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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 2012

Open to Public Inspection

A	For the	2012 calendar year, or tax year beginning MAY 1, 2012 and ending	APR 30, 2013	
В	Check if applicable	C Name of organization	D Employer identific	cation number
	Addres	THE TAMWORTH FOUNDATION		
Ē	Name change		02-6	004752
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/sur		
	Termin			323-7300
	Amend		G Gross receipts \$	1,268,722.
	Application	LIMMOKIN, NN U3000	H(a) Is this a group re	
	pendin	F Name and address of principal officer GAIL MARRONE	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No
1 7	Гах-ехе	empt status. X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or 55	If "No," attach a	list (see instructions)
		e: > TAMWORTHFOUNDATION.ORG	H(c) Group exemptio	n number 🕨
			ar of formation: 1937 N	State of legal domicile: NH
Pa	art I	Summary		
ĕ		Briefly describe the organization's mission or most significant activities: TO RAISE		
Activities & Governance	'	TO THE TOWN OF TAMWORTH AND LOCAL CHARITIES A		
eru	2	Check this box 🕨 🔛 if the organization discontinued its operations or disposed of mo	ore than 25% of its net as	ssets.
Š	1	Number of voting members of the governing body (Part VI, line 1a)	3	6
8	1	Number of independent voting members of the governing body (Part VI, line 1b)	. 4	6
ies	1	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
ξ	1	Total number of volunteers (estimate if necessary)	6	6
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
ne	1	Contributions and grants (Part VIII, line 1h)	41,278.	48,865.
Revenue	<u>}-</u>	Program service revenue (Part VIII, line 2g)	0.	0.
Re	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	264,288.	273,340.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	305,566.	322,205.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1·3)	148,232.	167,891.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
en	1	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ᄍ	1	Total fundraising expenses (Part IX, column (D), line 25) 1,707.	20.070	31 030
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	30,979.	31,238.
		Total expenses. Add lines 13-17 (must equal Part IX, column A) line 25	179,211.	199,129.
<u> </u>	19		126,355.	123,076.
ance			Beginning of Current Year	End of Year
Sale	20		3,825,183.	4,075,290.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	0.	0.
P.	22 art II	Net assets or fund balances Subtract line 21 from line 20GDEN, UT	3,825,183.	4,075,290.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and state	mente and to the heet of m	y knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prepa		y knowledge and belief, it is
	, 001100	than complete manufactor of prepare (outer than officer) is based on an information of which prepare	10 a /	2/15
\$∫g	n	Signature of officer PAUL W. China	Date	3/ · 3
Her		GAIL MARRONE, CHAIR VICE-CHANC		
	٠	Type or print name and title		
9 1		Print/Type preparer's name Preparety's signature	Date Check	X PTIN
<u>Pai</u>	.	DAVID A. CAPUTO, CPA	2.2.15 If self-emptoy	
	parer	Firm's name GAMWELL, CAPUTO, KELSCH & CO, PLLC	Firm's EIN	02-0522664
//	Only	Firm's address 41 WASHINGTON ST. SUITE 10	Tam Selle	<u> </u>
		CONWAY, NH 03818	Phone no. 6	03-447-3356
43	v the iF	RS discuss this return with the preparer shown above? (see instructions)	11 110110 110.	X Yes Ne
	001 12-1		<u></u>	Form 990 (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2012)

Form 990 (2012) THE TAMWORTH
Part IV Checklist of Required Schedules

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3_		<u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			₩
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u> _
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	- 5		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	٠, ٨	. *>	×:
	as applicable.	, ,_		~~
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			•
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	446		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		<u> </u>
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19_		_X_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	X
_ <u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(2010)

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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X

X

X

34

35a

36

37

Part V, line 1

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V		•	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	4		-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			-
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	l _		7.7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		x
L	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a	 	
D	were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).	05	٠.	
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	1	х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_	_ , , \	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	<u> </u>	ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		-	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.	'	·	-
а	Did the organization make any taxable distributions under section 4966?	9a	 	-
b 40	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	╁	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1	1	
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
-	amounts due or received from them.)			-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	1
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	4		
C	Enter the amount of reserves on hand	+-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	i	<u></u>

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 02-6004752 Page 6

•	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No_
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
þ	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	,		
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Χ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	ŀ		
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	يرد.	***	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		1	
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	<u> </u>	X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	1		,
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		ł	
	exempt status with respect to such arrangements?	16b	<u> </u>	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	nd finai	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation	-	
	DAVID M. LITTLE - 603-323-7300			
	486 GREAT HILL ROAD, TAMWORTH, NH 03886			
23200	8		000	

