net Value of noncharitable-use assets (col. (b) divided by col. (c))		Base period vears							İ	Distrib	ution ratio	
2008	_	Calendar year (or tax year beginni	<u></u>		Net value of not					(cot (b) divi	ided by col	
2007 74,222	_											
2006	_											
2005 O . 114,007	_											
2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 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	_					1,						
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 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	_	2005		0.			11	4,007	•		.0	00000
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 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												
the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 7 46,930. 8 Enter qualifying distributions from Part XII, line 4 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			•		-				2	_	• 1	<u> 58979</u>
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 5 Multiply line 4 by line 3 5 46,606. 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 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	3		•	I on line 2 by 5,	or by the number	of yea	ars				•	01706
5 Multiply line 4 by line 3 5 46,606. 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 324. 7 Add lines 5 and 6 7 46,930. 8 Enter qualifying distributions from Part XII, line 4 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		the foundation has been in exister	nce if less than 5 years						3		.0	31/96
5 Multiply line 4 by line 3 5 46,606. 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 324. 7 Add lines 5 and 6 7 46,930. 8 Enter qualifying distributions from Part XII, line 4 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												225
6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 7 46,930. 8 Enter qualifying distributions from Part XII, line 4 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	4	Enter the net value of noncharitab	ole-use assets for 2010 from Part X	t, line 5					4		1,465	<u>,//5.</u>
6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 7 46,930. 8 Enter qualifying distributions from Part XII, line 4 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												
7 Add lines 5 and 6 7 46,930. 8 Enter qualifying distributions from Part XII, line 4 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	5	Multiply line 4 by line 3							5		46	<u>,606.</u>
7 Add lines 5 and 6 7 46,930. 8 Enter qualifying distributions from Part XII, line 4 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												
8 Enter qualifying distributions from Part XII, line 4 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	6	Enter 1% of net investment incom	ne (1% of Part I, line 27b)						6			324.
8 Enter qualifying distributions from Part XII, line 4 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											_	
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	7	Add lines 5 and 6							7		46	<u>,930.</u>
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	8	Enter qualifying distributions from	n Part XII, line 4						8		60	,664.
		If line 8 is equal to or greater than		e 1b, and comp	olete that part using	g a 19	6 tax r	ate				

orn	m 990-PF (2010) THE TAMBUR FAMILY FOUNDATION		6	8-06	16241		Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 494	10(a), 4940(b), 4940(e),	or 494	18 - se	e instru		
1a	Exempt operating foundations described in section 4940(d)(2), check here and e	enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if ne	cessary-see instructions)		1			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	➤ X and enter 1%		1		3	24.
	of Part I, line 27b						
C	: All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 49	% of Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only C	Others enter -0-)	L	2			0.
3	Add lines 1 and 2			3	-	3	24.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	Others enter -0-)		4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			5		3	24.
6	Credits/Payments			1	,.		
а	2010 estimated tax payments and 2009 overpayment credited to 2010	6a 1,68	9.				
b	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		1,6	89.
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	•		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		▶ _	10		1,3	65.
	Enter the amount of line 10 to be: Credited to 2011 estimated tax	1,365. Refunded	▶	11			0.
	art VII-A Statements Regarding Activities						
1a	e During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participate or inte	vene in			Yes	No
	any political campaign?				1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo				1b	<u> </u>	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an	nd copies of any materials pub	lished d	or		ĺ	
	distributed by the foundation in connection with the activities.						
C	Did the foundation file Form 1120-POL for this year?				10		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the				ł	İ	
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers		0.		Ī		
6	: Enter the reimbursement (if any) paid by the foundation during the year for political expend	fiture tax imposed on foundation			İ		
	managers > \$O.						
2	Has the foundation engaged in any activities that have not previously been reported to the I	IRS?			2		X
	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing	instrument, articles of incorporat	on, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chang				3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar?		/-	4a	<u> </u>	X
_	If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	4b	<u> </u>	<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year'	?			5	,	<u>X</u>
_	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 e	either					
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandator	ry directions that conflict with the	state lav	N		l	1
_	remain in the governing instrument?				6	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.						ĺ
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) P			_		
	PA				_		
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation				8b	Х	ļ
y	Is the foundation claiming status as a private operating foundation within the meaning of se		calenda	ar T			,,
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," or	complete Part XIV			9		X
	THE ARE THE COLOR DECEMBER CHECKERS PROTEINED FOR ALLEGE TO THE TAY WAS A TO A TO A TO A TO A TO A TO A TO A				1 10		· X

