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990-EZ

Department of the Treasury Internal Revenue Service

Short 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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 and total assets. at the end of the year may use this form.

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

OMB No. 1545-1150

2010

Open to Public Inspection

Both categories Common of organization The Nethnike Adamostry Foundation Number and citized for P.O. box, if mail is not delivered to street address) Room/suite Taesphore number 15 Greythome Road City or them. state or country, and 21P + 4 F. Group Exemption Number and citized for P.O. box, if mail is not delivered to street address) Room/suite Taesphore number 15 Greythome Road City or them. state or country, and 21P + 4 F. Group Exemption Number and citized for P.O. box, if mail is not delivered to street address) Room/suite Taesphore number 15 Greythome Road City or them. Taesphore number Taesphore number number Taesphore number Taesphore number number Taesphore number number Taesphore number number Taesphore number number number Taesphore number numbe	A	For the	2010 calenda	r year, or tax year beginning January •	, 2010,	and ending	Dec	ember 3	1 , 20	10	
Number extenses Number and stroke (or P.C.) box, If mail is not delivered to street address) Room/suite E Telephone number Total shame Total sh	В	Check If ap	plicable.	C Name of organization		D		oyer ident	ification numbe	or	
Initial natural Annotation terminated Annotatio		Address cl					20-5209050				
Terrishated		Name cha	nge -	Number and street (or P.O. box, if mail is not delivered to str	eet address)	Room/suite	E Telephone number				
City or town, date or country, and 2iP + 4	님			715 Grevthorne Road			610 658-2967				
Revenue Reve	H		a								
Accounting Method: □ Cash □ Account Other (specify) ► □ H Check ► □ If the organization is not required to attach Schedule B J Tax-exampt status (heck only one) □ D 501(c)(3) □ 501(c)(1) ■ (insert no.) □ 4947(a)(1) or □ 527 (From 990, 990-Fz). A status of the organization is not a section 509(a)(5) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-Ez or Form 990-Exture in sort required though Form 990-Ne (postcard) may be required (see instructions) utility of the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, 6 line 9 to determine gross receipts are \$200,000 or more, or if total asserts (Part II, Inno 25, column (6) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part Revenue, Expensess, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) □ Check if the organization used Schedule 0 to respond to any question in this Part □ 1 Contributions, gifts, grants, and similar amounts received. Program service revenue including government fees and contracts 2	Ħ			Wynnewood, PA 19096			Num	Number ►			
Website:	G				· · · · · · · · · · · · · · · · · · ·	Н	Check ▶	► ☐ if th	ne organization	is not	
Tax-exempt status check only one) — SO1(c)(s) ☐ SO1(c)(c) ☐ (resert no.) ☐ 4847(a)(1) or ☐ 327 (Form 980, 990-EZ, or 990-FP. K Check ▶ ☐ if the organization is not a section 509(a)(s) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines \$5, 6c and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, Ladd lines \$5, 6c, and 7b, to line) 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, Ladd lines \$5, 6c, and 7b, to line) 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, Ladd lines \$5, 6c, and 7b, to line) 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, Ladd lines \$5, 6c, and 7b, to line) 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, Ladd lines \$6c) 1 to Contributions, gifts, grants, and similar amounts received. 1			•						_		
K Check					t no.) 4947(a)(1) or	527	(Form 99	90, 990-E	Z, or 990-PF).		
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2 21 Net assets or fund balances at end of year. Combine lines 18 through 20	at	20	•		chedule O)		!				
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Par	Balance Sheets. (see the instructions f	for Part II.)	tion in this	Dowt II			
<u> </u>	Check if the organization used Schedule	O to respond to any ques	uon in this		inning of year		(B) End of year
22	Cash, savings, and investments		-	 	92639	↓ 	89242
23	Land and buildings		· · ·		82000	23	09242
24	Other assets (describe in Schedule O)		`			24	
2 4 25	Total assets		· · ·		92639		89242
26	Total liabilities (describe in Schedule O)		· · · }		82038	26	09242
	Net assets or fund balances (line 27 of column	(R) must agree with line 21	'		92639		90040
27		lishments (see the instru	ctions for	Part III		21	89242
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147			1011 117 1113		<u>' · · ⊔</u>		(c)(3) and 501(c)(4)
wnat	is the organization's primary exempt purpose? fibe what was achieved in carrying out the organization's	funding medical research	and concie	e mann	er describe		inizations and section
the se	ervices provided, the number of persons benefited, and o	ther relevant information for e	ach program	title	ei, describe		7(a)(1) trusts; optional others.)
	rivices provided, the manifer of persons bolichied, and o		don program			1010	T
28							
	(Grants \$) If this amount i	includes foreign grants, che	eck here .		<u>. ▶ ⊔</u>	28a	<u> </u>
29	***************************************		***********				
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30							1
		includes foreign grants, che				30a	
31	Other program services (describe in Schedule O)						İ
		includes foreign grants, che				31a	
32	Total program service expenses (add lines 28a th					32	
Part							
	Check if the organization used Schedule						
	(a) Name and address	(b) Title and average hours per week	(c) Compen (If not pa		(d) Contributionemployee benefit		(e) Expense account and
	(4)	devoted to position	enter -0		deferred compe		
Iris M	elendez, 715 Greythorne Road, Wynnewood, PA						
19096	•	President; 15 hrs/wk		0			<u>d o</u>
Henry	y R Adamczyk Jr, 715 Greythorne Road, Wynnewood						
PA 1	9096	Vice-President; 7 hrs/wk		q			d o
Jona	than Cutler, 665 Foxcorft Road, Elkins Park, PA						
19027		Director		a			do
Kath	yn Doyle, 718 Davidson Road, Philadelphia, PA						
19118		Director		a			d o
Torst	en Geers, 625 Sussex Road, Wynnewood, PA 19096						
		Director		d			d o
Grea	ory Keenan, 13127 Cleveland Drive, Rockville, MD						
20850		Director		a			d o
	sei Liebman, 231 Deepdale Drive, Kennett Square, PA						
19348		Director		a			d o
	McHugh, 1421 Parsons Lane, Lower Gwynedd, PA						
19002		Director					d o
	Panarese, 644 Conestoga Road, Villanova, PA 19085					-	
<u>ranı</u> .		Director		G			d
Hal B	osenbluth, 215 Maple Hill Road, Gladwyne, PA 19035	Director					
nai M		Director		_			d
Made	Helfaer, MD, FCCM, 34th & Civic Center Blvd,						7
		Medical Advisor					۸ ^
	1 - /	MICHICAL MUNISOF					0
	an Orange, MD, PhD, 34th & Civic Center Bivd,	Madical Adulase		_			۔ ا
		Medical Advisor		q			0
	ilas Willson, PO Box 800-386, UVA Health Services	Medical Advisor		_			٩ ٠
- VNT	an Lauriniesviie vo 2286	THE STATE OF THE S	i	- 11			