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

(A) Name and Title	(B) Average hours per week	box.	not ci	(C Posi heck i ss per d a di	ntion more rson i	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W·2/1099-MISC)	compensation from the organization and related organizations
(1) GAIL G. MARRONE	4.00								_	_
CHAIR	<u> </u>	X	_	X		 		0.	0.	0 .
(2) PAUL W. CHANT	2.00								_	
VICE-CHAIR		X	ļ	X				0.	0.	0
(3) DAVID M. LITTLE	2.00							_		_
DIRECTOR		X			_			0.	0.	0
(4) KEATS MYER	4.00				ļ					
TREASURER	0.00	X	ļ	Х		├—		0.	0.	0
(5) NINA S. PERRY	2.00							•		
DIRECTOR		X	├		_			0.	0.	0
(6) GEORGE M. CLEVELAND SECRETARY	3.00	X		x		ĺ		0.	0.	0
		† 								

Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees,	and	d Hi	ghe	st C	ompensated Employe	es (continued)			
· (A)	(B)	ŀ		(0	2)		l	(D)	(E)		(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	1	Estimate	ed
	hours per	box,	unle	ss pe	rson ı	s bot	h an	compensation	compensation	1	amount	
	week	officer and a director/trustee)					100)	from	from related	1	other	
	(list any hours for	recto						the	organizations	co	mpensa	
	related	0.0	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		from th	
	organizations	ruste	I frus		, g	шбеш		(***2/1099-14/150)			rganızat nd relat	
	below	fa f	tiona	_	nploy	S S	, a				ganızati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rormer					
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1b Sub-total		•						0.).		0
c Total from continuation sheets to Part	VII, Section A							0.).		0
d Total (add lines 1b and 1c)								0.).		0
2 Total number of individuals (including bu		nose	liste	ed a	bove	e) w	ho r	eceived more than \$100	0,000 of reportable			
compensation from the organization											1	1
											Yes	No
3 Did the organization list any former office			e, ke	ey e	mplo	yee	, or	highest compensated e	employee on		٠.	1
line 1a? If "Yes," complete Schedule J fo										3	——	X
4 For any individual listed on line 1a, is the									the organization	`		l
and related organizations greater than \$										4		X
5 Did any person listed on line 1a receive							relat	ed organization or indiv	ridual for services			
rendered to the organization? If "Yes," c	omplete Schedu	le J t	for s	uch	per	son				5	ᆚ	<u>X</u>
Section B. Independent Contractors												
 Complete this table for your five highest 	•	-								ensatio	n from	
the organization. Report compensation t	or the calendar	/ear	end	ing v	with	or v	vithii	n the organization's tax	year.			
(A)								(B)		_	(C)	
Name and busine	ess address	N	<u>ON:</u>	E				Description of	services	Com	pensation	วท
												_
_	_											
2 Total number of independent contractor	s (includina but	not li	mite	ed to	the	se I	ısted	d above) who received r	nore than			
\$100,000 of compensation from the org				•		0		•	-			
								····			<u>9</u>	/201/

		Check if Schedule O cont	tains a response	to any question			-	<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts its	1 8	Federated campaigns	1a					0.10, 01 014
ira G	l t	Membership dues	1b					
S,E		Fundraising events	1c					
a iii	,	Related organizations	1a			٠	,	
S,E		Government grants (contribut				,	, , ,	1.
Ë	l f	All other contributions, gifts, gran						
章		similar amounts not included abo	1 1	48,865.		* •		
음률	و	Noncash contributions included in lines					,	
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	Total. Add lines 1a-1f		<u> </u>	48,865.		-	, *
				Business Code				
8	2 a	ı						
و چَ	t							
S E	0	·						
e e		·						
Program Service Revenue	6	·			·			
<u>а</u>	f	All other program service reve	enue .	<u> </u>				
		Total. Add lines 2a-2f .		<u> • </u>		~-v^ < >	***, ,,	
	3	Investment income (including	dividends, intere	est, and				
	ĺ	other similar amounts)		>	85,531.			85,531.
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties	· i · · · · · · · · · · · · · · · · · · 	<u> </u>				
			(i) Real	(ii) Personal	~ %	*	2	., ,
	6 a	•		 	* ,	****		
	1	Less: rental expenses			^		· ·	,
	l .	Rental income or (loss)		L				
		Net rental income or (loss)	() C	(2.0)	· · · · · ·	- 1,12		
	/ 3	Gross amount from sales of	(i) Securities	(ii) Other	,	,		
		assets other than inventory	1134326.				*.	
	•	Less: cost or other basis and sales expenses	946,517.					
	١,	Gain or (loss)	187,809.		,		17. 18. 1	N. 3 34 24.
		4 Not som on (local)	107,003.		187,809.	Der Bla yms	1 1 m	187,809.
_	1	Net gain or (loss) Gross income from fundraisin			107,003.	37.6 -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	107,009.
3	"	including \$	J (, , , , , , , , , , , , , , , , , , , ,	, · · · · · · · · · · · · · · · · ·		,
Š		contributions reported on line		•	,		* ,	, ,
Æ		Dom N. Lone 40	a			, ,		
Other Revenue	l k		b					
0	1	Net income or (loss) from fund			* -	, î	/ m = 1-% 14 P mm/m	· natural n
	1	Gross income from gaming a		<u> </u>	· · · · · · · · · · · · · · · · · · ·	, ,		
		Part IV, line 19			'	, ,	-	Þ
	l t	Less direct expenses	_	1		,		1
		Net income or (loss) from gan		. ▶		, ,	, , , ,	
		Gross sales of inventory, less	-		,			
		and allowances	а]		* 4 4	8, ,	
	t	Less: cost of goods sold	b			·	*	
		Net income or (loss) from sale	es of inventory		· ·			<u> </u>
	<u></u>	Miscellaneous Revenu		Business Code				
	11 a	·						
	ı							
	4	·						
	1	All other revenue						
	•	Total. Add lines 11a-11d		. ▶				
22000	12	Total revenue. See instructions.			322,205.	0.	0.	273,340.
23200 12-10)-12							Form 990 (2012)