b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose

Yes X No

N/A

N/A

2b

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

X 4a Х

3b

Form **990-PF** (2010)

statement - see instructions)

during the year?

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

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

of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2010.)

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

orm 990-PF (2010) THE TAMBUR FAMILY FOUNDA	TION		68-06162	41_	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y6	es X No		
(2) Influence the outcome of any specific public election (see section 4955), of	er to carry on, directly or indire				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y6	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				l
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y6	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t				1
the prevention of cruelty to children or animals?		Ye	es X No		-
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	ın Regulations			
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h			▶∟		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f					
expenditure responsibility for the grant?	N	I/A	es L. No		
If "Yes," attach the statement required by Regulations section 53 494	5-5 <i>(d</i>).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Y _E	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?	-	ļ.,.	6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			<u>`</u>	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	y 		
List all officers, directors, trustees, foundation managers and their	compensation.				
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (if not paid,	(d) Contributions to employee benefit plans and deferred	(e)	Expense ount, other
(a) Name and address	to position	enter -0-)	and deferred compensation	all	owances
ROBERT L. TAMBUR	TRUSTEE				
1140 ROUTE 315					
WILKES BARRE, PA 18711	2.00	0.	0.		0.
	TRUSTEE				
1140 ROUTE 315					_
WILKES BARRE, PA 18711	2.00	0.	0.	<u> </u>	0.
		}			
				1	
				<u> </u>	
2 Compensation of five highest-paid employees (other than those inc	<u></u>	enter "NONE."	(d) Contributions to	(2)	Evacaca
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	acco	Expense ount, other
NONE	devoted to position		compensation	alle	owances
NONE					
				-	
		 			
			<u> </u>	 	
		-		\vdash	
Total number of other employees hald over \$50,000		1	<u> </u>	<u> —</u>	0
COLAN COLORER OF THESE PRODUCTIONS DATE OF A STORY AND LONG.			- '		

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)			
3 Five highest-paid independent contractors for professional services. If none, enter	'NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compen	ısatıon
NONE	-	τ	
Total number of others receiving over \$50,000 for professional services		•	0
Part IX-A Summary of Direct Charitable Activities			
number of organizations and other beneficiaries served, conferences convened, research papers produ N/A 2 4	ced, etc	Expenses	
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on life	nes 1 and 2	Amount	
1 <u>N/A</u>			
2			
All other program-related investments. See instructions 3			

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	is, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes	П	
а	Average monthly fair market value of securities	1a	1,487,738.
	Average of monthly cash balances	1b	1,487,738.
	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	1,488,096.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,488,096.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	22,321.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,465,775.
6	Minimum investment return. Enter 5% of line 5	6	73,289.
P	pistributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	id certai	n
1	Minimum investment return from Part X, line 6	1	73,289.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI) 2b		
C	Add lines 2a and 2b	2c	324.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	72,965.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	72,965.
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	72,965.
=	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	.	60 664
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	60,664.
b	Program-related investments - total from Part IX-B	1b	<u>U.</u>
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.		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	60.664
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	60,664.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		224
_	income Enter 1% of Part I, line 27b	5	324.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	60,340.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies	for the section
	4940(e) reduction of tax in those years		

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
iine 7	,,, b, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			72,965.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			52,524.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2010				
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009	0			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4 ►\$ 60,664.			E2 E24	
a Applied to 2009, but not more than line 2a			52,524.	· · · · · · · · · · · · · · · · · · ·
b Applied to undistributed income of prior		^		
years (Election required - see instructions)		0.		77 1111 12 - 2 2 11111 11 11 11 11 11 11 11 11 11 11
c Treated as distributions out of corpus	0.			
(Election required - see instructions)				9 140
d Applied to 2010 distributable amount	^			8,140.
e Remaining amount distributed out of corpus	0.	, , , , , , , , , , , , , , , , , , , ,		0.
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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 has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
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 instr			0.	
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				64,825.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	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				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				