Part	V . Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. 🗆
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		•
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		~
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
ъ 39	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter:			 -
а	Initiation fees and capital contributions included on line 9	1	1	
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0]	j	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
D	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		,
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			; ;
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	-	V
41	List the states with which a copy of this return is filed. ▶ pA			
42a	Y		8-296	7
	Located at ► 715 Greythorne Road, Wynnewood, PA ZIP + 4 ►	190	096	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	163	140
	If "Yes," enter the name of the foreign country: ▶	72.0	1-	<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	V
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. I	▶ □
			V	N1-
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44-	Yes	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a 44b		Ī
С	Did the organization receive any payments for indoor tanning services during the year?	44c	 	~
q	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	-	

Sign Here Henry R Adamczyk Jr, Vice-President Type or print name and title Preparer's signature Date PTIN Print/Type preparer's name Paid Check I f self-employed **Preparer** Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No Form **990-EZ** (2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

0MB No. 1545-0047 20 10

Open to Public Inspection

Name of the organization **Employer identification number** 20-5209050 The Nathaniel Adamczyk Foundation Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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, city, and state: 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). 6 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.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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. a Type I **b** Type II c Type III-Functionally integrated d Type III-Other 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 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). (iii) Type of organization (i) Name of supported (ii) EIN (Iv) is the organization (v) Did you notify (vi) is the (vii) Amount of in col. (i) listed in your the organization in (described on lines 1-9 organization in col. organization support governing document? col. (i) of your (i) organized in the above or IRC section. support? **U.S.?** (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

