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Form

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)

2009

OMB No 1545-0047

Department of the Treasury

Open to Public

		ųe Service	<u> </u>	The organization may have to	o use a copy of this retur				uirements	·	Inspecti	on
<u>A</u> F	or the	2009 calenda	ar year, or	tax year beginning		, 2009, a	nd en	ding			, 20	
BC	heck if a	applicable	Please	C Name of organization ADAMS	COUNTY FOUNDATION	NINC		D Employer identifi				
Щ А	ddress o	change	use IRS label or	Doing Business As					<u>.</u> .	20	-1971780	
□ N	lame cha	ange	print or	Number and street (or P O box if a	mail is not delivered to street a	idress)		Room/	suite	E Te	elephone numbe	er
ir	nbal retu	ım i	type. See	450 SO 4TH AVENUE						(30	03) 654-62	222
т	eminate	ed	Specific Instruc-	City or town, state or country, and	ZIP + 4					G G	oss receipts	
A	mended	retum	tions.	Brighton, CO 80601-	-3123					\$	62	21,358
A	pplicatio	on pending	F Name	and address of principal officer		· · · · · · · · · · · · · · · · · · ·						
		į						H(a)	ls this a grou affiliates?	up retum fo	「 ∏Yes	X No
ı T	ax-exem	npt status	X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527			Н(Б)	Are all affilia	ites include	d? Yes	<u> </u>
JV	Vebsite:		.acfco					7	if "No," attac Group exem	:halist (se	e instructions)	
K F	orm of o	rganization X	Corporation	Trust Association Ott	ner ►	L Year of formati	ion 20	005	M State o			
Pai		Summar				1						
	1			ganization's mission or most si	gnificant activities	The mission	on of	the	Adams (County	Foundata	ion is
	Ì			quality of life of A	_	zens.						
A C G										· · · · · · ·		
t o	1				·							
v e	2	Check this bo	ox ▶ ii	f the organization discontinued	its operations or dispos	ed of more than	25%	of its net	assets			
ir	3			bers of the governing body (P	•					3		5
i a	4		-	nt voting members of the gove	,				<u> </u>	4		5
e n	5			yees (Part V, line 2a) · · · ·					_	5		
e e	6		•	eers (estimate if necessary)					ļ	6		
-				ousiness revenue from Part VI					⊢	7a		
	1	•		s taxable income from Form 99	• • •				 	7b	 	
	5	ivet universited	J Dusines:	s taxable income nom rom s	70-1, III 6 34						0 -48	
- 3°4 2810		Contributions	and aran	nts (Part VIII, line 1h)			-	HTI.	or Year		Current Yea	0,378
<80 €	8			iue (Part VIII, line 2g)			<u> </u>				- 02	0,378
9.	1						_					980
C LA	10			art VIII, column (A), lines 3, 4, a								
₹	11			III, column (A), lines 5, 6d, 8c,								1 250
<u>~</u>	12			es 8 through 11 (must equal P						_	- 64	21,358
	13			Outts Daft (Parity Column (A)				<u> </u>				
₹E	14			members (Part IX, column (A),					·			
CAMMED AUG	15	Salanes, other	ercompe	asation remployee benefts (Pa	irt IX, column (A), lines 5	-10) • • • •	-					0
3	1		a 0	ng fees (Part IX, column (A)) lir			· · _					0
Ø s				nses (Part IX, column (b) Ine		0	_ -					
e 5				X @ F (N), Inds 11a-11d,		• • • • • • •	• •					5,215
•	18	-		ines 13-17 (must equal Part IX			•• _					25,215
	19	Revenue less	s expense	es Subtract line 18 from line 1	2		• •					(3,857)
Net							B	leginning o	of Current Yo		End of Year	
Assets or	20	Total assets	(Part X, Iır	ne 16)	• • • • • • • • • • • • • • • • • • • •		\cdots		170,			1,126
Fund Bal-	21		•	line 26) • • • • • • • • • •		• • • • • • •	\cdots		68,			2,853
ances	22	Net assets or	fund bala	ances. Subtract line 21 from li	ne 20 · · · · · · · ·		<u>· · </u>		102,	130	<u> </u>	8,273
Par	<u>t II </u>	Signatui		'''								
		Under penaltie	es of perjury, strue, comed	, I declare that I have examined this ret t, and complete. Declaration of prepare	din, including accompanying section that the companying section is based of the companying section in the companying secti	chedules and statem on all information of v	nents, ar which or	nd to the bo reparer has	est of my knowle s anv knowle	owledge edae		
		1			,,				,			
Sigr	1	1h	Na	of the	-le					18-3	-2010	<u>) </u>
Here	e	 	e of officer							Date		
		Richa	ard C.	Lemke, Treasurer								
		Type or p	pnnt name a	nd title								
		Preparer's			Date		Check r	f		r's identifyir	ig number	
Paid		signature	7				self- employe	ed ▶□	(see inst	ructions)		
Prepa	mer's											
Use (Firm's name (d	Of VOUR					EIN	•			
	- ···· ,	if self-employe	ed),									
		address, and a	ZIP + 4					Phone no	>			
May t	he IRS	discuss this	return with	h the preparer shown above?	see instructions) • • •		• • •				• Yes	No