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023611 12-07-10

See STATEMENT 9 Total None N					
Recipient Name and address (home of business) a Paid during the year SEE STATEMENT 9 Telal Approved for future payment NONE					<u> </u>
SEE STATEMENT 9 Tetal D Approved for future payment NONE		f regions to an industrial	Payment	T	
SEE STATEMENT 9 Total D Approved for future payment NONE		show any relationship to any foundation manager	I status of	Purpose of grant or contribution	Amount
SEE STATEMENT 9 Total		or substantial contributor	recipient		
Total Approved for future payment NONE Total Approved for future payment	a Paio during the year				
Total Approved for future payment NONE Total Approved for future payment					
Total Approved for future payment NONE Total Approved for future payment					
Total Approved for future payment NONE Total NONE					
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Total Approved for future payment NONE Total NONE					
Total Approved for future payment NONE Total Approved for future payment					
Total Approved for future payment NONE Total Approved for future payment					
NONE NONE				<u> </u>	52 055
NONE				33	33,933
	a Approved for lattice payment				
	NONE				
	NONE				
		1			0

Part XVI-A	Analysis of	f Income-Producing	Activities
------------	-------------	--------------------	------------

Enter gross amounts unless otherwise indicated	Unrelated	business income	Excluded	by section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	Bušiness code	Amount	sion	Amount	function income
a					· -
b					
G	_ _ _				·····
d		•			
8	1 1				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	5.	
4 Dividends and interest from securities			14	32,107.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					-
7 Other investment income				·	
8 Gain or (loss) from sales of assets other than inventory			18	7,043.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue					
a					
b					
C	_				
d					
e					
2 Subtotal Add columns (b), (d), and (e)		C).	39,155.	
3 Total. Add line 12, columns (b), (d), and (e)		-		13	39,15
See worksheet in line 13 instructions to verify calculations)				

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purp	'art XVI-B	Relationship o	f Activities to t	he Accomplishment	of Exempt Purpose
--	------------	----------------	-------------------	-------------------	-------------------

Line No.	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)							

Page 13

	Exempt Organ		ro and mansactions	and neiadonsinps	WILLI NOTICITALI	lable	
1 Did t			llowing with any other organizati	on decembed in castion Eff	1/a) of	V ₄	s No
			on 527, relating to political orga		1(0) 01	-	3 110
	sfers from the reporting found			inzations.	,		
	Cash	ation to a nonchantable exciti	ipt organization of			12/1)	X
	Other assets					12(1)	$\frac{x}{x}$
	r transactions					1a(2)	- A
	Sales of assets to a noncharita	hle evernt organization				45/41	Х
	Purchases of assets from a no		100	•		1b(1)	X
	Rental of facilities, equipment,		IUII			1b(2)	$\frac{X}{X}$
	Reimbursement arrangements					1b(3)	$\frac{X}{X}$
• •	Loans or Ioan guarantees	1	•			1b(4)	$\frac{\Lambda}{X}$
	Performance of services or me	umbarchia ar fundraisina salis	·			1b(5)	$\frac{\Lambda}{X}$
	ing of facilities, equipment, ma					1b(6)	$\frac{\lambda}{X}$
			schedule Column (b) should al	husus show the four madest		10	
			eceived less than fair market val				•
	mn (d) the value of the goods,			ue ili any tiansaction of sil	anny arrangement, sm	ווו שע	
(a) Line no	(b) Amount involved		ritable exempt organization	(fl) Description of tran	sfers, transactions, and sh	anna amana	emente
	(3)	N/		(w) Description of that	sids, nansacuons, and sin	any arang	errierris
							
				- 			
	 						
	· · · · · · · · · · · · · · · · · · ·						
							
	 						
							