Total

Schedu	le A (Form 990 or 990-EZ) 2010						Page 2
Part	Support Schedule for Organiza (Complete only if you checked th Part III. If the organization fails to	e box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		, , , , , , , , , , , , , , , , , , ,				
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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		<u> </u>	<u> </u>	<u> </u>		<u> </u>
	on B. Total Support	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(-) 2010	40 Total
	idar year (or fiscal year beginning in)	(a) 2000	(b) 2007	(6) 2008	(a) 2009	(e) 2010	(f) Total
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		:				
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						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for th	-			-		
Card	organization, check this box and stop her ion C. Computation of Public Suppor				· · · · ·		🕨 📋
14	Public support percentage for 2010 (line 6			11 column (f)		14	<u></u> %
15	Public support percentage from 2009 Sch		-			15	//
16a	331/3% support test—2010. If the organize box and stop here. The organization qual	zation did not	check the box	on line 13, and	d line 14 is 33¹	/3% or more, o	heck this
b	331/2% support test—2009. If the organicheck this box and stop here. The organic	ization did n	ot check a box	c on line 13 o	r 16a, and line		or more,
17a	10%-facts-and-circumstances test—2010. 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-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization me	ion meets the eets the	e "facts-and-ci s-and-circums	ircumstances" tances" test. T	test, check the he organization	nis box and st in qualifies as	, and line top here. a publicly
18	supported organization						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

21	and Dublic Connect	dildor and to	NO NOTOG DOIL	···, p.0400 00	inplote i dit i	<u></u>	
	on A. Public Support	(a) 2006	(b) 2007	(a) 2000	(-1) 0000	(a) 2010	60 Total
_	dar year (or fiscal year beginning in)	(a) 2000	(0) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees					J	
_	received. (Do not include any "unusual grants.")		83360	26281	31940	37309	178890
2	Gross receipts from admissions, merchandise					ł	
	sold or services performed, or facilities furnished in any activity that is related to the					ļ	
	organization's tax-exempt purpose		o	d	o	a	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		م	٨	٥	ال	o
4	Tax revenues levied for the						<u> </u>
•	organization's benefit and either paid					-	
	to or expended on its behalf	}					_
_	'		0	U	<u>_</u>	<u> </u>	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge		9	0	0	q	0
6	Total. Add lines 1 through 5		83360	26281	31940	37309	178890
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		O	a	o	a	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified				ļ		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	_	o	d	o	a	0
С	Add lines 7a and 7b	1	o	0	O	0	0
8	Public support (Subtract line 7c from						
	line 6.)					İ	178890
Secti	on B. Total Support	L 		1		<u> </u>	17 0000
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6		83360	26281	31940	37309	178890
10a	Gross income from interest, dividends,			20201	0.040	0,000	170000
IVu	payments received on securities loans, rents,					- 1	
	royalties and income from similar sources .		973	2346	591	516	4400
b	Unrelated business taxable income (less		- 673	2340		510	4426
U	section 511 taxes) from businesses						
	acquired after June 30, 1975					ا	_
	•		0	0	0	<u>q</u>	0
_	Add lines 10a and 10b		973	2346	591	516	4426
11	Net income from unrelated business					l	
	activities not included in line 10b, whether					1	
	or not the business is regularly carried on		0	0	0	0	0
12	Other income. Do not include gain or			l	1		
	loss from the sale of capital assets					l	
	(Explain in Part IV.)		0	o	0	o	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		84333	28827	32531	37825	183316
14	First five years. If the Form 990 is for the	ne organization	's first, second	d, third, fourth	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop he	re					🕨 🗹
Secti	on C. Computation of Public Suppor	t Percentage	9				
15	Public support percentage for 2010 (line 8	3, column (f) di	vided by line 1:	3, column (f))		15	%
16	Public support percentage from 2009 Sch	nedule A, Part	II, line 15 .	<u> </u>	<u></u>	16	%
	on D. Computation of Investment In					-	
17	Investment income percentage for 2010 (line 10c, colum	n (f) divided by	y line 13, colun	nn (f))	17	%
18	Investment income percentage from 2009					18	%
19a	331/3% support tests-2010. If the organ					ore than 331/39/	
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2009. If the organiz	-	•			•	_
-	line 18 is not more than 331/3%, check this I						•
20	Private foundation. If the organization di	-	_	-			

	Form 990 or 990-EZ) 2010 Supplemental Information. Complete this part to provide the explanations required by Part II. line 10:	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
*		
		-
		**
•••••		

Schedule A (Form 990 or 990-EZ) 2010

SCHEDULE O (Farm 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

The Nathaniel Adamczyk Foundation	20-5209050
TY10 IRS 990EZ line 10: Refund of unpaid funds from prior year grant	
TY10 IRS 990EZ line 16: Computer EQ/software, misc expenses, insurance, taxes, travel, website	