Pa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission.
	The mission of the Adams County Foundation is to improve the quality of life of Adams County
	citizens.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code.) (Expenses \$ 596,005 including grants of \$) (Revenue \$)
	Provide resources to the Early Childhood Partnership of Adams County (ECPAC) to increase the
	school readiness of pre-school age children in Adams County and to increase the capacity
	ECPAC to serve as the leader in ECE in Adams County. This program serves over 1,500 children
	in 67 classrooms at 19 child care facilities.
	In 07 Classicoms at 19 Child Cale lacilities.
4b	(Code) (Expenses \$4,970 including grants of \$) (Revenue \$)
	Adams County Community Development United Neighborhoods provides support to community
	neighborhood groups working to discover resources and develop a common vision within their
	community. Assistance was provided to 2 neighborhoods in unincorporated Adams County.
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4:	Other program agains (Despite in Cabadula O.)
4d	Other program services. (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ▶ 600,975

Form 990 (2009) ADAMS COUNTY FOUNDATION INC

20-1971780

Pa	rt 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)? 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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	1		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to 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 $\cdots \cdots \cdots$	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	ĺ		
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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 term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable · · · · · · · · · · · · · · · · · · ·	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	1		
•	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			
•	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			
•	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 Part X, line 16? If "Yes," complete Schedule D, Part IX		[
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	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? If "Yes," complete Schedule D, Part X.	1		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	X	
12A		l		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional · · · · · · · · · · · · · · · · · · ·			
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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		İ	
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
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, Part III	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		<u>X</u>
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		_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	
	If "Yes," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	l	X
	EEA	Form	990 (2	2009)

Pa	TIV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
_	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			Λ.
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		•	
	24b through 24d and complete Schedule K If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
_	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		v
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			X
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	~~~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		X
J	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		X
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	205		
·	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV · · · · · · · · · · · · · · · · · ·	28c	. [v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive more than \$25,000 in non-cash contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? if "Yes," complete Schedule N,	30		<u> X</u>
31	Part I · · · · · · · · · · · · · · · · · ·	31	- 1	v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	"		<u>X</u>
32	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Α.
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
34	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
33	Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35		v
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			X
36	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		v
27		-50		X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	}	Į	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		v
20		31		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	20	ι,	
	Tay Note. All Fulli 990 filers are required to complete Schedule U	38	X	

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance		-	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			ŀ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			r
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ļ
	Statements, filed for the calendar year ending with or within the year covered by this return • • • • • • 2a 0			ļ
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 this return. (see			ı 1
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		_	ļ
	this return? · · · · · · · · · · · · · · · · · · ·	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			ı
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ı
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			ı
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			ı
	and Financial Accounts			ľ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		l	ı
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ı
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			ı
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·			ı
8	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			••
_	required? · · · · · · · · · · · · · · · · · · ·	7h		<u>X</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		X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? • • • • • • • • • • • • • • • • • •	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12		-	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders			
a	 			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
420	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a		140		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year · · · · · · · 12b	i		

