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Department of the Treasury Internal Revenue Service

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 OMB No 1545-0052

2010

For	cale	ndar year 2010, or t	ax year beg	inning	, aı	nd ending			
G (hec	k all that apply	=	return	Initial return of a for Address change	· —	harity Name c	Fınal re	turn
Nam	e of fo	oundation					AE	mployer identification nu	mber
Adar	ns F	amily Foundation of	Nora Spring	s, Iowa				25-5100	130
		nd street (or P O box num			dress)	Room/suit	е вт	elephone number (see pag	e 10 of the instructions)
215	10th	Street				1300		515-246-7	7984
City	or tow	n, state, and ZIP code					C If	exemption application is pe	nding, check here
Des	Moir	nes			IA	50309	D 1.	Foreign organizations, che	ck here
		k type of organizatio			mpt private foundation	on		Foreign organizations mee	
	Sect	ion 4947(a)(1) none	cempt charita	able trust 🔲 C	Other taxable private	foundation		check here and attach con	
l F	aır r	market value of all as	sets at end	J Accounting	method: X Cash	n		private foundation status w ider section 507(b)(1)(A), c	
Ç	f ye	ar (from Part II, col. (′c),	Other (sr	ecify)		_ F If	the foundation is in a 60-mi	onth termination
	_	(6) ▶ \$		•	d) must be on cash bas	is)	ur	nder section 507(b)(1)(B), c	heck here
Par		Analysis of Revenu			(a) Revenue and	(b) Net inve	estment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c) the amounts in column (a)			expenses per	incom		income	purposes
		the amounts in column (a)	(See page 11 0	- the mstructions) /	books				(cash basis only)
	1	Contributions, gifts, grants			69,765				
	2	Check ▶ if the foundation			0.754		0.754	<u>,</u>	
	3 4	Interest on savings an Dividends and interest			8,754 0		8,754 0	·	
		Gross rents	mom securitie	:5	0		0		
		Net rental income or (I	oss)	0					
E		Net gain or (loss) from			0			<u> </u>	
Revenue		Gross sales price for all a		0					
É	7	Capital gain net incom	e (from Part I	V, line 2)			0		
	8	Net short-term capital	gaın					0	
	9	Income modifications							
		Gross sales less returns a		0					
- }		Less Cost of goods							
		Gross profit or Hoss		C / ^(⊕)	0				
	11 12	Other income (attach- Total. Add lines 1 thre		101	0	 	0		-
-+					78,519		8,754	0	
انة	13 14	Compensation of office			0				
Sug-	15	Other employee salar Pension plans, emplo						<u> </u>	
ğ		Legal fees (attach seh		_	104		0	0	0
		Accounting fees (attack			0		0	 	
<u>.</u>		Other professional fee		edule)	0		0		
Ē	17	Interest							
Administrative	18	Taxes (attach schedule) (s	see page 14 of th	e instructions)	0		C	0	0
	19	Depreciation (attach s	chedule) and	depletion	0		C	0	
Þ	20	Occupancy							
P	21	Travel, conferences, a	_						
~	22	Printing and publication			<u> </u>			ļ	
	23 24	Other expenses (attac			0			0	0
Operating	24	Total operating and		e expenses.	104		C) 0	
ē	25	Add lines 13 through 2 Contributions, gifts, gi		•	36,000				36,000
ŏ	26	Total expenses and dish		lines 24 and 25	36,104	1		0	T
\rightarrow	20 _ 27	Subtract line 26 from			30,104	<u> </u>	C		30,000
		Excess of revenue over		isbursement=	42,415				
		Net investment inco	•		72,410	 	8,754		
		Adjusted net income					5,10	0	
						1		Ι	
For	Pape	erwork Reduction Act	Notice, see p	age 30 of the inst	ructions.				Form 990-PF (2010