Form 990 (2012) THE TAMWORTH FOUNDATION
Part IX Statement of Functional Expenses

2008	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			-	<u></u>
	organizations in the United States. See Part IV, line 21	167,891.	167,891.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,			, ,	· · · · · · · · · · · · · · · · · · ·
	organizations, and individuals outside the				,
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
þ	Legal				
C	Accounting	1,950.		1,950.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		,	* , , ,	
f	Investment management fees	26,172.		26,172.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses		· · · · · · · · · · · · · · · · · · ·		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				·
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			,	
а	INTERNET AND WEBSITE	1,571.	784.	395.	392.
b	PRINTING AND SUPPLIES	863.			863.
C	POSTAGE	607.	100.	55.	452.
d	STATE FEES	75.		75.	
_	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	199,129.	168,775.	28,647.	1,707.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
_					

02-6004752 Page 11 Form 990 (2012) THE TAMWORTH FOUNDATION Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) End of year Beginning of year 23,914. 9,185. 1 Cash - non-interest-bearing 163,386. 153*.*122. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L **Assets** Notes and loans receivable, net 7 Inventories for sale or use 8 a Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 10c 3,637,883. 3,912,983. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 3,825,183 4,075,290. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants pavable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 iabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23

24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 1,916,977. 2,027,848.

Net Assets or Fund Balances 27 Unrestricted net assets 28 Temporarily restricted net assets Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds

30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 33

Total net assets or fund balances Total liabilities and net assets/fund balances

4,075,290. 4,075,290. Form 990 (2012)

588,437.

,459,005.

555,452.

1,352,754.

3,825,183.

3,825,183

28

30

31

32

33

orm	990 (2012) THE TAMWORTH FOUNDATION	02-600	4752	Pag	_{le} 12
Par	t XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response to any question in this Part XI	_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	322	2,2	05.
2	Total expenses (must equal Part IX, column (A), line 25)	2	199	,1	29.
3	Revenue less expenses Subtract line 2 from line 1	3	123	3,0	76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,825	,1	83.
5	Net unrealized gains (losses) on investments	5			31.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,075	5,2	<u>90.</u>
Pai	t XII Financial Statements and Reporting				
_	Check if Schedule O contains a response to any question in this Part XII				<u></u> _
				Yes	No
1	Accounting method used to prepare the Form 990: L. Cash X Accrual L. Other				·
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			,
	consolidated basis, or both.				4 }
	Separate basis Consolidated basis Both consolidated and separate basis			· · ·	~.;
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			·
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		\ \	\$	7
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		.~*	١
	Act and OMB Circular A-133?	•	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audıt		1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2012

