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Form 990-PF

Department of the Treasury

Return of Private Foundation

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

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

2008

For calendar year 2008, or tax year beginning DEC 1, 2008 2009 and ending NOV 30, G Check all that apply: Initial return Final return Amended return Address change Name change Name of foundation A Employer identification number Use the IRS label Otherwise, ADAMS FAMILY FOUNDATION 95-4663809 print Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number or type. 1024 PALISADES BEACH RD (310) 260-3169 See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions SANTA MONICA, CA 90403 1. Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year J Accounting method: X Cash Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col (c), line 16) If the foundation is in a 60-month termination 882,454. (Part I, column (d) must be on cash basis) ▶\$ under section 507(b)(1)(B), check here Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes expenses per books income income (cash basis only) Contributions, gifts, grants, etc., received 6.190 N/A Check Inf the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 877 877 STATEMENT 28,751 28,751 Dividends and interest from securities STATEMENT **⊈5a** Gross rents b Net rental income or (loss) -111,167 6a Net gain or (loss) from sale of assets not on line 10 STATEMENT Gross sales price for all assets on line 6a 456,658. 0 .7 Capital gain net income (from Part IV, line 2) Net short-term capital PRECEIVED 58 Income modifications 9 Gross sales less and allowances ထ b Less Cost of goods sold c Gross profit or (loss)
1 Other income 1,638 1,638. STATEMENT ogden. Ut 31.266 -73.71172 Total, Add lines-1-through 0. O Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 0 STMT 5 4,550 0. **b** Accounting fees c Other professional fees Administrative 17 Interest STMT 6 308 308 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 7 5,661 5,651 23 Other expenses 0. Operating 24 Total operating and administrative 5,959 expenses. Add lines 13 through 23 10,519 25 Contributions, gifts, grants paid 50,000 50,000. 26 Total expenses and disbursements. 60,519 5,959 Add lines 24 and 25 50,000. 27 Subtract line 26 from line 12: -134,230& Excess of revenue over expenses and disbursements 25,307 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Part III Analysis of Changes in Net Assets or Fund Balances

_			
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	1,084,467.
2	Enter amount from Part I, line 27a	2	-134,230.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4_	950,237.
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	950,237.
			200 25

(a) List and desc	ribe the ki	nd(s) of property sold (e.g. or common stock, 200 shs	., real estate,	t income	(b) How P - Pi	v acquired urchase onation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a ST SALES OF SE	CURI	TIES	·			P	VARIOUS	VARIOUS
b LT SALES OF SE						P	VARIOUS	VARIOUS
c CAPITAL GAINS								1
d								
e								
(e) Gross sales price	(f) !	Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (lo (e) plus (f) min	
a 162,034.			•	166,43	9.			-4,405.
ь 293,310.				401,38	6.			-108,076.
<u>c</u> 1,314.								1,314.
d					_			
<u>e</u>								
Complete only for assets showir				_			(I) Gains (Col. (h) g	
(i) F.M.V. as of 12/31/69	((j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			ol. (k), but not less Losses (from co	tnan -U-) or Dl. (h))
8								-4,405.
<u>b</u>								-108,076.
<u> </u>								1,314.
<u>d</u>								
<u>e</u>								
2 Capital gain net income or (net ca	pital loss)	If gain, also enter If (loss), enter -0-	in Part I, line - in Part I, line	7 7	} _2			-111,167.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,			d (6):					
If (loss), enter -0- in Part I, line 8							N/	'A
Part V Qualification U	nder S	Section 4940(e) for	Reduced	l Tax on Net	Inves	tment In	come	
If section 4940(d)(2) applies, leave to Was the foundation liable for the sec If 'Yes," the foundation does not quate amount in a contract of the section of	tion 4942 lify under	tax on the distributable am section 4940(e). Do not co	mplete this pa	<u>rt.</u>				Yes X No
(a) Base period years Calendar year (or tax year beginni	na in)	(b) Adjusted qualifying dis	tributions	Net value of no	(c) oncharitat	ole-use asset	s Dis	(d) stribution ratio divided by col. (c))
2007	···y ····/	5	4.712.	·····	1.0	43.23		.052445
2006		_	3,443.			13,14		.052297
2005			1,000.			44,57		.035821
2004			2,000.			91,46		.032275
2003			0,000.			90,37		.050486
2 Total of line 1, column (d)				-			2	.223324
3 Average distribution ratio for the the foundation has been in existe			on line 2 by 5,	or by the number	of years		3	.044665
		•						
4 Enter the net value of noncharitat	ile-use as:	sets for 2008 from Part X,	line 5				4	789,505.
5 Multiply line 4 by line 3							5	35,263.
6 Enter 1% of net investment incon	ne (1% of	Part I, line 27b)					6	253.
7 Add lines 5 and 6							7	35,516.
8 Enter qualifying distributions from							8	50,000
If line 8 is equal to or greater than See the Part VI instructions.	line 7, ct	neck the box in Part VI, line	1b, and comp	lete that part usin	ig a 1% ta	ax rate.		

	n 990-PF (2008) ADAMS FAMILY FOUNDATION	95-	4663	<u>809</u>		Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), o	r 4948	- see ir	ıstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1.					
	Date of ruling letter: (attach copy of ruling letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🛣 and enter 1%	1	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$		2	<u>53.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	1				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	——			<u>0.</u>
3	Add lines 1 and 2	3			2	<u>53.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	 -			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	 		2	<u>53.</u>
6	Credits/Payments:	.				
	2008 estimated tax payments and 2007 overpayment credited to 2008 6a 1, 27	4.				
	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld 6d	┥ _			1 1	70
	Total credits and payments. Add lines 6a through 6d	7	 		1,2	<u>72.</u>
_	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	 			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9	+		1 0	10
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	► 10	+		Ι,υ	<u> 19.</u>
	Enter the amount of line 10 to be: Credited to 2009 estimated tax 1,019. Refunded part VII-A Statements Regarding Activities	<u>► 11</u>				<u>0.</u>
				I	Vac	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interv	ene in	-	40	163	
_	any political campaign?	١٥		1a 1b		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition if the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials public			. 10		
		snea or				
_	distributed by the foundation in connection with the activities.			4.		х
	Did the foundation file Form 1120-POL for this year?		-	1c	-	
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$).				
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	<u> </u>				
e	managers. > \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		х
_	If "Yes," attach a detailed description of the activities.		ŀ			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	n or				
٠	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	11, 01	1	3		_x_
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		İ	4a		X
	of Yes," has it filed a tax return on Form 990-T for this year?	N	1/A	4b		
		_	.,	5		Х
_	If "Yes," attach the statement required by General Instruction T.		Ī			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	tate law				
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		[7	X	
	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		}			
	CA					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		ĺ			
	of each state as required by General Instruction G? If "No," attach explanation		Į	8b_	_X_	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	calendar		ł		
	year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV		ļ	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
			Form	ı 990	-PF	(2008)