Form 990 (2009) ADAMS COUNTY FOUNDATION INC 20-1971780 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No Enter the number of voting members that are independent 1b b 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 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a material diversion of the organization's assets? • • • • • X Does the organization have members or stockholders? a 6 X Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		ŀ
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	. 11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	. 13	Х	
14	Does the organization have a written document retention and destruction policy?		X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	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		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		1	
	the organization's exempt status with respect to such arrangements?	16b		Х
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CO			

18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)
	available for public inspection. Indicate how you make these available. Check all that apply
	Own website Another's website Dupon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest
	policy, and financial statements available to the public
20	State the name, physical address, and telephone number of the person who possesses the books and records of the
	organization ▶ Claire Mannato (303)654-6222
	17769 Shotland St Brighton CO 80603-6243

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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

Employees, and Independent Contractors

- 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. Use Schedule J-2 if additional space is needed.
- 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. 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

Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)	(C)						(O)	(E)	(F)
Name and Title	Average	Posit	tion (d	check		all that apply)		Reportable	Reportable	Estimated
	hours per week	I t dinridurise vicciet de o	I trisut state of the contract	Officer	Key empioyee	H c e g mp h p e e e y t a e t e d	m e r	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Richard Lemke										
Treasurer	2.00	X					<u> </u>	(0	0
WR Skip Fischer				}						
Vice-President		X		<u> </u>				(0	0
Alice J Nichol										
President		X		<u> </u>			<u> </u>	(0	0
Larry Pace									}	
Vice Pres		X	Ĺ				ļ	(0	0
Brian Kenna	}									
Secretary		X	<u> </u>					(0	0
				_						
		-								
				_	 					
	-									
							-			
			ь		L		Ь	L		Form 990 (2009)

Part VII Section A.	Officers, Directors, Trustees, K	ey Employe	es, an	d H	ighe	st C	omper	nsat	ed Employees (co	ntinued)	_	-	
	(A)	(B)			(C)			(D) (E)			(F)	
, Name	e and Title	Average							Reportable	Reportable		stimated	
•		hours per week	l t d	n r		е	Hce	0	compensation from	compensation from related	a	mount of other	
			dur ise vtc	s u	ſ	y e	g mp h p l	W L	the	organizations		npensatio	าก
			lı et	Įt e	i e	m	8 e o		organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	from the ganizatio	n
			d e o	t	ſ	1	t se		,		aı	nd related	i
			a o I r	0		ý	t e) ort	janization	ıs
				n a I		e	d						
	:												
					-								
	 											<u> </u>	
					-								
					_								
					_								
					_						<u> </u>		
1b Total · · · · ·		• • • • •	• • •	• •	• •	••	• • •	▶	0		5		0
	luals (including but not limited to	those listed	above	e) w	ho re	cen	ed mo	ore t	han \$100,000 in		•		
reportable compensation	on from the organization										<u> </u>	V	Ata .
3 Did the organization lis	at any former officer, director or t	nictoo kovi	amples	400	or h	aba	et com		rotod		Γ	Yes	No
	f "Yes," complete Schedule J for					-					. 3		x_
	d on line 1a, is the sum of report										1		
•	elated organizations greater than						-						1
ındıvidual • • • • •											4		X
	on line 1a receive or accrue comp						-						
	e organization? If "Yes," comple	te Schedule	J for	such	per	son	••	• •	 	• • • • • • •	5		<u> </u>
Section B. Independe	ent Contractors your five highest compensated				44				than \$100,000				
 Complete this table for compensation from the 	· -	independen	CONU	acto	មន ពេ	atre	ceive	a mc	ore man \$100,000	OI.			
	(A)						-		(B)			(C)	
	Name and business address								Description of s	ervices	Compe	ensation	
		···											
	endent contractors (including but compensation from the organization		o tnos	e IIS	ted	abo\	/e) wh	o red	cervea				