2a le the	foundation directly or indirect	lly affiliated with a restated to		unations described			
	ction 501(c) of the Code (other		, one or more tax-exempt organ	izations described		ا	X No
	s," complete the following sch		i Section 527 /		L	」Yes [<u> </u>
<u> </u>	(a) Name of org		(b) Type of organization	(a) Do	scription of relationship		
	N/A	anization	(b) Type of Organization	(c) De	scription of relationship		
	N/A						
							
				-			
	Under benalties of penury, I declare	that I have examined this return in	ncluding accompanying schedules an	d statements and to the hest	of my knowledge and holie	f it is this o	armet
Sign	and complete Declaration of prepa	rer (other than taxbayer or fiduciary) is based on all information of which	preparer has any knowledge	Tiny knowledge and belief	, it is ode, &	Jiracı,
Here	(1) /1/1/1/1/	Marin	11/14/	'M			
110.0	Signature of officer or tru	1000	Pake	7.No.			
	Print/Type preparer's na		Date Date	Title Chec	k X if PTIN		
	1 min type preparet 5 ha	riepare	er's signature	i l			
Paid	GARY J. DU	BAG GR	-01/40	11/11/11 """	employed		
Prepar		DAS	TIP TIP	1.11.1			
Use O		OMPT & WODOKI	איזנונ <i>י</i> א	Firm	i's EIN 🟲		
USE U		5 FALLOWFIELD	DOAD				
	,				7177	17010	
	CA	MP HILL, PA 1	1011	Pho	ne no 71776		
					Form	n 990-P l	⊢ (2010)

FORM 990-PF INTEREST ON SAVI	INGS AND	TEM	PORARY C	ASH IN	IVESTMENTS	STATEMENT	1
SOURCE				-		AMOUNT	
WELLS FARGO BANK, N.A. #4159							5.
TOTAL TO FORM 990-PF, PART I,	, LINE 3	3, CO	LUMN A				5.
FORM 990-PF DIVIDENT	OS AND 1	[NTER]	EST FROM	SECUE	RITIES	STATEMENT	2
SOURCE	C	GROSS	AMOUNT		TAL GAINS	COLUMN (A	۲)
WELLS FARGO BANK, N.A. #4159	_		32,107.		0.	32,1	.07.
TOTAL TO FM 990-PF, PART I, I	LN 4 =		32,107.		0.	32,1	.07.
FORM 990-PF	ACCO	OUNTI	NG FEES			STATEMENT	3
DESCRIPTION	(A) EXPENS PER BO	SES	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	2,	235.	1,	,118.		1,1	17.
TO FORM 990-PF, PG 1, LN 16B	2,	235.	1,	,118.		1,1	17.
FORM 990-PF C	OTHER PR	ROFES	SIONAL FI	EES		STATEMENT	4
DESCRIPTION	(A) EXPENS PER BO	SES	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
OTHER PROFESSIONAL FEES	9,	171.	4	,586.		4,5	85.
TO FORM 990-PF, PG 1, LN 16C	9,	171.	4	,586.		4,5	85.
=							

FORM 990-PF	TAX	ES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
FOREIGN TAXES PAID	1,241.	621	•	620.
TO FORM 990-PF, PG 1, LN 18	1,241.	621		620.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
ADVERTISING OTHER	450. 325.	225 163		225. 162.
TO FORM 990-PF, PG 1, LN 23	775.	388	3.	387.
FORM 990-PF OTHER INCREASES	S IN NET ASS	ETS OR FUND	BALANCES	STATEMENT 7
DESCRIPTION				AMOUNT
ADJ TO REFLECT SECURITIES AT	MKT VALUE I	NCLUDING UNF	REALIZED	203,643.
TOTAL TO FORM 990-PF, PART I	II, LINE 3			203,643.
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 8
DESCRIPTION		LUATION ETHOD E	SOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS		FMV	1,571,165.	1,571,165.
TOTAL TO FORM 990-PF, PART II	I, LINE 13		1,571,165.	1,571,165.