Open to Public Inspection

Name of t	the organization	on						E	mployer i	dentification	nur nur	nber
			WORTH FOUNDA						02	2-6004	<u> 752</u>	
Part I	Reason f	or Public Char	ity Status (All organiz	ations must	t complete	this part	.) See inst	ructions.				
The organ	ızation ıs not a	private foundation	because it is: (For lines 1	through 1	1, check o	nly one b	ox)					
1 🖳	A church, cor	vention of churche	s, or association of churc	ches descri	bed in se d	ction 170((b)(1)(A)(i).	•				
2	A school desc	cribed in section 17	'0(b)(1)(A)(ii). (Attach Scl	hedule E.)								
з 🖳	•	•	tal service organization o									
4 📙	A medical res	earch organization	operated in conjunction	with a hosp	ital descri	bed in se	ction 170	(b)(1)(A)(ii	i). Enter ti	he hospital'	s nam	е,
	city, and state											
5 📖	An organization	on operated for the	benefit of a college or ur	niversity ow	ned or op	erated by	a governr	nental uni	t describe	ed in		
	section 170	b)(1)(A)(iv). (Compl	ete Part II.)									
6		=	ent or governmental unit									
7	_		eives a substantial part	of its suppo	ort from a	governme	ntal unit o	r from the	general p	oublic desci	ıbed ı	n
	-	b)(1)(A)(vi). (Comple										
8 <u>X</u>	-		section 170(b)(1)(A)(vi).									_
9 📖	-	•	ceives: (1) more than 33 1							-		
		-	nctions - subject to certa							_		
			axable income (less sect	tion 511 tax	() from bus	sinesses a	cquired b	y the orga	inization a	atter June 3	J, 197	5.
40		509(a)(2). (Complet		مراطر بمراطر		·	- 500/-)//					
10			perated exclusively to te perated exclusively for the						aut tha		f ana	•-
11 📖	-	-	perated exclusively for tr ations described in secti									Di
			organization and compl				.). 066 36 0	,6001 309(aj(S). One	OK IIIE DOX	uiat	
	a Type			ype III - Fun			,	Typ	e III - Nor	n-functionall	v inter	arated
e 🗔			at the organization is not		•	-					•	_
-	_	= = = = = = = = = = = = = = = = = = =	than one or more publicly			-						
f		•	tten determination from		-				-(-)(-)		(-,(-,	
•	-	rganization, check t					,					
g		•	organization accepted ar	ny gift or co	ntribution	from any	of the follo	owing per	sons?		•	
_	(i) A perso	n who directly or inc	directly controls, either al	lone or toge	ether with	persons o	lescribed i	in (ii) and ((III) below,		Yes	No
	the gove	erning body of the s	supported organization?							11g(i)		
	(ii) A family	member of a perso	n described in (i) above?)				•		11g(ii)		
	(iii) A 35% (controlled entity of a	a person described in (i) (or (ii) above	?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization(s).							
			· r- ·									
(i) Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the or				(vi) Is organizati	s the	(vii) Amount	of mo	netary
org	anization		(described on lines 1-9 above or IRC section	in col. (i) lis governing d				(i) organiz	zed in the [sup	port	
			(see instructions))				1	U.S	·			
				Yes	No	Yes	No	Yes	No			
				 					+			
-												
				ļ		ļ			1			
			`			,			, l			
Total				1	·	i	1	i				

(Form 990 or 990-EZ) 2012 THE TAMWORTH FOUNDATION 02-6004752 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants ")	22,740.	25,844.	17,920.	41,278.	48,865.	156,647.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf						_			
3	The value of services or facilities				-					
	furnished by a governmental unit to									
	the organization without charge						_			
4	Total. Add lines 1 through 3	22,740.	25,844.	17,920.	41,278.	48,865.	156,647.			
5	The portion of total contributions	`,		, ,	, , , , , , ,					
	by each person (other than a		- 5:4	27 · 12/3	1					
	governmental unit or publicly		* " / ·	, ,, , , , , , , , , , , , , , , , , , ,		* \$. * * * * * * * * * * * * * * * * *				
	supported organization) included			*, * *						
	on line 1 that exceeds 2% of the	3, · 4 · · 2 · 2 · 2 · 2 · 2 · 2 · 2 · 2 ·	, ,	,	, j. j. j.	3 1				
	amount shown on line 11,		w. ; , , , , , , , , , , , , , , , , , ,		3,					
	column (f)						27,560.			
6	Public support. Subtract line 5 from line 4	, 31 7 4 m . 1 x	^3 /	(, (') *	.,,,200	<i>y</i> , <i>y</i>	129,087.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
7	Amounts from line 4	22,740.	25,844.	17,920.		48,865.	156,647.			
8	Gross income from interest,		•							
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	85,292.	71,364.	73,147.	83,016.	85,531.	398,350.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on	1								
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV)									
11	Total support. Add lines 7 through 10	3 4,7 4.	, ,	"X2 "Y2 \$1 " " " " " " " " " " " " " " " " " "	**	\$.35°	554,997.			
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12				
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)				
	organization, check this box and stop									
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2012 (line 6, column (f) d	ivided by line 11, o	column (f))		14	23.26 %			
15	Public support percentage from 2011	l Schedule A, Part	II, line 14			15	21.84 %			
16a	33 1/3% support test - 2012. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and			
	stop here. The organization qualifies	as a publicly supp	orted organization	ι			ightharpoons			
b	33 1/3% support test - 2011. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	us box			
	and stop here. The organization qual	lifies as a publicly :	supported organiz	ation			. ▶□			
17a	10% -facts-and-circumstances tes	t - 2012. If the org	janization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization									
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
b	10% -facts-and-circumstances tes	t - 2011. If the org	anızatıon did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or			
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explain	n in Part IV how the				
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anızation	. ▶□			
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s . ▶□			
					Sohe	dule A (Form 990	or 000 E7\ 2012			

Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed	below, please comp	olete Part II.)				
Section A. Public Support		r			·	
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to					1	
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	ı					
3 received from disqualified person	s					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					!	
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support	^			, ,	<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	13	, ,				
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesse acquired after June 30, 1975	s		:			
c Add lines 10a and 10b				<u></u>		
11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on	s i					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12		L	<u></u>	I	1	L
14 First five years. If the Form 990 is	for the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here				• •		▶∟_
Section C. Computation of Pu					1	
15 Public support percentage for 2012	• • • • • • • • • • • • • • • • • • • •	•	column (f))		15	<u>%</u>
16 Public support percentage from 20					16	%
Section D. Computation of Inv						
17 Investment income percentage for			ne 13, column (f))		17	%
18 Investment income percentage from				•	18	<u>%</u>
19a 33 1/3% support tests - 2012. If t	•					17 is not
more than 33 1/3%, check this box	· ·	=				
b 33 1/3% support tests - 2011. If t	=					
line 18 is not more than 33 1/3%, o					=	
20 Private foundation. If the organiza	tion did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2012 THE TAMWORTH FOUNDATION 02-6004752 Page	4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)	
PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:	
THE TAMWORTH FOUNDATION IS A COMMUNITY TRUST PURSUANT TO IRC SECTION	
170(B)(1)(A)(VI) AND IS ORGANIZED AND OPERATED TO ATTRACT NEW AND	
ADDITIONAL PUBLIC SUPPORT ON A CONTINUOUS BASIS THROUGH VARIOUS MEANS	_
INCLUDING, BUT NOT LIMITED TO, AN ANNUAL SUPPORT MAILING. THE	
ORGANIZATION RECEIVES CONTRIBUTIONS FROM NUMEROUS PERSONS THROUGHOUT THE	
TOWN, HAS A SIX MEMBER BOARD OF DIRECTORS WHICH REPRESENT THE BROAD	
INTERESTS OF THE TOWN, AND MAINTAINS A CONTINUOUS CHARITABLE PRESENCE IN	
THE TOWN BY PROVIDING FUNDS TO THE TOWN AND VARIOUS LOCAL CHARITABLE	
ORGANIZATIONS AND PROJECTS CONSISTENTLY IN EXCESS OF 4% OF ITS ENDOWMENT.	
· · · · · · · · · · · · · · · · · · ·	
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number THE TAMWORTH FOINDATTON 02-6004752

Pai	rt I Organizations Maintaining Donor Advised		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(2)
2	Aggregate contributions to (during year)		
3	· · · · · · · · · · · · · · · · · · ·		
	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		
_	are the organization's property, subject to the organization's		L Yes L No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	
Dav	impermissible private benefit?	<u></u>	. Yes No
Pai	rt II Conservation Easements. Complete if the organic	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		nstorically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the forr	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struc	cture
	listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year ▶	·	•
4	Number of states where property subject to conservation eas	ement is located	_
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and e	nforcing conservation easements durin	ng the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	70(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati		
	conservation easements.		3
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue state	ement and balance sheet works of art.
	historical treasures, or other similar assets held for public exhi		•
	the text of the footnote to its financial statements that describ		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (ASC		nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		and service, provide the renorming amounted
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea	sures or other similar assets for financial	
-	the following amounts required to be reported under SFAS 11		aa gan, provide
а	Revenues included in Form 990, Part VIII, line 1	to these items.	•
b	Assets included in Form 990, Part Y	·	¥
U	Assets included in Form 990, Part A		. 🕶 🔻

