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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.

2009

OMB No 1545-0052

Ford	alen	dar year 2009, or ta	x year beginning	JUI	N 1,	2009	, and ending		MAY 31	L, 2010	
G C	heck	all that apply:	Initial retui	rn		Initial return of a fo	ormer public charity			🗌 Fınal return	1
			Amended	return		Address chan	ge	<u> </u>	Name chang	е	
Hee	the I	Name of found	ation						A Employe	ridentification	number
	abel.	no									
	erwis	e DOUG AN	D TAMRA	ADAMS	FAM	ILY FOUND	ATION		26-3	8862362	}
	print		t (or PO box numb	er if mail is not o	lelivered	to street address)	Room/su	ite	B Telephon	e number	
01	r type	· 1651 BR	OAD STRE	EET ROA	4D				804-	-784-49	08
	Spec	City or town, st	ate, and ZIP code						C If exemption	n application is p	ending, check here
Insti	ructio	ns MAIDENS		3102						n organizations	· —
H C	heck	type of organization		on 501(c)(3) e	xempt i	orivate foundation			2. Foreign	organizations me	eeting the 85% test, proputation
	_	ction 4947(a)(1) non				taxable private founda	ation				
I Fa		rket value of all asse		J Account			Accrual				tus was terminated (A), check here
		Part II, col. (c), line		·	ther (sp						60-month termination
•	\$		463,511.) must be on cash	basis.)	_			(B), check here
		Analysis of Reven	ue and Expenses	S		a) Revenue and	(b) Net investment			usted net	(d) Disbursements
		(The total of amounts necessarily equal the	in columns (b), (c), a amounts in column (nd (d) may not (a))		penses per books	income			ome	for charitable purposes (cash basis only)
	1	Contributions, gifts,				1,000.	5.4	36.94	∰ &×N /	′A ≅^&* <i>§</i>	\$1 1500 Land 1800 180
		Check X if the fo	-				·		%XXX \		8° 1 1 3 3 3 3 3 3 5 5 1
		Interest on savings and cash investments						24.7			9 3 3 4 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	4	Dividends and intere		19							
	Ι.	Gross rents									
	l	Net rental income or (lo	ee)			EN/ED		. 3%			44 CHE 24 CO. 10 1 A
	_	Net gain or (loss) from s	·	Jina II	1EC	EIVEU_		,x\$(2)*	38 X X	() () ()	
ĭe	۱ .	Gross sales price for all		ا ااااا	+	0044		. Janes.		100 B	XXXXXXX
Revenue		assets on line 6a Capital gain net income	(from Part IV line 2	, 8	DD	1 8 2011		0.	****	\$ 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1	
æ	'	Net short-term capit		925	ANT P			***	, 20-40-, CA M-40-	***************************************	
	و ا	Income modification	•		-	AND LIT		32			\$2 6
	١.,	Gross sales less returns and allowances)Gl	<u>}⊱N, U I _</u>		\$\times_	.388.28.388	516. 3 M 3 - Ex	
	_	Less Cost of goods so	.a					·3,&	75% XXXXX	¥0.78	
	1	Gross profit or (loss	. —						7.30.60 AS(300.000)	* ********* * * *****	704
		Other income	• •					- ×			**************************************
		Total. Add lines 1 ti	hrough 11			1,000.		0.			
	13	Compensation of office		as etc	1	0.		0.			0.
	14	Other employee sala		ω, σιο			<u>-</u>	•			
		Pension plans, emp	•								
Ses	ı	Legal fees	ioyoo bananis			···					
Sus		Accounting fees	ST	rmt 1		1,000.	1,00	n.			0.
Ž	٦	Other professional f				1,0001	2,00	•			
Щ.	17	Interest	000								
Operating and Administrative Expen	18	Taxes									-
str	19	Depreciation and de	enletion								, Jr ¥ -
=	20	Occupancy	piction								,
P	21	Travel, conferences	and meetings								
و	22	Printing and publica			-						
ä	23	Other expenses		rmt 2		399.	39	9.			0.
ting	24	Total operating and		4		<u> </u>		<u> </u>		·· —	
ēra	[]	expenses. Add line				1,399.	1,39	9.			0.
ဝိ	25	Contributions, gifts,			<u> </u>	25,000.	<u> </u>	<u>., .</u>		-	25,000.
		Total expenses and	-			23,000			 		23,000.
	20	Add lines 24 and 25		•		26,399.	_1,39	Q			25,000.
_	27	Subtract line 26 from				<u> </u>	_1,39	<i>.</i>		- دغيره	,
						<25,399.		-"	1 ~ ~		
		Excess of revenue over Net investment inc	•		-	<u> </u>		0.			*
		Adjusted not incom			h —			<u> </u>	N/	/ A	