20-1971780

Part '	VIII	Statement of Revenue					
		•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<u></u>	1a	Federated campaigns · · · · · · 1a	T		16961146		512, 513, or 514
	Ь	Membership dues · · · · · · · · 1b					
Contri-	С	Fundraising events · · · · · · · 1c					
butions, gifts,	d	Related organizations · · · · · · · 1d		i			
grants	e	Government grants (contributions) - 1e	572,234	1			
and other		grams (seminant)					
similar amounts	'	All other contributions, gifts, grants, and similar amounts not included above	48,144				
	9	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f · · · · · · · · · · · ·	•••••	620,378			
			Business Code				
	2a						
Program	b						
Service	C		_				
Revenue	d						
	0		<u></u>				
	1	All other program service revenue · · · · · ·	<u> </u>				
	9	Total. Add lines 2a-2f · · · · · · · · · · · · · · · · · · ·	• • • • • • •			· · · · · · · · · · · · · · · · · · ·	<u> </u>
	3	Investment income (including dividends, interest					
		other similar amounts) · · · · · · · · · · · · · · · · · · ·		980			980
	4	Income from investment of tax-exempt bond prod					
	5	Royalties	• • • • • • •				
		(ı) Real	(II) Personal				
	1	Gross Rents · · · · · ·					
	l l	Less rental expenses · · · ·	ļ				
	C	Rental income or (loss) · · ·	<u> </u>				
	d	Net rental income or (loss)	· · · · · · >				
	7a	Gross amount from sales of (i) Secuntes assets other than inventory	(II) Other				'
	b	Less. cost or other basis					,
0	ļ	and sales expenses · · · ·					
t		Gain or (loss)	<u> </u>				
n e	1	Net gain or (loss)					
r	8a	Gross income from fundraising					
R		events (not including \$,
e		of contributions reported on line 1c)					
٧	_	See Part IV, line 18 · · · · · · · a					'
n e	1	Less. direct expenses · · · · · · b	L				
u	l	3			 		
е	9a	Gross income from gaming activities	•				;
		See Part IV, line 19 · · · · · · · a					1
	J	Less. direct expenses · · · · · · · b	L			· · · · · · · · · · · · · · · · · · ·	
	С	Net income or (loss) from gaming activities • •					
	10a	Gross sales of inventory, less returns and allowances · · · · · · · · a					
	Ь	Less cost of goods sold · · · · · · · b					
	ı	Net income or (loss) from sales of inventory · ·					
	١Ť	Miscellaneous Revenue	Business Code				
	11a					— ——···	
	ь						
	c						
	d	All other revenue · · · · · · · · · · · · · · · · · · ·					
	1	Total. Add lines 11a-11d · · · · · · · · · · · · · · · · · ·	• • • • • • •				
	1	Total revenue. See instructions		621,358	0	d	980

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b, (A) Total expenses (B) (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 · · · · · 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 · · · · · · · · · · · · · · Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) · · · · · · Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) · · · · · · 10 11 Fees for services (non-employees): 12,000 12,000 Legal Accounting 10,000 10,000 Lobbying Professional fundraising services See Part IV, line 17 · Investment management fees · · · · · · · 448,892 448,892 12 Advertising and promotion · · · · 41,836 41,433 403 13 Office expenses 14 Information technology 167 167 15 16 5,971 5,768 203 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 21.784 21,534 250 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 4,854 3,930 924 Telephone 9,436 9,301 135 Postage & Printing Books & Subscriptions 16,340 16,340 53,494 53,494 Training & Education 441 283 158 Total functional expenses. Add lines 1 through 24f · · 625,215 600,975 24,240 o 25 Joint Costs. Check here ▶ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