Part III			WORTH FOUNI				004752	
Check all that apply :	Part	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Othe	er Similar Ass	sets(continue	a)
a Public exhibition d Loan or exchange programs b Cheer Cher Cher Cher Cher Cher Cher Che	3 .	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that are a s	ignificant use of i	ts collection ite	ems
b Scholarly mesearch e Other		(check all that apply):						
Preservation for future generations	а	Public exhibition	d	Loan or exch	nange programs			
Amount to be sold to raise rather than to be maintained as part of the organization's exempt purpose in Part XIII. To purpose the part of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990. Part X, line 21. Table 18 is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. To be sold to raise funds are agreement in Part XIII and complete the following table: C Beginning balance C Beginning of year balance B Beginning of year balance C Beginning of ye	b	Scholarly research	е	Other				
During the year, did the organization solient or receive dionations of art, histonical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection?	С	Preservation for future generations						
During the year, did the organization solient or receive dionations of art, histonical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection?	4	Provide a description of the organization's co	liections and explain	how they further th	ie organization's exe	mpt purpose in P	art XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	sures, or other simila	r assets		
Teported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1		to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection? .		Yes	No_
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organization	n answered "Yes" to	Form 990, Part IV	/, line 9, or	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2D Id the organization include an amount on Form 990, Part X, line 21? Ending balance 1E Interpretation of the granization include an amount on Form 990, Part X, line 21? Endowment Funds. Complete if the organization in the explanation has been provided in Part XIII. Part V: Endowment Funds. Complete if the organization in swered "Yes" to Form 990, Part IV, line 10. Part V: Endowment Funds. Complete if the organization in swered "Yes" to Form 990, Part IV, line 10. Beginning of year balance 1, 908, 206, 1, 889, 942, 1, 762, 398, 1, 507, 976, 1, 981, 054, 054, 065, 000, 7, 094, 21, 987, 000, 9		reported an amount on Form 990, Par	t X, line 21.		·		 -	
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contributions	s or other assets not	included		
d Additions during the year e Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? 2b Did the organization include an amount on Form 990, Part X, line 21? 2c Did the organization include an amount on Form 990, Part X, line 21? 2d Did the organization include an amount on Form 990, Part X, line 21? 2d Did the organization include an amount on Form 990, Part X, line 21? 2d Did the organization include an amount on Form 990, Part X, line 21? 2d Did the organization include an amount on Form 990, Part X, line 21? 2d Did the organization include an amount on Form 990, Part X, line 21? 2d Did the organization include an amount on Form 990, Part X, line 21? 2d Did the organization sharps of the organization answered "Yes" to Form 990, Part IV, line 10. 2d Did Time Yes, "explain the arrangement in Part XIII. Obeck here if the explanation has been provided in Part XIII. 2d Did Time Yes, "explain the arrangement in Part XIII. Obeck here if the explanation has been provided in Part XIII. 2d Did Time Yes, "explain the arrangement in Part XIII. Obeck here if the explanation has been provided in Part XIII. 2d Did Time Yes, "explain the arrangement in Part XIII. Obeck here if the explanation has been provided in Part XIII. 2d Did Time Yes, "explain the arrangement has been provided in Part XIII. 2d Did Time Yes, "explain the arrangement has been provided in Part XIII. 2d Did Time Yes, "explain the arrangement has been provided in Part XIII. 2d Did Time Yes, "explain the arrangement has been provided in Part XIII. 2d Did Time Yes, "explain the arrangement has been provided in Part XIII. 2d Did Time Yes, "explain the arrangement has been provided in Part XIII. 2d Did Time Yes, "explain the arrangement has been provided in Part XIII. 2d Did Time Yes, "explain the spanization in Part XIII. 2d Did Time Yes, "explain the arrangement has been provided in Part XIII. 2d Did Time Yes, "explain the provided in Part XIII. 2d Did Time Yes, "explain the arran		on Form 990, Part X?					Yes	No
C Beginning balance 1d	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				
d Additions during the year							Amount	
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b (if 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. 18 Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Times years back (e) Four years back (e) Contributions (e) Four years back (e) Four years b	С	Beginning balance				. 1c		
f Ending balance 2a Dut the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the explanation has been provided in Part XIII.	d	Additions during the year				1d		
2a Did the organization include an amount on Form 990, Part X, line 217 Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (b) Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Contributions (e) Four years back (e) Four years back (e) Four years back (e) Contributions (e) Four years back (e)	е	Distributions during the year				1e		
Describe in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered Yes' to Form 990, Part IV, Inte 10. Complete if the organization answered Yes' to Form 990, Part IV, Inte 10. Calcument year (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Four years back (b) Prior years back (c) Two years back (d) Three years back (e) Four years years (e) Four years	f	Ending balance			·	1f		
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Priory year (c) Two years back (d) Three years back (e) Four years back (d) Three years back	2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?		[Yes	No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three	b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in Part XIII		[
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses 15,582, 15,381, 15,739, 14,980, 12,623, g End of year balance 2,047,442, 1,908,206, 1,889,942, 1,762,398, 1,507,976, p Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ 71,26 % c Temporarily restricted endowment ▶ 28,74 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) respective to 3a(iii), are the related organizations listed as required on Schedule R? 4 Description of property (a) Cost or other basis (investment) Description of property (a) Cost or other basis (investment) b Bulidings c Leasehold improvements d Equipment e Other	Par	t V Endowment Funds. Complete r	f the organization an	swered "Yes" to For	rm 990, Part IV, line	10.		
b Contributions 25,000, 27,685, 3,500, 7,094, 21,987. c Net investment earnings, gains, and losses 199,726, 76,554, 211,356, 338,844, -412,260, d Grants or scholarships 69,908, 70,594, 71,573, 76,536, 70,182, e Other expenditures for facilities and programs f Administrative expenses 15,582, 15,381, 15,739, 14,980, 12,623, g End of year balance 2,047,442, 1,908,206, 1,889,942, 1,762,398, 1,507,976, 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 71.26 % b Permanent endowment ▶ 71.26 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations listed as required on Schedule R? 4. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 1a Land b Buildings C Leasehold improvements d Equipment e Other			(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ck (e) Four ye	ars back
C Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses 15,582, 15,381, 15,739, 14,980, 12,623, g End of year balance 2,047,442, 1,908,206, 1,889,942, 1,762,398, 1,507,976, Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	1a	Beginning of year balance	1,908,206,	1,889,942.	1,762,398.	1,507,97	6. 1.98	31,054.
d Grants or scholarships 69,908, 70,594, 71,573, 76,536, 70,182, e Other expenditures for facilities and programs f Administrative expenses 15,582, 15,381, 15,739, 14,980, 12,623, g End of year balance 2,047,442, 1,908,206, 1,889,942, 1,762,398, 1,507,976, 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ 71.26 % c Temporanty restricted endowment ▶ 28,74 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b) If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	b	Contributions	25,000,	27,685.	3,500.	7,09	4.	21,987.
e Other expenditures for facilities and programs f Administrative expenses 15,582, 15,381, 15,739, 14,980, 12,623, g End of year balance 2,047,442, 1,908,206, 1,889,942, 1,762,398, 1,507,976, 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С	Net investment earnings, gains, and losses	199,726,	76,554.	211,356,	338,84	441	12,260.
and programs f Administrative expenses 15,582, 15,381, 15,739, 14,980, 12,623, g End of year balance 2,047,442, 1,908,206, 1,889,942, 1,762,398, 1,507,976, Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	d	Grants or scholarships	69.908.	70 594.	71,573,	76,53	6.	70 182.
f Administrative expenses 15,582, 15,381, 15,739, 14,980, 12,623, g End of year balance 2,047,442, 1,908,206, 1,889,942, 1,762,398, 1,507,976, 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	е	Other expenditures for facilities		•		•		
g End of year balance 2,047,442, 1,908,206, 1,889,942, 1,762,398, 1,507,976. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment 71.26 % c Temporanly restricted endowment 28.74 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation (d) Book value depreciation 1a Land (b) Buildings (c) Leasehold improvements (d) Equipment (d) Equipment (d) Buildings (d) Buildings (d) Equipment (d) Equipme		and programs						
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f	Administrative expenses	15,582,	15,381,	15,739.	14,98	10.	12,623.
a Board designated or quasi-endowment ▶	g	End of year balance	2,047,442.	1,908,206,	1,889,942,	1,762,39	8. 1.50	07,976.
b Permanent endowment 71.26	2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:	•		
b Permanent endowment 71.26	а	Board designated or quasi-endowment		_%				
The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) x (iii) related organizations (iii) x (iii) x (iii) related organizations (iii) x (iii) related organizations (iii) x (iii) related organizations (iii) x	ь		%	_				
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) x (ii	С	Temporarily restricted endowment ▶ 2	8.74 %					
by: (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) x 3a(ii) x 3b		The percentages in lines 2a, 2b, and 2c should	uld equal 100%.					
(i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organization		
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings c Leasehold improvements d Equipment e Other		by:					Ye	s No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings c Leasehold improvements d Equipment e Other		(i) unrelated organizations					3a(i)	X
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land basis (investment) basis (other) (d) Book value depreciation b Buildings c Leasehold improvements d Equipment e Other		(ii) related organizations					. 3a(ii)	X
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other	b	If "Yes" to 3a(ii), are the related organization	s listed as required o	n Schedule R?			. 3b	
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Equipment (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	4							
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	Par	rt VI Land, Buildings, and Equipn	nent. See Form 990), Part X, line 10.				
b Buildings c Leasehold improvements d Equipment e Other		Description of property	, , ,	1 7 -			(d) Book v	alue
b Buildings c Leasehold improvements d Equipment e Other	1a	Land			~	٠, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١,		
c Leasehold improvements d Equipment e Other								
d Equipment e Other								
e Other		•						
			equal Form 990, Part	X, column (B), line	10(c).)			0.