FORM 990-PF

STATEMENT

	DURING THE YEAR		EMEN1 9
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
ALLIED SERVICES FOUNDATION 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 18411	NONE CHARITABLE	PUBLIC	2,830.
AMERICAN CANCER SOCIETY 712 S KEYSER AVE TAYLOR, PA 18517	NONE CHARITABLE	PUBLIC	500.
CATHOLIC YOUTH CENTER 500 JEFFERSON AVE SCRANTON, PA 18510	NONE CHARITABLE	PUBLIC	2,500.
COMMONWEALTH MEDICAL COLLEGE 525 PINE STREET SCRANTON, PA 18509		PUBLIC	2,000.
DOMESTIC VIOLENCE SERVICE CENTER P.O. BOX 2177 WILKES BARRE, PA 18703		PUBLIC	1,000.
GEISINGER WYOMING VALLEY MEDICAL CENTER 1000 EAST MOUNTAIN DRIVE WILKES BARRE, PA 18711	NONE CHARITABLE	PUBLIC	100.
GREATER WILKES-BARRE GROWTH PARTNERS 2 PUBLIC SQUARE WILKES BARRE, PA 18701	NONE CHARITABLE	PUBLIC	1,000.
HELPING HANDS SOCIETY 301 ROCKY ROAD HAZLETON, PA 18201	NONE CHARITABLE	PUBLIC	2,500.

GRANTS AND CONTRIBUTIONS

THE TAMBUR FAMILY FOUNDATION			68-0616241
KINGS COLLEGE 133 NORTH RIVER STREET WILKES BARRE, PA 18701	NONE CHARITABLE	PUBLIC	1,000.
KISS THEATRE 58 WYOMING VALLEY MALL WILKES BARRE, PA 18702	NONE CHARITABLE	PUBLIC	2,000.
LEADERSHIP WILKES-BARRE 4 PUBLIC SQUARE WILKES BARRE, PA 18701	NONE CHARITABLE	PUBLIC	1,000.
LEGACY FOUNDATION 401 PLYMOUTH ROAD SUITE 150 PLYMOUTH MEETING, PA 19462	NONE CHARITABLE	PUBLIC	500.
LUZERNE COUNTY COMMUNITY COLLEGE 1333 SOUTH PROSPECT STREET NANTICOKE, PA 18634	NONE CHARITABLE	PUBLIC	10,000.
MAKE A WISH 480 SCOTT ST WILKES BARRE, PA 18702	NONE CHARITABLE	PUBLIC	1,000.
MDA IMPERIAL PLAZA WILKES BARRE, PA 18701	NONE CHARITABLE	PUBLIC	100.
MISERICORDIA UNIVERSITY LAKE ST DALLAS, PA 18612	NONE CHARITABLE	PUBLIC	11,500.
NE PA COUNCIL OF BOY SCOUTS 1 BOB MELLOW DRIVE MOOSIC , PA 18507	NONE CHARITABLE	PUBLIC	500.
NORTH BRANCH LAND TRUST 11 CARVERTON ROAD TRUCKSVILLE, PA 18708	NONE CHARITABLE	PUBLIC	175.

THE TAMBUR FAMILY FOUNDATION			68-0616241
OSTERHOUT LIBRARY 71 SOUTH FRANKLEEN STREET WILKES BARRE, PA 18702	NONE CHARITABLE	PUBLIC	1,000.
PENN STATE WILKES-BARRE P.O. BOX PSU, OLD ROUTE 115 LEHMAN , PA 18627	NONE CHARITABLE	PUBLIC	250.
SAFE 237 OLD RIVER RD WILKES BARRE, PA 18702	NONE CHARITABLE	PUBLIC	500.
SALVATION ARMY 163 HAZLE STREET WILKES BARRE, PA 18702	NONE CHARITABLE	PUBLIC	1,000.
ST. JOSEPHS CENTER 2010 ADAMS AVENUE SCRANTON, PA 18509	NONE CHARITABLE	PUBLIC	1,000.
ST. JUDES PARISH 420 SOUTH MOUNTAIN BOULEVARD MOUNTAIN TOP, PA 18707	NONE CHARITABLE	PUBLIC	250.
ST. VINCENT DEPAUL SOUP KITCHEN 39 EAST JACKSON STREET WILKES BARRE, PA 18701	NONE CHARITABLE	PUBLIC	1,000.
VOLUNTEERS IN MEDICINE 162 ST PAUL STREET BURLINGTON, VT 05401	NONE CHARITABLE	PUBLIC	1,500.
VOLUNTEERS OF AMERICA 2112 WALNUT STREET HARRISBURG, PA 17103	NONE CHARITABLE	PUBLIC	2,500.
W-B UNICO P.O. BOX 2093 WILKES BARRE, PA 18703	NONE CHARITABLE	PUBLIC	500.