Part X B	alance Sheet			
_		(A)		(B)
1 4 0		Beginning of year	1 1	End of year
	sh - non-interest-bearing		1	
	vings and temporary cash investments	97,572	2	33,692
	dges and grants receivable, net	73,414	3	107,334
1	Counts receivable, net		4	100
	cervables from current and former officers, directors, trustees, key			
	ployees, and highest compensated employees. Complete Part II of		_	,
	nedule L		5	
ı	ceivables from other disqualified persons (as defined under section		1	
	58(f)(1)) and persons described in section 4958(c)(3)(B) Complete		ļ l	
	t II of Schedule L	 	6	
S 7 Not	tes and loans receivable, net		7	
•	entories for sale or use • • • • • • • • • • • • • • • • • • •		8	
i i	paid expenses and deferred charges		9	
1	nd, buildings, and equipment. cost or			
	er basis. Complete Part VI of Schedule D · · · · · 10a			
	ss accumulated depreciation · · · · · · · · · · · 10b		10c	
	estments - publicly traded securities · · · · · · · · · · · · · · · · · · ·		11	
	estments - other securities - See Part IV, line 11 $\cdots \cdots \cdots \cdots \cdots$		12	
	estments - program-related See Part IV, line 11 · · · · · · · · · · · · · · · · [13	
	angible assets · · · · · · · · · · · · · · · · · · ·		14	
15 Oth	er assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15	
16 Tot	al assets. Add lines 1 through 15 (must equal line 34)	170,986	16	141,126
	counts payable and accrued expenses	68,856	17	42,853
	ants payable · · · · · · · · · · · · · · · · · · ·		18	
L 19 Def	ferred revenue		19	
20 Tax	c-exempt bond liabilities		20	
21 Esc	crow or custodial account liability. Complete Part IV of Schedule D		21	
22 Pay	vables to current and former officers, directors, trustees, key			
em	ployees, highest compensated employees, and disqualified		1 1	
per	sons Complete Part II of Schedule L		22	
23 Sec	cured mortgages and notes payable to unrelated third parties		23	
	secured notes and loans payable to unrelated third parties		24	
	er liabilities Complete Part X of Schedule D		25	
1	al liabilities. Add lines 17 through 25	68,856	26	42,853
	panizations that follow SFAS 117, check here X and			
1	nplete lines 27 through 29, and lines 33 and 34.			
• 1	restricted net assets	12,144	27	5,984
n 28 Ten	nporarily restricted net assets	89,986	28	92,289
	manently restricted net assets		29	,
n /	panizations that do not follow SFAS 117, check here		 -	
all	I complete lines 30 through 34.			
<u> </u>	oital stock or trust principal, or current funds		30	
n 34 Bay	d-in or capital surplus, or land, building, or equipment fund		31	
~	ained earnings, endowment, accumulated income, or other funds		32	
e	al net assets or fund balances	102,130	33	98,273
	al liabilities and net assets/fund balances	170,986	34	141,126
- 100	al liabilities and riet assets/fund balances	110,300	J-4	Form 990 (200

 $\Delta \Delta \Delta \Delta$	(2009)	

	990 (2009) ADAMS COUNTY FOUNDATION INC 20-197178			age 12
rar	t XI Financial Statements and Reporting		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		163	
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in		1	
	Schedule O	ļ		,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	1
b	Were the organization's financial statements audited by an independent accountant?	2b	X	· · · · · ·
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O	ĺ		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both.	}		1
	X Separate basis Consolidated basis Both consolidated and separate basis			_
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit 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			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

EEA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. See separate instructions. Open to Public Inspection

Employer identification number

ADAMS COUNTY FOUNDATION INC 20-1971780 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 🗶 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III-Functionally integrated Type III-Other a Type I e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11<u>g(i)</u> 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iv) Is the organization (v) Did you notify (wiii) Amount of Type of organization (wi) is the organization in col (i) listed in your (described on lines 1-9) the organization in too on norteginemo support above or IRC section governing document? ∞i (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes No Yes No Total

	(Complete only if you checked the	box on line 5, 7, or	8 of Part I)							
	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	8,360	88,318	442,940	655,662	620,378	1,815,658			
2	Tax revenues levied for the organization'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	8,360	88,318	442,940	655,662	620,378	1,815,658			
5	The portion of total contributions by each									
	person (other than a governmental unit or	İ	Ì							
	publicly supported organization) included									
	on line 1 that exceeds 2% of the amount									
	shown on line 11, column (f)	ľ								
6	Public support. Subtract line 5 from In 4						1,815,658			
Sec	tion B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
7	Amounts from line 4	8,360	88,318	442,940	655,662	620,378	1,815,658			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			211	1,632	980	2,823			
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
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 ·						1,818,481			
12	Gross receipts from related activities, etc (se	ee instructions)			• • • • • • •	12				
13	First five years. If the Form 990 is for the organization, check this box and stop here			, or fifth tax year a	s a section 501(c)	(3)	> x			
	tion C. Computation of Public Sup	pport Percent	age							
14	Public support percentage for 2009 (line 6, c					14	0.00 %			
15	Public support percentage from 2008 Sched					15	%			
16a	33 1/3% support test - 2009. If the organization									
	and stop here. The organization qualifies as		-				· · · · · ▶□			
b	33 1/3% support test - 2008. If the organization									
	box and stop here. The organization qualifie			••	• • • • • • • •		▶∐			
17a	10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, 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-circumsta	-	•		•		▶			
b	10%-facts-and-circumstances test - 2008. If	-								
	more, and if the organization meets the "fact		· ·	=	•		. □			
	organization meets the "facts-and-circumsta	-			-		••••• ▶□			
40	Private foundation If the organization did no	AT CHACK A HAY AR I	ING 74 165 166 1	/2 Ar 1/h AhAAL	thic hav and can i	netrijatione · · ·				