Schedule D (Form 990) 2012 THE TAMWORTH FOUNDATION			04752 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per F	Return	
1 ` Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
a Net unrealized gains on investments	2a	1	
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c]	
d Other (Describe in Part XIII)	2d	_	
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Part XII Reconciliation of Expenses per Audited Financial Statement	ents With Expenses per	Return	<u> </u>
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		.500.2	
a Donated services and use of facilities	2a	」 ` `````	
b Prior year adjustments	2b	4 1	
c Other losses	2c	_ `	
d Other (Describe in Part XIII.)	2d	-	
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.		3.3	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b	2.19	
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Part XIII Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	I, lines 1a and 4; Part IV, lines	1b and 2b;	Part V, line 4; Part
X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			
PART V, LINE 4: THE ORGANIZATION'S PERMANENT	ENDOWMENTS ARE	HELD	FOR
THE BENEFIT OF THE TAMWORTH COMMUNITY NURSES	ASSOCIATION AND	D THE	<u>TEMPORARY</u>
ENDOWMENTS ARE HELD FOR THE BENEFIT OF THE C	HOCORUA PUBLIC_:	LIBRAR	Y AND
RUNNELLS HALL. ALL THREE ORGANIZATIONS ARE	LOCAL TAX-EXEMP	r ORGA	NIZATIONS
THAT BENEFIT THE INHABITANTS OF TAMWORTH, NH	•		
			

Schedule D (Form 990) 2012

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection Employer identification number

02-6004752

02-6004752		:	∆ Yes No
THE TAMMORTH FOUNDATION	Part I General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	criteria used to award the grants or assistance?