823531 01-02-09

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

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

Form 4720, to determine if the foundation had excess business holdings in 2008)

had not been removed from jeopardy before the first day of the tax year beginning in 2008?

b If "Yes," did it have excess business holdings in 2008 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 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,

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

Form **990-PF** (2008)

X

3b

4a

__ Yes X No

N/A

during the year?

Form **990-PF** (2008)

Total. Add lines 1 through 3

All other program-related investments. See instructions.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	778,356.
Ь	Average of monthly cash balances	1b	23,172.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	801,528.
е	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	801,528.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	12,023.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	789,505.
6	Minimum investment return. Enter 5% of line 5	6	39,475.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.)	ıd certaır	1
1	Minimum investment return from Part X, line 6	1	39,475.
2a	Tax on investment income for 2008 from Part VI, line 5		
b	Income tax for 2008. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	253.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	39,222.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	39,222.
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	39,222.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	50,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	50,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		0.50
	income. Enter 1% of Part I, line 27b	5	<u>253.</u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	49,747.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies	for the section

Form **990-PF** (2008)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI,		7,000		
line 7				39,222.
2 Undistributed income, if any, as of the end of 2007				33,222.
a Enter amount for 2007 only			50,586.	
b Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2008:				
a From 2003				
b From 2004				
c From 2005				
d From 2006				
e From 2007				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2008 from				
Part XII, line 4: ► \$ 50,000 .				
a Applied to 2007, but not more than line 2a			50,000.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2008 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2008	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
& 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 2007. Subtract line				
4a from line 2a. Taxable amount - see instr.			586.	
f Undistributed income for 2008. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2009				39,222.
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 2003				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2009.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2004				
b Excess from 2005				
c Excess from 2006				
d Excess from 2007				
e Excess from 2008				
				Form 000 DE (0000)

Part XIV Private Operating Fo	oundations (see ins	structions and Part VI	l-A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter that	it is a private operating			
foundation, and the ruling is effective for	•	•	▶└┈		
b Check box to indicate whether the found		g foundation described		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41,0007	Prior 3 years	(4) 000	- (.) 7.4
income from Part I or the minimum	(a) 2008	(b) 2007	(c) 2006	(d) 200	(e) Tot
investment return from Part X for					
each year listed					
b 85% of line 2a				_	
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of exempt activities					
e Qualifying distributions made directly			 	-	
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			-		
alternative test relied upon:				İ	
Assets" alternative test - enter; (1) Value of all assets					
(2) Value of assets qualifying	• • • • • • • • • • • • • • • • • • • •				
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					. <u>-</u>
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)		<u> </u>			
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	on had \$5 000	or more in asse
at any time during t			ii tiio ioanaati	λιττιαα φο,οο ι	or more in asse
		,			
 Information Regarding Foundation List any managers of the foundation who 		than 2% of the total con	tributions received by	the foundation hefor	e the close of any fax
year (but only if they have contributed m	nore than \$5,000). (See s	ection 507(d)(2).)	inbations received by		o the close of any tax
ROBERT V. ADAMS					
b List any managers of the foundation who	o own 10% or more of th	e stock of a corporation	(or an equally large po	rtion of the owners	nip of a partnership or
other entity) of which the foundation has			(,
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here 🕨 🗓 if the foundation o	nly makes contributions	to preselected charitable	organizations and doe		
the foundation makes gifts, grants, etc.	(see instructions) to indiv	riduals or organizations (inder other conditions	, complete items 2a	, b, c, and d.
a The name, address, and telephone num	ber of the person to whor	n applications should be	addressed:		
			handa e la la	 	
b The form in which applications should b	e submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	, kınds of institutions,	or other factors:	
		·		_	
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823601 01-02-09		10			Form 990-P

3 Grants and Contributions Paid During the	Year or Approved for Future	Payment	1	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
SEE STATEMENT 11	.			50.000
Total		1	<u>▶ 3a</u>	50,000.
b Approved for future payment				
		1		
NONE				
		•		
Total			▶ 3b	0.
823611 01-02-09			F	orm 990-PF (2008)

nter gross amounts unless otherwise indicated. A	CC Exclusion code	(d) Amount 877. 28,751.	(e) Related or exempt function income
Program service revenue: a b c d e f g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities	code	877.	function income
b c d d e f f g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities			
cd			
Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash Investments Dividends and interest from securities			
## Tees and contracts from government agencies ## Membership dues and assessments Interest on savings and temporary cash Investments Dividends and interest from securities			
g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities			
f Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities			
Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities			
Interest on savings and temporary cash investments Dividends and interest from securities			
nvestments Dividends and interest from securities			
Dividends and interest from securities			
	14		
Net rental income or (loss) from real estate:			
Not remai meetine or (1033) ironi real estate.			
a Debt-financed property			
b Not debt-financed property			
Net rental income or (loss) from personal			
property			
Other investment income	14	1,638.	
Gain or (loss) from sales of assets other		-	
than inventory	18	-111,167.	
Net income or (loss) from special events			
Gross profit or (loss) from sales of inventory			
Other revenue:			
a			
b			
c			
d			
e			
Subtotal. Add columns (b), (d), and (e)		-79,901.	
Total. Add line 12, columns (b), (d), and (e)		13	-79,90
e worksheet in line 13 instructions to verify calculations.)			
art XVI-B Relationship of Activities to the Accomplishment of E	xempt P	urposes	
ine No. Explain below how each activity for which income is reported in column (e) of Part XVI-A the foundation's exempt purposes (other than by providing funds for such purposes).	A contributed	d importantly to the accomp	olishment of