Form **990-PF** (2009)

Part II Balance Sneets column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value	Form 99	90-PF (2009) DOUG AND TAMRA ADAMS FAM		_	3862362 Page 2
1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶ 4 Pledges receivable ▶ Less: allowance for doubtful accounts ▶ 5 Grants receivable ▶ Less: allowance for doubtful accounts ▶ 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other release alease receivable 8 Receivables due from officers, directors, trustees, and other disqualified persons 9 Prepare depenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock 11 Investments - corporate stock 12 Investments - corporate bonds 11 Investments - solution; and equipment basis ▶ Less accombited depensation 12 Investments - other 13 Investments - other 14 Land, buildings, and equipment basis ▶ Less accombited depensation 15 Other assets (to be completed by all filers) 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 20 Loans from officers, directors, trustees, and other disqualified persons 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (add lines 17 through 22) 23 Total liabilities (add lines 17 through 22) 4 Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	Part	Balance Sheets Attached schedules and amounts in the description	Beginning of year		
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Part III Analysis of Changes in Net Assets or Fund Balances	Part	Analysis of Changes in Net Assets or Fund Ba	lances		
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			umn (h) line 30		474,601.
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1a					0	ייייטטיי	alluli		,,		
b NOI	JE_				İ						
C	_	- · · · · · · · · · · · · · · · · · · ·									
<u>d</u>					<u> </u>						
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss) (f) minus (g		
a		,-									
b											
C											
Complete only for assets showing	g gain in	column (h) and owned by t	the foundation	n on 12/31/69					ol. (h) gaın r		
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		col. (j), if any			cól.		ot less than (from col. (h		
a											
b											
d d										<u>.</u>	
e	<u> </u>						-				
2 Capital gain net income or (net cap 3 Net short-term capital gain or (loss If gain, also enter in Part I, line 8, o If (loss), enter -0- in Part I, line 8	s) as def column (ined in sections 1222(5) an	d (6):		} }	3					
Was the foundation liable for the secti If "Yes," the foundation does not quali 1 Enter the appropriate amount in e	fy under	section 4940(e). Do not co	mplete this pa	art						Yes	X No
(a) Base period years Calendar year (or tax year beginnin		(b) Adjusted qualifying dist		Net value of no	(c)		use assets		Distribu col. (b) divid	(d) ution ratio ded by col.	(c))
2008	y/		0.			49	2,500	-			00000
2007			_								
2006 2005		-	<u> </u>					<u> </u>			
2004							<u> </u>				
2 Total of line 1, column (d)								2	-	.0	00000
3 Average distribution ratio for the 5 the foundation has been in existen			on line 2 by 5,	or by the number	of ye	ears		3		.0	00000
4 Enter the net value of noncharitable	e-use as	sets for 2009 from Part X, I	line 5					4		488	,950.
5 Multiply line 4 by line 3								5			0.
6 Enter 1% of net investment incom	e (1% o	Part I, line 27b)						6			0.
7 Add lines 5 and 6								7			0.
8 Enter qualifying distributions from			464	alaka Abrah ay	^	0/ 4-		8		25	,000.
If line 8 is equal to or greater than See the Part VI instructions.	iine 7, c	neck the box in Part VI, line	1b, and comp	olete that part usir	ng a 1	% tax i	rate.			rm 990-F	PF (2000)
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Pa	rt VI Excise Tax Based on Investment Income (Section 494	0(a), 4940(b), 4940(e), or	4948	- see instr	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and e	nter "N/A" on line 1.	٠, ا	: .	***	,
	Date of ruling or determination letter: (attach copy of letter if nec	cessary-see instructions)			2	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1			0.