THE TAMBUR FAMILY FOUNDATION			68-0616241
WILKES UNIVERSITY 84 WEST SOUTH STREET WILKES BARRE, PA 18766	NONE CHARITABLE	PUBLIC	1,000.
WYOMING AREA CATHOLIC 1690 WYOMING AVE EXETER, PA 18643	NONE CHARITABLE	PUBLIC	500.
WYOMING AREA FOOTBALL ALUMNI ASSOCIATION 125 BOSTON AVENUE WEST PITTSTON, PA 18643	NONE CHARITABLE	PUBLIC	500.
WYOMING SEMINARY 1560 WYOMING AVENUE KINGSTON, PA 18704	NONE CHARITABLE	PUBLIC	2,250.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A		53,955.

Form **8868** (Rev. January 2011)

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

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2011)

● If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form)		
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3 month extension on a previously fi	led For	m 8868.	
Electron	ic filing (e-file). You can electronically file Form 8868 if y	you need a	a 3 month automatic extension of time t	o file (6	months for a corp	oration
required	to file Form 990-T), or an additional (not automatic) 3 mo	nth extens	sion of time. You can electronically file F	orm 88	368 to request an e	extension
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Trans	sfers A	Associated With Ce	ertain
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on ti	he elec	tronic filing of this	form,
visit www	urs.gov/efile and click on e-file for Charities & Nonprofits	i				
Part I	Automatic 3-Month Extension of Time	Only su	ibmit original (no copies needed).			
A corpor	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and con	plete		
Part I onl		_			>	• [
	corporations (including 1120-C filers), partnerships, REM ome tax retums	IICs, and t	rusts must use Form 7004 to request ar	exten	sion of time	
Type or	Name of exempt organization			Emp	oyer identification	n number
print	THE TAMBUR FAMILY FOUNDATION	ON		6	8-0616241	
File by the due date for filing your	Number, street, and room or suite no. If a P O. box, s 1140 ROUTE 315	ee instruc	tions	,		
return See instructions	City, town or post office, state, and ZIP code For a few WILKES-BARRE, PA 18711	orelgn add	dress, see instructions			
		- 4	to application for such satural			0 4
Enter the	Return code for the return that this application is for (file	e a separa	tte application for each return)			ر تات
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990)	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 990) EZ	03	Form 4720			09
Form 990) PF	04	Form 5227			10
Form 990	T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	P-T (trust other than above)	06	Form 8870			12
	THE FOUNDATION					
• The be	cooks are in the care of > 1140 ROUTE 315	- WI	<u>LKES-BARRE, PA 18711</u>			
Telepi	none No. ► 570 – 825 – 9501		FAX No. >			
• If the	organization does not have an office or place of busines	s in the Ur	nited States, check this box		•	-
• If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If th	ıs is fo	r the whole group,	check this
box 🕨	. If it is for part of the group, check this box 🕨 📖	and atta	ach a list with the names and EINs of all	memb	ers the extension i	s for.
1 Ire	quest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time uni	til		
_	AUGUST 15, 2011 , to file the exemp	t organiza	tion return for the organization named a	bove.	The extension	
	or the organization's return for:					
•	X calendar year 2010 or					
	tax year beginning	, an	nd ending		_	
2 If ti	ne tax year entered in line 1 is for less than 12 months, o Change in accounting period	check reas	on: L. Initial return L. Fina	al retur	n	
3a If ti	nis application Is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
	refundable credits. See instructions,	-		3a	\$! 0.
b If the	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			4 400
	imated tax payments made. Include any prior year overp			3b	\$	<u> 1,689.</u>
	lance due. Subtract line 3b from line 3a. Include your pa	-	· ·	ا _ ا		0.
	using EFTPS (Electronic Federal Tax Payment System).			3c_	\$	
Caution.	If you are going to make an electronic fund withdrawal v	with this F	orm 6668, see Form 8453 EO and Form	88/9	tor payment int	SITUCTIONS.