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).
000004	

823621 01-02-09

		FAMILI FOUNDAT		and Dalations	JJ-400J6U		age 13
Part	Exempt Organi	garding Transfers To a zations	ing Transactions a	and Relations	inips with Noncharitat	иe	
1 D	id the organization directly or indire	ctly engage in any of the followin	g with any other organizati	on described in sec	tion 501(c) of	Yes	No
	ne Code (other than section 501(c)(• •		· · ·		
	ransfers from the reporting foundat	•					
(I) Cash	` '			1a(1)	<u>X</u>
(2	2) Other assets				1a(X
b 0	ther transactions:						
(I) Sales of assets to a noncharitab	le exempt organization			16(1)	X
(2	2) Purchases of assets from a non-	charitable exempt organization			1b(2)	X
(8	B) Rental of facilities, equipment, o	r other assets			<u>1b(</u>	3)	X
(4	1) Reimbursement arrangements				<u>1b(</u>	4)	X
(!	5) Loans or loan guarantees				<u>1b(</u>	5)	X
(6	Performance of services or men	nbership or fundraising solicitatio	ns		16(ô)	X
c S	haring of facilities, equipment, mail	ing lists, other assets, or paid emi	ployees		10		X
d If	the answer to any of the above is "	Yes," complete the following sche	dule. Column (b) should al	lways show the fair i	market value of the goods, other a	issets,	
0	r services given by the reporting for	undation. If the foundation receive	ed less than fair market val	ue in any transactio	n or sharing arrangement, show i	1	
C	olumn (d) the value of the goods, o	ther assets, or services received.					
(a) Line	no (b) Amount involved	(c) Name of noncharitable	exempt organization	(d) Descriptio	n of transfers, transactions, and sharing	атапдет	ents
		<u> </u>					
					 		
							
			<u> </u>				
•							
2a	the foundation directly or indirectly	v affiliated with, or related to, one	or more tax-exempt organ	izations described			
	section 501(c) of the Code (other				Y	es 🔀	No
	"Yes," complete the following sche						_
	(a) Name of orga		(b) Type of organization		(c) Description of relationship		
	N/A						
	•				· · · · · · · · · · · · · · · · · · ·	-	
				_			
	der penalties of perjury, I declare that I ha				of my knowledge and belief, it is true, o	эrrect,	
an	d complete Declaration of preparer (other	than taxpayer or fiduciary) is based on	all information of which prepare	r has any knowledge			
	1 Robert 11	dans Pres	- 1 9/10/10	PRESI	DENT		
2 P	Signature of officer or trustee	<u> </u>	Date	Title			
Sign Here	Preparer's	1/-	I		heck if Preparer's ide	ntifying nui	nber
اقِ ا	Freparer s signature Firm's name (or yours MANN d self-employed).	Mr. Mh.	_		elf- mployed >		
aid	Firm's name (or yours MANN	, GELON, GLODNE	Y & AUGENSTE		EIN ►		
ام	of self-employed), 1880						
'	address, and ZIP code LOS	ANGELES, CA 900		- -	Phone no. (310) 2	77-3	633
				-		90-PF	

823622 01-02-09

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

Name of the organizati	on .	Employer Identification number
	ADAMS FAMILY FOUNDATION	95-4663809
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	on
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule . (Note . Only a section 501(c)(e) and a Special Rule. See instructions)	7), (8), or (10) organization can check boxes
General Rule		
=	ns filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more mplete Parts I and II.	e (in money or property) from any one
Special Rules		
509(a)(1)/170(b	01(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% suppor)(1)(A)(vi), and received from any one contributor, during the year, a contribution of m 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1 Complete Part	the greater of (1) \$5,000 or (2) 2% of the
aggregate cont	01(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from ributions or bequests of more than \$1,000 for use exclusively for religious, charital be prevention of cruelty to children or animals. Complete Parts I, II, and III.	
some contribut \$1,000. (If this etc., purpose. [01(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from ions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contribute box is checked, enter here the total contributions that were received during the year point complete any of the parts unless the General Rule applies to this organizationable, etc., contributions of \$5,000 or more during the year)	nions did not aggregate to more than ar for an exclusively religious, charitable,
they must answer "No"	that are not covered by the General Rule and/or the Special Rules do not file Sche on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990 neet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•
	nd Paperwork Reduction Act Notice, see the Instructions Sees instructions will be issued separately.	chedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

ADAMS	FAMILY	FOU	TTACK	ON

95-4663809

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ROBERT ADAMS 1024 PALISADES BEACH RD SANTA MONICA, CA 90403	\$6,190.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II of there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

823452 12-18-08

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

FORM 990	0-PF (GAIN OR (LOSS) I	FROM SALE	OF Z	ASSETS		STA	TEMENT	1
DESCRIP'	(A) FION OF PROPERT	Y			MANNER CQUIRED	DA' ACQU		DATE S	SOLD
ST SALES	S OF SECURITIES	_		PU	RCHASED	VARI	ous	VARIO	วบร
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F)	ss
_	162,034.	166,439.		0.		0.		-4,	405.
DESCRIP	(A) FION OF PROPERT	Y			MANNER CQUIRED	DA'		DATE S	SOLD
LT SALES	S OF SECURITIES			PUI	RCHASED	VARI	ous	VARIO	ous
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F)	ss
_	293,310.	401,386.		0.		0.		-108,0	076.
	GAINS DIVIDEND	S FROM PART IV PART I, LINE 6A				-		1,3 -111,1	314.
FORM 990	0-PF INTEREST	ON SAVINGS AND	TEMPORARY	CAS	H INVEST	MENTS	STA	TEMENT	2
SOURCE								AMOUNT	
GOLDMAN GOLDMAN	SACHS A/C #209 SACHS A/C #209 SACHS A/C #249 SACHS A/C #249 ARGO BANK	67 - OID 95							18. 327. 18. 13.