	of Part I, line 27b				ţ	
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	6 of Part I, line 12, col. (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)	2			<u> 0 . </u>
3	Add lines 1 and 2		3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			0.
6	Credits/Payments:	1 1				
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	_			43%
b	Exempt foreign organizations - tax withheld at source	6b	_ ve`':	,	· * 3.	
	Tax paid with application for extension of time to file (Form 8868)	6c	_ ,		·,	<i></i>
	Backup withholding erroneously withheld	6d	- m.			دُ مُنْهُمُ ۗ .
	Total credits and payments. Add lines 6a through 6d		7_			<u>0.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attained to the control of the control	ched	8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	>	9			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	, ,	10			
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	Refunded ▶	11			
	rt VII-A Statements Regarding Activities			γ	TV	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legis	lation or did it participate or intervei	ie in	<u> </u>	tes	No
	any political campaign?			1 <u>a</u>	+-	X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	•		1b	+	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copies of any materials publisf	ed or	8 2		. 7 3
	distributed by the foundation in connection with the activities.			1	(* * * * * * * * * * * * * * * * * * *	<u>ئ</u> ا
	Did the foundation file Form 1120-POL for this year?			10	 	<u>X</u>
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the					
_	(1) On the foundation. > \$ 0. (2) On foundation managers Enter the reimbursement (if any) paid by the foundation during the year for political expendi		<u>•</u>	, ,	1. "	3
е	managers. > \$ 0.	nure tax imposeu on touridation			4.5	3
9	Has the foundation engaged in any activities that have not previously been reported to the IF	252		,	*	x
2	If "Yes," attach a detailed description of the activities	10.			, , .	<u> </u>
2	Has the foundation made any changes, not previously reported to the IRS, in its governing in	netrument articles of incorporation	٥r	1,7,4) 	Ć.,
Ü	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	·	OI .	3		x
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year			4a	1	X
	If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A 4b	1	_ <u></u> _
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•		5		X
	If "Yes," attach the statement required by General Instruction T.			1.3	ξ , ξ.	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied en	ther:				ľ
	By language in the governing instrument, or					٠ .
	By state legislation that effectively amends the governing instrument so that no mandatory	y directions that conflict with the sta	te law	()	ľ	, 3,
	remain in the governing instrument?			6	<u> </u>	X
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	Х	
	If "Yes," complete Part II, col. (c), and Part XV.					-
8a	Enter the states to which the foundation reports or with which it is registered (see instruction ${f VA}$	ns) >				ş ² %
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Al	ttorney General (or designate)				
J	of each state as required by General Instruction G? If "No," attach explanation			86	x	-
9	Is the foundation claiming status as a private operating foundation within the meaning of se	ction 4942(i)(3) or 4942(i)(5) for ca	lendar	55	† 	4~
•	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," c			9		x
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedu		STMT		x	<u> </u>
	Tool distorts do not de la contra do nota de la contra do nota de la contra del la contra del la contra del la contra de la contra de la contra de la contra de la contra del l			Eorm QQf		2000

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4a

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

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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