LHA For Paperwork Reduction Act Notice, see Instructions.

CM #:7008 1830 0001 0193 3932

Form 8868 (Rev. 1-2011)					Page 2			
• If you are filing for an Additional (Not Automatic) 3-Month Ex	xtension,	complete only Part II and check this b	ox	>	X			
Note. Only complete Part II if you have already been granted an								
 If you are filing for an Automatic 3-Month Extension, complete 								
Part Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	opies i	needed).				
Type or Name of exempt organization	Type or Name of exempt organization Employer identifica							
print THE TAMBUR FAMILY FOUNDATION 68-0616241								
with order of the date for 1140 ROUTE 315	Number, street, and room or suite no. If a P.O. box, see instructions.							
fling your								
return See City, town or post office, state, and ZIP code. For a functions. WILKES-BARRE, PA 18711	oreign acc	iress, see instructions.						
WINCED-DARKE, IA 10/11								
Palaulika Dakum anda farakta arkum kirakta ar eta da eta d								
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)		.,	0 4			
Application	Return	Application			Return			
Is For	Code	Is For	****		Code			
Form 990	01		88E.X					
Form 990-BL	02	Form 1041-A			08			
Form 990-PF	03	Form 4720			09			
Form 990-T (sec. 401(a) or 408(a) trust)	04	Form 5227 Form 6069			10			
Form 990-T (trust other than above)	06	Form 8870			12			
STOP! Do not complete Part II if you were not already granted			sk file	d Form 8868	16			
THE FOUNDATION	an actor	indica incinarextension on a previou	Jiy me	a r orm cocc.				
• The books are in the care of ▶ 1140 ROUTE 315	- WI	LKES-BARRE, PA 18711						
Telephone No. ► 570-825-9501		FAX No. >						
• If the organization does not have an office or place of business	s in the Un							
• If this is for a Group Return, enter the organization's four digit					neck this			
box ▶ . If it is for part of the group, check this box ▶	1	ch a list with the names and EINs of all						
	OVEM	BER 15, 2011.			, , , , , , , , , , , , , , , , , , , ,			
5 For calendar year 2010, or other tax year beginning		, and ending			·			
6 If the tax year entered in line 5 is for less than 12 months, c	heck reaso	on: Initial return	Final re	eturn				
Change in accounting period								
7 State in detail why you need the extension								
ADDITIONAL TIME IS NEEDED TO CONTINUE A			ORM	ATION				
NECESSARY TO FILE A COMPLETE A	AND AC	CURATE RETURN.						
On Military and Control of the Contr			r					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, on nonrefundable credits. See instructions.	or 6069, er	iter the tentative tax, less any		•	150.			
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	antar nav	refundable gradite and outlineted	8a	\$	130.			
tax payments made. Include any prior year overpayment alk	•							
previously with Form 8868.	owed as a	credit and any amount paid	8ь	e 1	,689.			
c Balance due. Subtract line 8b from line 8a. Include your pay	vment with	this form, if required, by using	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
EFTPS (Electronic Federal Tax Payment System). See instru		tine form, a roquired, by doing	8c	\$	0.			
		d Verification						
Under penalties of perjury, I declare that I have examined this form, include	na accomo:		best of	mv knowledge and be	lief.			
it is true, correct, and complete, and that I am authorized to prepare this for	m A.			أماي	•			
Signature ► 50~ Title ►	Chi		Date	111618				
7100				Form 8868 (Re	/. 1-2011)			