FORM 990-PF DIVIDEND	S AND	INTERI	EST	FROM	SECU	RITIES	STATEM	ENT	3
SOURCE		GROSS	AMC	UNT		TITAL GAINS	COLUMI)
GOLDMAN SACHS A/C #20967 GOLDMAN SACHS A/C #24995 GOLDMAN SACHS A/C #24999	-		2,	725. 982. 358.		1,314. 0. 0.		24,41 2,98 1,35	82.
TOTAL TO FM 990-PF, PART I, L	n 4 =		30,	065.		1,314.		28,7	51.
FORM 990-PF	ro	THER II	NCOM	ſΕ	· · · · · · · · · · · · · · · · · · ·		STATEM	ENT	4
DESCRIPTION		1	REV	A) ENUE BOOKS		(B) NET INVEST- MENT INCOME		C) USTEI INCO!	
NONDIVIDEND DISTRIBUTION - G. #20967 OTHER INCOME	s.				128.	128 1,510		• "	
TOTAL TO FORM 990-PF, PART I,	LINE	11		1,6	538.	1,638	•		
FORM 990-PF	ACC	COUNTI	NG F	EES			STATEM	ENT	5
DESCRIPTION	(A EXPEN PER E	ISES		(B) INVI IT INC		(C) ADJUSTED NET INCOM	CHA	(D) RITAI RPOSI	
ACCOUNTING	4	1,550.			0.				0.
TO FORM 990-PF, PG 1, LN 16B	4	4,550.			0.				0.

FORM 990-PF	TAX	ES		STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
FOREIGN TAX	308.	308.			0.
TO FORM 990-PF, PG 1, LN 18	308.	308.			0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
INVESTMENT FEES BANK FEES FILING FEE	5,611. 40. 10.	5,611. 40. 0.			0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	5,661.	5,651.			0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	8
DESCRIPTION		вс	OK VALUE	FAIR MARKE	r
			103,409. 101,145.	110,2° 118,69	
	I, LINE 10B				99.
GS #24995 -ATTACHMENT 2 GS #24999 -ATTACHMENT 3 TOTAL TO FORM 990-PF, PART I: FORM 990-PF	I, LINE 10B OTHER INV	ESTMENTS	101,145.	118,69	99.
GS #24999 -ATTACHMENT 3 TOTAL TO FORM 990-PF, PART I	OTHER INV	LUATION	101,145.	118,69 228,9	99. 78. 9
GS #24999 -ATTACHMENT 3 TOTAL TO FORM 990-PF, PART I: FORM 990-PF	OTHER INV VA M	LUATION	204,554.	118,69 228,9° STATEMENT FAIR MARKE	99. 78. 9

FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, D		STAT	EMENT 10
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
ROBERT V. ADAMS 1024 PALISADES BEACH RD SANTA MONICA, CA 90403	PRESIDENT 0.10	O	0.	0.
BARBARA ABERCROMBIE 1024 PALISADES BEACH RD SANTA MONICA, CA 90403	VICE PRESIDENT 0.10	•	. 0.	0.
LESLIE ADAMS 1024 PALISADES BEACH RD SANTA MONICA, CA 90403	VICE PRESIDENT 0.10	•	0.	0.
JULIE OLSON 1024 PALISADES BEACH RD SANTA MONICA, CA 90403	VICE PRESIDENT 0.10	<u>-</u>	0.	0.
ROBERT V. ADAMS, JR 1024 PALISADES BEACH RD SANTA MONICA, CA 90403	VICE PRESIDENT 0.10	-	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII :	C	0.	0.
	AND CONTRIBUTION DURING THE YEAR	S	STAT	EMENT 11
RECIPIENT NAME AND ADDRESS	RECIPIENT RELA AND PURPOSE O		RECIPIENT STATUS	AMOUNT
5TH JUDICIAL DISTRICT VOICE FOR CHILDREN 21 SOUTH IDAHO STREET, DILLON, MT 59725	NONE GENERAL FUND	F	PUBLIC	2,000.
AWARE EARLY HEAD START 237 E MERCURY, BUTTE, MT 59701	NONE GENERAL FUND	F	PUBLIC	7,000.

· ADAMS FAMILY FOUNDATION			95-4663809
BRING ME A BOOK 1045 TERRA BELLA AVE, MOUNTAIN VIEW, CA 94043	NONE GENERAL FUNI	PUBLIC	2,000.
HOUSE OF HOPE 235 WEST 9TH STREET, SAN PEDRO, CA 90731	NONE GENERAL FUNI	PUBLIC	3,000.
THE OCEAN PARK COMMUNITY CENTER 1453 16TH ST, SANTA MONICA, CA 90404		PUBLIC	20,000.
RAINBOW SERVICES 453 WEST 7TH STREET, SAN PEDRO, CA 90731	NONE GENERAL FUNI	PUBLIC	2,000.
SAN FERNANDO VALLEY RESCUE MISSION 13422 SATICOY ST, NORTH HOLLYWOOD, CA 91605	NONE GENERAL FUNI	PUBLIC	6,000.
SOUTH BAY CHILDREN'S HEALTH CENTER 410 SOUTH CAMINO REAL, REDONDO BEACH, CA 90277	NONE GENERAL FUNI	PUBLIC	2,000.
TWIN BRIDGES KID COUNTRY DAYCARE & LEARNING CENTER PO BOX 296, TWIN BRIDGES, MT 59754	NONE GENERAL FUNI	PUBLIC	2,000.
WRITE GIRL 411 S. MAIN, SUITE 422B, LOS ANGELES, CA 90013	NONE GENERAL FUNI	PUBLIC	4,000.
TOTAL TO FORM 990-PF, PART XV, LI	INE 3A	_	50,000.