orm 990-PF (2009) DOUG AND TAMRA ADAMS FAM			<u> 26-38623</u>	62 Page 6
Part VII-Ba Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es 🗶 No 😹	38 See . 36 . 3
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,	Ĺ,	
any voter registration drive?		Y	es X No	魔医 医皮
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es 🗶 No 🤌	
(4) Provide a grant to an organization other than a charitable, etc., organization			î	
509(a)(1), (2), or (3), or section 4940(d)(2)?			es 🗶 No 😹	15 8 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		X.	
the prevention of cruelty to children or animals?			es 🗶 No 🧂	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i		3	
section 53.4945 or in a current notice regarding disaster assistance (see instru		J	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h				** ** C'&3
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined		
expenditure responsibility for the grant?			es 🔲 No 🛭	
If "Yes," attach the statement required by Regulations section 53.494		.,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	pay promisino on		es 🗶 No 🜡	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?	٠٠ ت	l~~	6b X
If "Yes" to 6b, file Form 8870.	ordonar bonone donardot.		ä	YA 888 8698
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	□ v ₄	es 🗶 No 🖁	
b If yes, did the foundation receive any proceeds or have any net income attribute		,	•	7b
Information About Officers Directors Truck		nagers. Highly		
Part VIII Paid Employees, and Contractors	ooo, roundation ind		•	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	(e) Expense account, other allowances
DOUG ADAMS	PRESIDENT	enter o y	compensation	unovvarious
1651 BROAD STREET ROAD	TRESTORIAL			
MAIDENS, VA 23102	0.00	0.	0.	0.
	SECRETARY/TRE		<u>.</u>	
1651 BROAD STREET ROAD	DECKETAKI) IKE			
MAIDENS, VA 23102	0.00	0.	0.	0.
MAIDENS, VA 25102	0.00	•		<u>0.</u>
				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."	}	
Component of the ingree part of the years (error than the error	(b) Title, and average	T	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
MONE	devoted to position		compensation	allowalices
NONE				
		 	-	
		 	 	
	<u>.</u>	<u> </u>		
		1	<u> </u>	
Total number of other employees paid over \$50,000		··· -		0
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Part VIII. Information About Officers, Directors, Trustees, Fo Paid Employees, and Contractors (continued)	undation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none	, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevan number of organizations and other beneficiaries served, conferences convened, research paper.	t statistical information such as the ers produced, etc.	Expenses
1 N/A		
2		
3		
		<u> </u>
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax y	ear on lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program related investments. Con instructions		
All other program-related investments. See instructions.		
3		

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Total, Add lines 1 through 3

P	Part X Minimum Investment Return (All domestic foundations must complete this part. For	eign foundations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	V / //	
а	Average monthly fair market value of securities	1a	18,339.
Ь	Average of monthly cash balances	1b	18,339. 478,057.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1đ	496,396.
е	Reduction claimed for blockage or other factors reported on lines 1a and	12	 : -
	1c (attach detailed explanation)	<u> </u>	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	496,396.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,446.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	488,950.
6	Minimum investment return. Enter 5% of line 5	6	24,448.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found foreign organizations check here and do not complete this part.)	ations and certain	
1	Minimum investment return from Part X, line 6	1	24,448.
2a	Tax on investment income for 2009 from Part VI, line 5		- .
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	24,448.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	24,448.
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	24,448.
P	art:XIII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	13.73	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	25,000.
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:		
а	Suitability test (prior IRS approval required)	3a	
b	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	25,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	25,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fou	ndation qualifies for the	section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				24,448.
2 Undistributed income, if any, as of the end of 2009			·- · · · · · ·	,
a Enter amount for 2008 only			17,271.	
b Total for prior years:			•	
France distributions are report to 2000s		0.	,	
3 Excess distributions carryover, if any, to 2009:		<i>-</i>		,
a From 2004 b From 2005			,	
c From 2006		, (c)	() () () () () () () () () ()	, \$
d From 2007		V4	,	•
e From 2008			3	
f Total of lines 3a through e	0.	, **		, ,*\display.
4 Qualifying distributions for 2009 from			, * <u>\</u>	
Part XII, line 4: ►\$ 25,000.		*,	14/4	,
a Applied to 2008, but not more than line 2a		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	17,271.	2 "
b Applied to undistributed income of prior			1 July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
years (Election required - see instructions)		0.		*
c Treated as distributions out of corpus				· · · · · · · · · · · · · · · · · · ·
(Election required - see instructions)	0.	* / * *		* **
d Applied to 2009 distributable amount			2,5 (1, h + 1,2 x 3)	7,729.
e Remaining amount distributed out of corpus	0.	2 4/	W. W.	, ¢,
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount	0.	* * (0.
must be shown in column (a).)				į.
6 Enter the net total of each column as				
indicated below:	0.			(* (* *) <u> </u>
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract	<u> </u>	, , , , , ,	*** **********************************	
line 4b from line 2b		0.		
c Enter the amount of prior years'		•	3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	* * * * * * * * * * * * * * * * * * * *
undistributed income for which a notice of deficiency has been issued, or on which				, A
the section 4942(a) tax has been previously assessed		0.		分 养、1、
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.	n i in in in	*
e Undistributed income for 2008. Subtract line			_	` >
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2009. Subtract		3`0	. 2	
lines 4d and 5 from line 1. This amount must			· · · · · · · · · · · · · · · · · · ·	16 710
be distributed in 2010 7 Amounts treated as distributions out of				16,719.
corpus to satisfy requirements imposed by		,	*,	
section 170(b)(1)(F) or 4942(g)(3)	0.		,	
8 Excess distributions carryover from 2004	0.			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.			,	
Subtract lines 7 and 8 from line 6a	0.			
0 Analysis of line 9:			· · · · · · · · · · · · · · · · · · ·	
a Excess from 2005				
b Excess from 2006				
c Excess from 2007	•			
d Excess from 2008			×	
e Excess from 2009				