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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) Section A. Public Support (c) 2007 (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or faclities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus, under sec 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf · · The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons . . 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 · · · · · Public support (Subtract line 7c from Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 · · · · · · Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b · · · · · Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 % 16 Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

Teal TIE	or the coffeensement	Employer identification number
AD/	AMS COUNTY FOUNDATION INC	20-1971780
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or the organization answered "Yes" to Form 990, Part IV, line 6	Accounts. Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year · · · · · · · · · · ·	
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 writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	· · · · · · · · · · · · · Yes
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	purpose conferring impermissible private benefit?	
<u>Par</u>		V, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or pleasure)	-
	Protection of natural habitat Preservation of a certified his	storic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation
	easement on the last day of the tax year.	U-H
_	Table who of consequences	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c 2d
d 2	Number of conservation easements included in (c) acquired after 8/17/06 · · · · · · · · · · · · · · · · · · ·	L
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nzation during
	Number of states where property subject to conservation easement is located	
4 5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · Yes · · No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	
•		. , , , , , , , , , , , , , , , , , , ,
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ar
-	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · Yes · · No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense stater	ment, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	at describes
	the organization's accounting for conservation easements.	
Par	till Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a	·	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,
_	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
þ	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance she	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service,
	provide the following amounts relating to these items	▶ 0
	(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 treasures, or other similar assets for financial gain,	provide the
_	following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1	 .
a	Assets included in Form 990, Part X	
U	A33663 IIIOIQQ60 III I VIIII 330, FQRA ************************************	 - - -

Pa	rt III Organizations Maintaining	Collections of	Art, Histori	<u>cal Treasure</u>	s, or O	<u>ther Similar As</u>	sets (c	ontinue	ed)
3	Using the organization's acquisition, accession,								
	collection items (check all that apply)								
а	Public exhibition	d 🔲 Loa	n or exchange	programs					
b	Scholarly research	e 🗌 Oth	er						
C	Preservation for future generations					<u> </u>			
4	Provide a description of the organization's colle	ctions and explain h	ow they further	the organization's	s exempt	purpose in			
	Part XIV								
5	During the year, did the organization solicit or re	eceive donations of	art, historical tre	easures, or other	sımılar				
	assets to be sold to raise funds rather than to be	e maintained as par	t of the organiz	ation's collection?			. Y	/es [No
Pai	rt IV Escrow and Custodial Arra	ngements. Cor	nplete if organi	zation answered '	"Yes" to F	orm 990,			
	Part IV, line 9, or reported an amour								
1a	Is the organization an agent, trustee, custodian	or other intermediar	y for contribution	ns or other asset	ts not	· · · · · · · · · · · · · · · · · · ·			
	included on Form 990, Part X?						. Y	es [No
b	If "Yes," explain the arrangement in Part XIV an						<u> </u>		
	•	·	· ·			Amo	ount		
С	Beginning balance · · · · · · · · · · · · · · · · · · ·				· · · 1c				
d	Additions during the year · · · · · · · ·								
9	Distributions during the year · · · · · · ·								
f	Ending balance · · · · · · · · · · · · · · · · · · ·								
2a	Did the organization include an amount on Form						. Dv	es [No
	If "Yes," explain the arrangement in Part XIV	1000, 1 4117, 1110 2	••				. П.	65	
	rt V Endowment Funds. Complete	if the organization a	nswered "Yes"	to Form 990 Par	t IV line 1	10			
rai	Endowment Funds.						(2) [20]		
1a	Beginning of year balance	(a) Current year	(b) Pnor yea	r (c) Two yea	als back	(d) Three years back	(e) Four	years	Jack
. <u>-</u>	Contributions · · · · · · · · · · · · · · · · · · ·		 			······································	 		
c	Net investment earnings, gains, and losses	· · · · · · · · · · · · · · · · · · ·					 		
d	Grants or scholarships · · · · · · · · · ·						 		
	Other expenditures for facilities						 		
е	and programs · · · · · · · · · · · · · · · · · · ·						į		1
	Administrative expenses					· · · · · · · · · · · · · · · · · · ·	 		
f			[+		
g	End of year balance	d b alama b ald an	l			·	<u> </u>		
2	Provide the estimated percentage of the year er								
а	Board designated or quasi-endowment	%							
þ	Permanent endowment \(\bigs\) \(\bigs\)								
C	Term endowment ▶ %								
3a	Are there endowment funds not in the possession	on of the organization	n that are held	and administered	tor the		ſ		
	organization by						(2.0)	Yes	No
	(i) unrelated organizations · · · · · · · ·				• • • •	• • • • • • • • •	3a(i)	 	
	(ii) related organizations · · · · · · · · ·				• • • •		3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations lis	•			• • • •		3b	لــــا	
4	Describe in Part XIV the intended uses of the or						*		
Pa	rt VI Investments - Land, Buildin	ngs, and Equip	ment. See F	orm 990, Part X,	line 10				
	Description of investment	(a) Cost or oth	er basis (b) Cost or other	(c)	Accumulated	(d) Boo	k value	
		(investme	ent)	basis (other)	de	epreciation			
1a	Land · · · · · · · · · · · · · · · · · · ·	• • •			ļ				
b	Buildings · · · · · · · · · · · · · · · · · · ·	• • •			<u> </u>				
С	Leasehold improvements · · · · · · · · · · · · · · · · · · ·	• • •			1				
d	Equipment · · · · · · · · · · · · · · · · · · ·	• • •							
e	Other · · · · · · · · · · · · · · · · · · ·		1		1				