ADAMS FAMILY FOUNDATION LC CON VAL

Period Ended November 30, 2009

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			Market Value /		Adjusted Cost /	Unrealized	Yield to Maturity /	Estimated
	Quantity	Market Price	Accrued Income	Unit Cost	Original Cost		Current Yield	Annual Income
US EQUITY						 		
GSAM LARGE CAP VALUE (CONCENTRATED)						,		
U S DOLLAR	24,91489	1 0000	24,914 89		24,914 89	2000		
GOLDMAN SACHS BANK DEPOSIT (BDA) (*BDAFCB)*	1,815 45	1 0000	1,815 45	1 0000	1,815.45		0 0905	16
			Market Value /			Unrealized	Dividend	Estimated
	Quantity	Market Price	Accrued Income	Unit Cost	Cost Basis	Gain (Loss)	Yield	Annual Income
AFLAC INCORPORATED CMN (AFL)	26 00	46 0300	2,577 68	36 0087	2,016 49	561 19	2 4332	62.72
			19 04					
APACHE CORP CMN (APA)	22 00	95 2800	2,096 16	100 0268	2,201 25	(105 09)	0 6297	13 20
BANK OF AMERICA CORP CMN (BAC)	280 00	15 8500	4,438 00	10 3858	2,908 03	1,529 97	0 2524	11 20
BAXTER INTERNATIONAL INC CMN (BAX)	61 00	54 5500	3,327 55	56 1262	3,423 70	(96 15)	2 1265	70 76
BIOGEN IDEC INC CMN (BIIB)	61.00	46 9400	2,863 34	46 9648	2,864 85	(151)		
BOEING COMPANY CMN (BA)	48 00	52.4100	2,515 68	57 3183	2,751 28	(235 60)	3 2055	80 64
			24 78		!	!		
CHEVRON CORPORATION CMN (CVX)	28 00	78 0400	2,185 12	78 2971	2,192 32	(7 20)	3 4854	76 16
			17 00					
CISCO SYSTEMS, INC CMN (CSCO)	140 00	23 4000	3,276 00	23 1787	3,245 02	30 98		
DIRECTV CMN (DTV)	62 00	31 6300	1,961 06	29 0546	1,801 38	159 68		
DISH NETWORK CORPORATION CMN CLASS A (DISH)	125 00	20 7100	2,588 75	16 4401	2,055 01	533 74		
			302 00					
DOW CHEMICAL CO CMN (DOW)	140 00	27 7800	3,889 20	23 2703	3,257 84	631 36	2 1598	84 00
EMERSON ELECTRIC CO CMN (EMR)	52 00	41 4100	2,153.32	34 1177	1,774 12	379 20	3 2359	89 69
			21 44					
ENTERGY CORPORATION CMN (ETR)	36 00	78 6500	2,831 40	67 5305	2,431 10	400 30	3 8144	108 00
			33 00					
EOG RESOURCES INC CMN (EOG)	38 00	86 4900	3,286 62	71 5247	2,717 94	268 68	0 6706	22 04
	1							

If This represents a bank deposit of an affiliated bank reflected here for your convenience and is not cash held in your brokence or custody account. Please see the enclosed Bank Statement page(s) for specific information related to your bank deposit Account. Form Deposits and Certificates of Depost Account of Ferd By Goldman Sachs Bank Deposit Account Certificate of Deposit Account and Term Deposit? Account offered by Goldman Sachs Book Goldman Sachs & Co. Bank Deposit Account Certificate of Deposit Account and Term Deposit. Account offered by Goldman Sachs Bank USA Member FDIC

Page 30 of 61

Portfolio No 027-24995 2



ADAMS FAMILY FOUNDATION

Holdings (Continued)

Period Ended November 30, 2009

						,	Period Ended November 30, 2009	ember 30, 2009
PUBLIC EQUITY						,	Å	
	Quantity	Market Price	Market Value /	Unit Cost	Cost Basis	Unrealized / Economic Gain (Loss)	Dividend Yield	Estimated Annual Income
US EQUITY								
GS MID CAP VALUE FUND								
GOLDMAN SACHS MID CAP VALUE CLASS A (GCMAX)	402 520	27 9700	11,258 48	28 5700	11,500 00	(241 52)	1 0404	1171
GS SMALL/MID CAP GROWTH FUND								
GOLDMAN SACHS SMALL/MID CAP GROWTH FUND - A	1,947 502	11 4700	22,337 85	11 8100	23,000 00	(662 15)		
SHANES (GOINHAX)						(662 15)		
COLDMANI SACIJE POIND	777 544	00000	11 000 24	0000	11 500 00	135 5001	7000.0	20 00
GULUMAN SACHS SMALL CAP VALUE CLASS A (GSSMX)	3// 544	0086 67	11,032.24	30 4600	00 006,11	(407 76) (407 76)	7605 0	34 35
TOTAL US EQUITY			44,688.57		46,000.00	(1,311.43)	0.6778	151.49
NON-US EQUITY								
GS STRUCTURED INTERNATIONAL EQUITY FUND								
GS STRUCTURED INTL EQUITY CLASS A (GCIAX)	13,832 549	9 8700	136,527 26	16 2675	225,021 22	(88,493 96)	3 9818	5,436 19
						(2/7/4/5/)		
TOTAL PUBLIC EQUITY			181,215.83		271,021.22	(89,805.39)	3.5170	5,587.68
					Adjusted Cost / 6	Unrealized		Estimated
			Market Value		Original Cost	Gain (Loss)		Annual Income
TOTAL PORTFOLIO			599,626.78		691,833.43	(92,206.66)		22,501.1
)	CASH <	13,40,5%			
						•		

58,372 85

6 Original Cost is price paid by purchaser adjusted for annual original issue discount payments and/or return of capita-djustments, if applicable. Adjusted Cost reflects adjustments to Original Cost for accretion and/or annotization. Adjusted cost for GMS Portfolios and Alternative Investments are determined by inception to date contributions minus inception to date distribence.

Portfolio No. 027-20957-5.