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		AMS FAMILY			862362 Page 10
	•	_· ·		N/A	
1 a If the foundation has received a ruling or			'		
foundation, and the ruling is effective for b Check box to indicate whether the found	•		t un saction	4942(J)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	ing journation described	Prior 3 years	4542(J)(5) UI4	1
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for	(4) 2000	(8) 2000	(0) 2001	(4) 2000	10,100
			İ		
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:					
a "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		<u> </u>	-		
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
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)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(III)		<u> </u>	•		-
(3) Largest amount of support from an exempt organization					
(4) Gross investment income				-	<u> </u>
Part:XV Supplementary Info	mation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during the					
1 Information Regarding Foundation	n Managers:				· · · · · · · · · · · · · · · · · · ·
List any managers of the foundation who year (but only if they have contributed m	have contributed more		ntributions received by t	he foundation before the clo	ose of any tax
- ,	οιο ιπαιτ φο,ουσ <i>η</i> . (ουσ .	30011011 007 (4)(2).)			
SEE STATEMENT 6 b List any managers of the foundation who	a our 109/ or more of t	he steek of a corporation	/or on aqually large per	rtion of the guidarahia of a	ortoorabio or
other entity) of which the foundation has			i (or an equally large po	rtion of the ownership of a p	oarthership or
NONE					
2 Information Regarding Contribution			•		
Check here ► X if the foundation or					
the foundation makes gifts, grants, etc. (<u> </u>		<u>*</u>	complete items 2a, b, c, an	a a.
a The name, address, and telephone numb	er of the person to who	m applications should b	e addressed:		
1 The farm which are leading to the					
b The form in which applications should be	s somminen and miorma	anon and materials they			
c Any submission deadlines:					
d Any restrictions or limitations on awards	, such as by geographic	cal areas, charitable field	s, kinds of institutions, c	r other factors:	
	-				Form 000-DE (2000)

3 Grante and Contributions Paid During the		Daymon*		
3 Grants and Contributions Paid During the Recipient	If recipient is an individual.	rayment	· · · · · · · · · · · · · · · · · · ·	
	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 MAGGIE L. WALKER GOVERNOR'S SCHOOL FOUNDATION - 1000 NORTH LOMBARDY STREET	NONE	PUBLIC CHARITY	ANNUAL FUND CAMPAIGN	25,000
				25 000
b Approved for future payment		1	<u>▶ 3a</u>	25,000.
NONE				
Total			▶ 3b	
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Part XVI-A · Analysis of Income-Producing Activities