ADAMS COUNTY FOUNDATION INC

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

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Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen		
	Total revenue (Form 990, Part VIII, column (A), line 12)	1 - 1	621,358
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	625,215
3	Excess or (deficit) for the year Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·	3	(3,857)
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities · · · · · · · · · · · · · · · · · · ·	5	
6	Investment expenses · · · · · · · · · · · · · · · · · ·	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
	Total adjustments (net). Add lines 4 through 8 · · · · · · · · · · · · · · · · · ·	9	· · · · · · · · · · · · · · · · · · ·
0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 · · · · · · · · · · · · · · · · · ·	10	(3,857)
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	<u>per Retu</u>	
1	Total revenue, gains, and other support per audited financial statements	· 1	621,358
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
	Donated services and use of facilities · · · · · · · · · · · · · · · · · · ·		
C	Recoveries of prior year grants · · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIV)		
	Add lines 2a through 2d	· 2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	. 3	621,358
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIV)		
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	621,358
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	es per R	eturn
1	Total expenses and losses per audited financial statements	· 1	625,215
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities · · · · · · · · · · · · · · · · · · ·		
	Prior year adjustments · · · · · · · · · · · · · · · · · · ·		
	Other losses		
	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · ·		
	Add lines 2a through 2d	• 2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	. 3	625,215
4	Amounts included on Form 990, Part iX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · · 4a		
b	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · ·		
С	Add lines 4a and 4b	• 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5	625,215
Par	t XIV Supplemental Information		
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1	b	
ind 21	b; Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete	•	
his pa	art to provide any additional information		
			<u>.</u>

ADAMS COUNTY FOUNDATION INC

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SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

Form 990 or to provide any additional information. Attach to Form 990.

Open to Public Inspection

ADAMS COUNTY FOUNDATION INC	20-1971780				
01. Form 990 governing body review (Part VI, line 11)					
The 990 is reviewed by the Treasurer of the Board of Directors prior to filing with the					
	g ween one				
IRS.					
02. Conflict of interest policy compliance (Part VI, line 12c)					
ADAMS COUNTY FOUNDATION, INC adopted a conflict statement on June 19, 2006	· · · · · · · · · · · · · · · · · · ·				
03. Governing documents, etc, available to public (Part VI, line 19)					
All governing documents are available for review by the public upon request.					
04. General explanation attachment					
IRS form 8868 form filed to request extension because audit report was still	being				
conducted.					