Page 19 of 61



ADAMS FAMILY FOUNDATION Holdings

Period Ended November 30, 2009

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- Additional Control of the Control	Quantity	Market Price	Market Value /	Hait Cost	Adjusted Cost /	Unrealized	Yield to Maturity	Estimated
CASH				100 110	1000 1011610	Dalii (Luss)	Carrelli Tiell	Annual Income
U S DOLLAR	1 52	1 0000	1 52		1 52			
DEPOSITS & MONEY MARKET FUNDS								
DEPOSITS								
GOLDMAN SACHS BANK DEPOSIT (BDA)14	23,459 06	1 0000	23,459 06	1 0000	23,459 06	00 0	0 0762	17 88
TOTAL CASH, DEPOSITS & MONEY MARKET FUNDS			23,460.58		23,460.58			17.88
FIXED INCOME								
	Quantity /	Mod to day	Market Value /	 	Adjusted Cost /	Unrealized /	Yield to Maturity	Estimated
INVESTMENT GRADE FIXED INCOME				1600 1110	original cost	(FOSS)	III rercentage	Annual Income
GS CORE FIXED INCOME FUND								
GOLDMAN SACHS CORE FIXED-INC A MUTUAL FUND CLASS A	36,593 253	9 5100	348,001 84	9 7668	357,400 76	(9,398 92) 51,001 84		13,136 98
OTHER FIXED INCOME								
GS HIGH YIELD FUND								
GOLDMAN SACHS HIGH YIELD INSTL MUTUAL FUND CLASS I	6,883 948	6 8200	46,948 53	5 8035	39,950 87	6,997 65		3,758 64
						12,224 40		
TOTAL FIXED INCOME			394,950.37		397,351.63	(2,401.27)		16,895.61

Page 18 of 61

¹⁴This represents a bank deposit of an affiliated bank reflected here for your convenience and is not cash held in your brokerage or custody account. Please see the enclosed Bank Statement page(s) for specific information related to your bank deposit. Not a Deposit and Certificates of Deposit.

Brokerage and securities services provided by Goldman Sachs & Co. Bank Deposit Account. Certificate of Deposit Account and Term Deposit Account offered by Goldman Sachs Bank USA. Member FDIC Portfolio No. 027-20967-5.



ADAMS FAMILY FOUNDATION LC CON VAL Holdings (Continued)

Period Ended November 30, 2009

PUBLIC EQUITY (Continued)								
	Quantity	Market Price	Market Value / Accrued Income	Unit Cost	Cost Basis	Unrealized Gain (Loss)	Dividend	Estimated Annual Income
US EQUITY								
GSAM LARGE CAP VALUE (CONCENTRATED)								
FIRSTENERGY CORP CMN (FE)	62 00	43 0800	2,670 96	66 1761	4,102 92	(1,431.96)	5 1068	136 40
			41 80					ı
FRANKLIN RESOURCES INC CMN (BEN)	28 00	108 0300	3,024 84	52 4888	1,469 69	1,555 16	0 7776	23 52
GENERAL MILLS INC CMN (GIS)	15 00	0000 89	1,020 00	60 2894	904 34	115 66	2 7647	28 20
HALLIBURTON COMPANY CMN (HAL)	128 00	29 3600	3,758 08	28 4354	3,639 73	118 35	1 2262	46 08
HEWLETT-PACKARD CO. CMN (HPQ)	00 99	49 0600	3,188 90	36 6238	2,380 55	808 35	0 6523	20 80
HONEYWELL INTL INC CMN (HON)	91 00	38 4700	3,500 77	33 8110	3,076 80	423 97	3 1453	11011
			33 28					
JOHNSON & JOHNSON CMN (JNJ)	22 00	62 8400	3,267 68	65 0398	3,382 07	(114 39)	3 1190	101 92
			31 36					
JOHNSON CONTROLS INC CMN (JCI)	00 29	27 0500	1,812 35	23 2958	1,560 82	251 53	1 9224	34 84
JPMORGAN CHASE & CO CMN (JPM)	130 00	42 4900	5,523 70	41 6013	5,408 17	115 53	0 4707	26 00
NEWFIELD EXPLORATION CO CMIN (NFX)	46 00	42 2800	1,944 88	44 0476	2,026 19	(81 31)		
OCCIDENTAL PETROLEUM CORP CMIN (OXY)	54 00	80 7900	4,362 66	66 3754	3,584 27	778 39	1 6339	71 28
PHILIP MORRIS INTL INC CMN (PM)	39 00	48 0900	1,875 51	53 2280	2,075 89	(200 38)	4 8243	90 48
PRUDENTIAL FINANCIAL INC CMN (PRU)	44 00	49 8200	2,193 40	51 0644	2,246 83	(53 43)	1 4042	30 80
CALLO CODE ON AN IOLIVE AND AN IOLIVE AND AN IOLIVE AND AN IOLIVE AND AN IOLIVE AND AND AND AND AND AND AND AND AND AND		0000	00 /6					1
SLM CURPURATION CIMIN (SLM)	119 00	10 9700	1,305 43	16 4644	1,959 27	(653 84)	9 1158	1196
SPRINT NEXTEL CORPORATION CMIN (S)	571 00	3 7100	2,118 41	7 2031	4,112.97	(1,994 56)	2 6954	57 10
STAPLES, INC CMN (SPLS)	118 00	23 3200	2,751 76	21 3451	2,518 73	233 03	1 4151	38 94
STATE STREET CORPORATION (NEW) CMN (STT)	36 00	41 3000	1,486 80	43 5102	1,566 37	(79 57)	6960 0	1 44
TARGET CORPORATION CMN (TGT)	39 00	46 5600	1,81584	50 7218	1,978 15	(162 31)	1 4605	26 52
THE BANK OF NY MELLON CORP CMN (BK)	78.00	76 6400	7 077 97	28 7036	7 738 88	(160 96)	1 3514	28 08
THE TRAVELERS COMPANIES INC CMN (TRV)		52 3900	3.248 18	45 1765	2 800 94	447 24	2 5196	8184
TJX COMPANIES INC (NEW) CMN (TJX)		38 3800	2,149 28	30 7602	1,722 57	426 71	1 2507	26 88
			8 28					
VIACOM INC CMN CLASS B (VIAB)	91 00	29 6400	2,697 24	23 9492	2,179 38	517 86		
W R BERKLEY CORPORATION CMN (WRB)	00 88	24 7100	2,174 48	23 0538	2,028 74	145 74	0 9713	21 12
WAL MART STORES INC CMN (WMT)	26 00	54 5500	1,41830	49 8725	1,296 69	121 61	1 9982	28 34