	T	d business income		ided by section 512, 513, or 514	(e)
1 Program service revenue:	Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					·
b		_			
C					
d	1 1				
е					
f		<u></u>			
g Fees and contracts from government agencies					
2 Membership dues and assessments					
Interest on savings and temporary cash					
investments					
Dividends and interest from securities					
Net rental income or (loss) from real estate:				. *	Same and the same of the same
a Debt-financed property					
b Not debt-financed property					·
Net rental income or (loss) from personal					
property	<u> </u>		L		
Other investment income					
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:		·· · · · · · · · · · · · · · · · · · ·			
a					
b					
	1 1				
<u> </u>	_				
c					
d		0.	\$` \$\dag{\dag{\dag{\dag{\dag{\dag{\dag{	0.	0.
e Subtotal. Add columns (b), (d), and (e)		0.	が 後代 , /	0.	0.
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0.	sh But, ,'		
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)			13	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities	s to the Acco	mplishment of Ex	emp	13 t Purposes	0.
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Acco	mplishment of Ex	emp	13 t Purposes	0.
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities	s to the Acco	mplishment of Ex	emp	13 t Purposes	0.
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Form **990-PF** (2009)

Form 990-PF (2009) DOUG AND TAMRA ADAMS FAMILY FOUNDATION 26-3862362 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1 (2) Other assets **b** Other transactions: 4.3 (1) Sales of assets to a noncharitable exempt organization 1b(1 (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) X X (6) Performance of services or membership or fundraising solicitations 1b(6) Х c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A nined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, ficer or trustee Check if self-Date Prepare 4-14-11 signature POU421564

Form **990-PF** (2009)

(804)747-0000

KEITER, STEPHENS, HURST, GARY & SHREAVES, PC EIN >

VA 23294-2066

Firm's name (or yours

if self-employed), address, and ZIP code P.O. BOX 32066

RICHMOND.

Phone no.

FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		
ACCOUNTING FEES	1,000.	1,0	00.	0
TO FORM 990-PF, PG 1, LN 16B	1,000.	1,0	00.	0
FORM 990-PF	OTHER E	XPENSES		STATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		
BANK FEES	399.	3	99.	0
TO FORM 990-PF, PG 1, LN 23	399.	3	99.	0
FORM 990-PF	CORPORAT	E STOCK		STATEMENT
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
EQUITIES		_	327,723.	317,686
TOTAL TO FORM 990-PF, PART II	, LINE 10B	_	327,723.	317,686
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT
FORM 990-PF DESCRIPTION	VA	ESTMENTS LUATION ETHOD	BOOK VALUE	STATEMENT FAIR MARKET VALUE
	VA M	LUATION	BOOK VALUE 104,500. 19,000.	FAIR MARKET

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	5
NAME OF CONTRIBUTOR	ADDRESS		
DOUG & TAMRA ADAMS	P.O. BOX 217 OILVILLE, VA 23129		
FORM 990-PF	PART XV - LINE 1A LIST OF FOUNDATION MANAGERS	STATEMENT	6

NAME OF MANAGER

DOUG ADAMS TAMRA ADAMS

Form **8868**

(Rev. January 2011) Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

Internal Revenue Service $\triangleright \mathbf{X}$ If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chanties & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. **Employer identification number** Type or Name of exempt organization print DOUG AND TAMRA ADAMS FAMILY FOUNDATION 26-3862362 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1651 BROAD STREET ROAD return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions MAIDENS, VA 23102 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Code Code Is For Is For Form 990 Form 990-T (corporation) 01 07 02 Form 1041-A 08 Form 990-BL 03 Form 4720 09 Form 990-EZ Form 990-PF 04 Form 5227 10 05 Form 6069 11 Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) 06 Form 8870 12 TAMRA ADAMS The books are in the care of ▶ 1651 BROAD STREET ROAD - MAIDENS, VA 23102 Telephone No. ► 804-784-4908 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 this is for the whole group, check this _____ . If it is for part of the group, check this box 🕨 _____ and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until JANUARY 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for: __ calendar year ► X tax year beginning JUN 1, 2009 , and ending \underline{MAY} 31, 2010 If the tax year entered in line 1 is for less than 12 months, check reason: ___ Initial return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За 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. 3b Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. Form 8868 (Rev. 1-2011) For Paperwork Reduction Act Notice, see Instructions.