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part

recinient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5.000. Part II can	be duplicated if addition	onal space is need	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAMWORTH COMMUNITY NURSE ASSOC. P.O. BOX 352	02_0535335	601(2)(3)	49 291	o			SUPPORT OF LOCAL HOME HEALTH CARE ORGANIZATION
CHOCORUA PUBLIC LIBRARY							
P.O. BOX 128 CHOCORUA NH 03817	02-6005339	501(C)(3)	19,485.	0.			SUPPORT OF TOWN LIBRARY
RUNNELLS HALL							
TAMWORTH, NH 03886	26-3801600	501(C)(4)	1,132,	0			SUPPORT OF TOWN HALL
TAMWORTH COMMUNITY NURSE ASSOC.							SUPPORT OF LOCAL HOME
TAMWORTH, NH 03886	02-0535235	501(C)(3)	16,350.	0			HEALTH CARE ORGANIZATION
BARNSTORMERS, INC.							SUPPORT OF LOCAL PERFORMING ARTS
TAMWORTH NH 03886	02-0266358	501(C)(3)	20,000.	0			ORGANIZATION
COOK MEMORIAL LIBRARY							
93 MAIN STREET			7	c			SUPPORT OF LOCAL LIBRARY
TAMWORTH, NH U3886	0.2-0000347	16/17/11	1,404	• ^			4

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

232101 12-18-12

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2012)

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Hammand and address of representation of policies of applicable Cash part Contract Cash part Cash part Contract Cash part Cash p	Part II Continuation of Grants and Other Assistance to Governments and	Assistance to G		nizations in the U	nited States (Scho	Organizations in the United States (Schedule ! (Form 990), Part !!)		
02-6012897 501(C)(3) 750 0 HISTORICO		(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant of or assistance
02-6000905 501(C)(3) 16,500 0 DEPARTER	AMWORTH HISTORICAL SOCIETY S GREAT HILL ROAD			C U	C			SUPPORT OF LOCAL
22-3158513 501(C)(3) 10,000, 0, CHOLARST CHOLARST	AMMORTH, NH U3886 OWN OF TAMMORTH 4 MAIN STREET	02-6000905	501(C)(3)	16.500.	0			SUPPORT OF TOWN FIRE DEPARTMENT
UB 02-6000905 501(C)(3) 2,400 0, EROGRAM SUPPORT 3 SUPPO	AMMORTH SCHOLARSHIP COMMITTEE O BOX 76 AMMORTH NH 03886	22-3158513	501(C)(3)	10,000,	*0			SUPPORT OF SCHOLARSHIPS GIVEN TO LOCAL STUDENTS SUPPORT OF TOWN STUDENT SCHOLARSHIP PROGRAM
UB 02-0215030 501(C)(3) 10,000, 0, RESIDENTY 02-6000905 501(C)(3) 18,756, 0, PURCHASE 26-2534507 501(C)(3) 1,825, 0, PANTRY PANTRY	OWN OF TAMWORTH 4 MAIN STREET AMWORTH NH 03886	02-6000905	501(C)(3)		0			SUPPORT OF TOWN SWIM PROGRAM
TER 26-2534507 501(C)(3) 18,756, 0. C. PLAYGROUD TER COMPUTER PARTY PARTY	AMWORTH OUTING CLUB 4 MAIN STREET AMWORTH NH 03886	02-0215030	501(C)(3)	10,000.	•0			SUPPORT TO FUND OUTDOOR RECREATIONAL ACTIVITIES FOR RESIDENTS
TER 26-2534507 501(C)(3) 1,825, 0, PURCHASE PANTRY PANTRY	OWN OF TAMWORTH 4 MAIN STREET	02-6000905	501(C)(3)	18,756.	•0			PURCHASE OF NEW COMMUNITY PLAYGROUND
	OMMUNITY FOOD CENTER .O. BOX 141 AMWORTH NH 03886	26-2534507	501(C)(3)		*0			
Schedule I (Form 990								
								Schedule I (Form 990)

02-6004752

Page 2

THE TAMWORTH FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2012)

Part III

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Employer identification number Name of the organization 02-6004752 THE TAMWORTH FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PUBLIC PURPOSES. FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO FILING ANNUAL FORM 990, EACH MEMBER OF THE BOARD RECEIVES A COPY OF THE FORM 990 FOR REVIEW. FORM 990, PART VI, SECTION B, LINE 12C: CONSISTENT WITH THE ORGANIZATION'S BY-LAWS AND NEW HAMPSHIRE LAW, ALL BOARD MEMBERS WHO ARE ALSO MEMBERS OF AN ORGANIZATION REQUESTING A GRANT OR HAVE ANOTHER CONFLICT OF INTEREST, RECUSE THEMSELVES FROM ANY DISCUSSION OR VOTE WITH REGARDS TO SUCH REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS AND ANNUAL 990 ARE AVAILABLE FOR INSPECTION BY ANYONE WHO MAKES SUCH REQUEST TO THE BOARD OF DIRECTORS.