Page 31 of 61



ADAMS FAMILY FOUNDATION LC CON VAL

Holdings (Continued)

Period Ended November 30, 2009

PUBLIC EQUITY (Continued)							eriod Linded November 30, 2003	eiiibei 30, 2003
			Market Value /			Unrealized	Dividend	Estimated
	Quantity	Market Price	Accrued Income	Unit Cost	Cost Basis	Gain (Loss)	Yield	Annual Income
US EQUITY								
GSAM LARGE CAP VALUE (CONCENTRATED)								
WELLPOINT, INC. CMN (WLP)	45 00	54 0300	2,431 35	38 8725	1,749 26	682 09		,
BP P L C SPONSORED ADR CMN (BP)	29 00	57 1800	1,658 22	58 7887	1,70487	(46 65)	5 8762	97.4
			19 32					
COVIDIEN PLC CMN (COV)	38 00	46 8200	1,779 16	42 3231	1,608 28	170 88	1 5378	27 36
UNILEVER N V NY SHS (NEW) ADR CMN (UN)	78 00	30 8100	2,403 18	31 3411	2,444 61	(41 43)	2 9981	72 05
			32 23					
TOTAL GSAM LARGE CAP VALUE (CONCENTRATED)			136,379 50		130,138 65	6,240 86	2 0774	1,946 58
			629 79					
					Adjusted Cost / 6	Unrealized		Estunated
			Market Value		Original Cost	Garn (Loss)		Annual Income
TOTAL PORTFOLIO			137,009.29		130,138.65	6,240.86		1,946.58
			< 26,730,34>CASH	KSH	< 26,025,24>			
		•	28,812,011	1	16.804,50)			
		11		11				

Page 32 of 61

Original Cost is price paid by purchaser adjusted for annual original issue discount payments and/or return of capital adjustments, if applicable Adjusted Cost reflects adjustments to Original Cost for accretion and/or amortization. Adjusted cost for GMS Porifolos and Alenative Investments are determined by inception to date contributions minus inception to date distributions.

PUBLIC EQUITY

ADAMS FAMILY FOUNDATION DELAWARE

Holdings

Period Ended November 30, 2009

			Market Value /		Adjusted Cost /	Unrealized	Yield to Maturity /	Estimated
	Quantity	Market Price	Accrued Income	Unit Cost	Original Cost	Gain (Loss)	Current Yreld	Annual Income
US EQUITY								
DELAWARE LARGE CAP GROWTH								
U S DOLLAR	24,077 14	1 0000	24,077 14		24,077 14 / 7	50 pun 25		
GOLDMAN SACHS BANK DEPOSIT (BDA) (*BDAFCB)14	1,371 89	1 0000	1,371 89	1 0000	1,371 89		0 0477	90
			Market Value /			Unrealized	Dividend	Estimated
	Quantity	Market Price	Accrued Income	Unit Cost	Cost Basis	Gain (Loss)	Yield	Annual Income
ADOBE SYSTEMS INC CMN (ADBE)	91 00	35 0800	3,192 28	27 6052	2,512 08	680 20	0 1425	4 55
ALLERGAN INC CMN (AGN)	92 00	58 1300	5,347 96	43 6560	4,016 35	1,331 61	0 3441	18 40
APPLE, INC CMN (AAPL)	29 00	199.9100	5,797 39	122 0658	3,539 91	2,257 48		
CME GROUP INC CMN CLASS A (CME)	11 00	328 2300	3,610 53	280 7236	3,087 96	522 57	1 4015	50 60
CROWN CASTLE INTL CORP COMMON STOCK (CCI)	121 00	36 6900	4,439 49	19 5676	2,367 68	2,071 81		
EOG RESOURCES INC CMN (EOG)	47 00	86 4900	4,065 03	110 2064	5,179 70	(1,114 67)	0 6706	27 26
EXPEDITORS INTL WASH INC CMN (EXPD)	111 00	31 9300	3,544 23	26 9800	2,994 78	549 45	1 1901	42 18
			21 09					
GILEAD SCIENCES CMN (GILD)	77 00	46 1100	3,550 47	46 4124	3,573 76	(23 29)		
GOOGLE, INC CMN CLASS A (GOOG)	10 00	583 0000	5,830 00	415 3920	4,153 92	1,676 08		
INTERCONTINENTALEXCHANGE INC CMIN (ICE)	39 00	106 7900	4,16481	89 1376	3,476 37	688 44		
INTUIT INC CMN (INTU)	152 00	29 2100	4,439 92	22 7303	3,455 01	984 91		
LOWES COMPANIES INC CMN (LOW)	109 00	21 8100	2,377 29	20 5145	2,236 08	141 21	1 6506	39 24
MASTERCARD INCORPORATED CMN CLASS A (MA)	16 00	240 8600	3,853 76	179 2633	2,868 21	985 55	0 2491	96
MEDCO HEALTH SOLUTIONS, INC. CMN (MHS)	72 00	63 1600	4,547 52	43 3181	3,11891	1,428 61		
NIKE CLASS-B CMN CLASS B (NKE)	00:09	64.8900	3,893.40	52.4465	3,146 79	746 61	1 6644	64 80

84 48

2 8228

746 61 1,520 82 576 04 556 59

> 1,432 26 2,421 64

39 7850

2,953 08 2,997 68

82 0300

PRAXAIR, INC CMN SERIES (PX)
PRICELINE COM INC CMN (PCLN)
PROCTER & GAMBLE COMPANY (THE) CMN (PG)

214 1200

172 9740

2,436 21

50 7545

2,992 80

62 3500

48 00

Page 50 of 61

Portfolio No 027-24999-4

¹⁴This represents a bank depusit of an affiliated bank reflected here for your convenience and is not cash held in your brokerage or custody account. Please see the enclosed Bank Statement page(s) for specific information related to your bank deposit

Not a Deposit Not FDIC Insured May Lose Value (Excluding Goldman Sachs Bank Deposit Account. Term Deposits and Certificates of Deposit Account offered by Goldman Sachs Bank USA. Member FDIC.
Brokerage and securities services provided by Goldman Sachs & Co. Bank Deposit Account. Certificate of Deposit Account and Term Deposit Account offered by Goldman Sachs Bank USA. Member FDIC.



ADAMS FAMILY FOUNDATION DELAWARE

Holdings (Continued)

Period Ended November 30, 2009

PUBLIC EQUITY (Continued)							Period Ended November 30, 2009	ember 30, 2009
	7	Martin	Market Value /	laie Coot	900	Unrealized	Dividend	Estimated
US EQUITY	Amilana	221	allo allo allo allo allo allo allo allo	100	cost pasts	(ccon) lines	ricia	Allural Income
DELAWARE LARGE CAP GROWTH								
DUALCOMIM INC CIMN (QCOM)	113 00	45 0000	5,085 00	38 9948	4,406 41	678 59	15111	76 84
			23 29					ŕ
STAPLES, INC CMN (SPLS)	166 00	23 3200	3,871 12	20 27 40	3,365 48	505 64	1 4151	54 78
SYMANTEC CORP CMN (SYMC)	167 00	17 7500	2,964 25	16 3799	2,735 45	228 80		
TERADATA CORPORATION CMN (TDC)	122 00	29 3000	3,574 60	28 2375	3,444 98	129 62		
THE BANK OF NY MELLON CORP CMN (BK)	135 00	26 6400	3,596 40	27 5907	3,724.75	(128 35)	1 3514	48 60
UNITED PARCEL SERVICE, INC. CLASS B COMMON STOCK	62 00	57 4700	3,563 14	77 0219	4,775 36	(1,212,22)	3 1321	111 60
(UPS)			37 35					
UNITEDHEALTH GROUP INCORPORATE CMN (UNH)	81 00	28 6700	2,322 27	22 6350	1,833 43	488 84	0 1046	2 43
VERISIGN INC CMN (VRSN)	175 00	22 4400	3,927 00	27 1162	4,745 33	(818 33)		
VISA INC CMN CLASS A (V)	71 00	81 0000	5,751 00	65 1587	4,626 27	1,12473	06173	35 50
			10 38					
WALGREEN CO CMN (WAG)	107 00	38 8900	4,161 23	38 7693	4,148 31	12 92	1 4142	58 82
			15 54					
WEIGHT WATCHERS INTERNATIONAL, INC CMN (WTW)	43 00	27 6800	1,190 24	48 2424	2,074 42	(884 18)	2 5289	30 10
NOVO-NORDISK A/S ADR ADR CMN (NVO)	55 00	66 7200	3,669 60	48 0663	2,643 65	1,025 95	1 1714	42 98
SYNGENTA AG SPONSORED ADR CMN (SYT)	62 00	53 5100	3,317 62	41 9962	2,603 76	713 86	1 6275	54 00 -
TOTAL DELAWARE LARGE CAP GROWTH			144,040 14		126,594 25	17,445 89	1 2411	9150
			107 65					
					Adjusted Cost / 6	Unrealized		Estimated
			Market Value		Original Cost	Gain (Loss)		Annual Income
TOTAL PORTFOLIO			144,147.79		126,594.25	17,445.89		915.04
			CX,449,00 CASH	CRSH <	>5,449,03>			
			118,698,76	1	22,241,101			
				1				

6 Original Cost is price paid by purchaser adjusted for annual original issue discount payments and/or return of capital adjustments, if applicable Adjusted Cost reflects adjustments to Original Cost for accretion and/or amontization. Adjusted cost for GMS Portfolios and Alternative Investments are determined by inception to date contributions minus inception to date distributions.

Page 51 of 61

Portfolio No 027-24999-4

Form 8868 (Rev. 4-2009)		Page 2		
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	x	▶ X		
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		, 		
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).				
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies r	needed)		
Name of Exempt Organization	Emp	loyer identification number		
Type or print ADAMG HANTLY TOURNAMED TOU				
ADAMS FAMILY FOUNDATION	9	5-4663809		
extended Number, street, and room or suite no. If a P O. box, see instructions	For II	RS use only		
due date for filing the 1024 PALISADES BEACH RD				
return See City, town or post office, state, and ZIP code. For a foreign address, see instructions				
SANTA MONICA, CA 90403				
Check type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870				
Form 990-EZ Form 990-1 (sec 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870 Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069				
Form 990-BL Form 990-PF				
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.				
ROBERT V. ADAMS				
• The books are in the care of ► 1024 PALISADES BEACH RD, - SANTA MONICA, CA 90403				
Telephone No. ► (310) 260-3169 FAX No. ►				
If the organization does not have an office or place of business in the United States, check this box		▶ □		
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	s is fo	r the whole group, check this		
box If it is for part of the group, check this box and attach a list with the names and EINs of all	memb	ers the extension is for.		
4 I request an additional 3-month extension of time until OCTOBER 15, 2010.				
	<u>иоv</u>	30, 2009		
6 If this tax year is for less than 12 months, check reason.		Change in accounting period		
7 State in detail why you need the extension				
THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCUR	A'I'E	RETURN IS		
NOT YET AVAILABLE.	l	<u> </u>		
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	_ ا	\$ 253.		
nonrefundable credits See instructions b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	8a	\$ 253.		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid				
previously with Form 8868	8b	s 1,272.		
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	30	<u> </u>		
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	s 0.		
Signature and Verification		<u> </u>		

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature >

Title ▶ PRESIDENT

Date ►

Form **8868** (Rev. 4-2009)