SCANNED OCT 2 8 2011

Dat	t II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
FCI	ш	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cashnon-interest-bearing		<u></u>	· · · · · · · · · · · · · · · · · · ·
	2	Savings and temporary cash investments .	383,875	426,290	426,290
	3	Accounts receivable 0			
1		Less allowance for doubtful accounts	0	0	0
	4	Pledges receivable 0			
		Less allowance for doubtful accounts	0	0	0
l	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the	o	o	0
	7	instructions)	U		
	7	Other notes and loans receivable (attach schedule)	ol	0	0
Assets		Less allowance for doubtful accounts	0	0	<u> </u>
88	8	Inventories for sale or use			
⋖	9	Prepaid expenses and deferred charges .	0	0	0
	_	Investments—U.S. and state government obligations (attach schedule)	. 0	0	0
		b Investments—corporate stock (attach schedule)	0	0	0
		c Investments—corporate bonds (attach schedule) Investments—land buildings and equipment basis			
	11		o	0	0
	12	2000 2000 Malaton deproduction (amount of malaton)	0		
	13	Investments—mortgage loans Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment basis			
	17	Less accumulated depreciation (attach schedule)	ol	0	О
	15	Other assets (describe	ol ol	0	0
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	383,875	426,290	426,290
	17	Accounts payable and accrued expenses			,
	18	Grants payable .			
Liabilities	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
ab	21	Mortgages and other notes payable (attach schedule)	0	0	
=	22	Other liabilities (describe	0	0	
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
ces	۱.,	and complete lines 24 through 26 and lines 30 and 31.			
=	24				
32	25	Temporarily restricted			
Net Assets or Fund Bala	26	Permanently restricted .			
5		Foundations that do not follow SFAS 117, check here And complete lines 27 through 31.			
F	27		383,875	426,290	
0	27	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund	303,073	420,230	
e s	29	Retained earnings, accumulated income, endowment, or other funds			
88	30	Total net assets or fund balances (see page 17 of the			1
Ť.		instructions)	383,875	426,290	
ž	31	Total liabilities and net assets/fund balances (see page 17	333,3.3		
		of the instructions)	383,875	426,290	
Pa	t III		000,0101		<u> </u>
		I net assets or fund balances at beginning of year—Part II, column (a), line	e 30 (must agree with	<u> </u>	T
•		of-year figure reported on prior year's return)	, .	1	383,875
2		r amount from Part I, line 27a		2	42,415
3					0
4		lines 1, 2, and 3		4	426,290
5		reases not included in line 2 (itemize)		5	0
6		I net assets or fund balances at end of year (line 4 minus line 5)—Part II,	column (b), line 30	6	426,290

(a) List and describe the	kind(s) of property sold (e.g., real esta e, or common stock, 200 shs MLC Co	te,	(b) How acquired P—Purchase D—Donation	, , ,	Date acquired no , day, yr)	(d) Date sold (mo , day, yr)
1a	· · · · · · · · · · · · · · · · · · ·					
b	···					
C				ļ		
<u>d</u>	-,			<u> </u>		
e				 		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale			or (loss)) minus (g)
a 0	0)		
b 0	0			<u> </u>		
c 0	0					
d 0	0))		(
<u> </u>	ing gain in column (h) and owned	by the found		+	//\ O==== (O=!	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E>	cess of col (i) col (j), if any	(I) Gains (Col. (h) gain m col. (k), but not less than - Losses (from col. (h))		less than -0-) or
a 0	0					(
b 0	0			<u>.</u>		(
c 0	0			0		(
d 0	0			0		(
e 0	0			0		(
2 Capital gain net income or	(net capital loss) { If (loss),	lso enter in enter -0- in l	Part I, line 7	2		(
3 Net short-term capital gain	or (loss) as defined in section line 8, column (c) (see pages					
instructions). If (loss), enter		15 and 17 c	}	2		
Part V Qualification Und		duced Tax	on Net Investr	nent li	come	•
Was the foundation liable for thif "Yes," the foundation does no			• •	in the b	pase period?	Yes No
1 Enter the appropriate amo	ount in each column for each	year, see pa	ge 18 of the instru	ictions	before makin	g any entries.
(a) Base period years	(b) Adjusted qualifying distribution	ns Net val	(c) ue of noncharitable-use	assets		(d) ribution ratio
Calendar year (or tax year beginning in	1)				(col (b) (divided by col (c))
2009 2008		0,000 6,289		33,511 38,988		0 05996 0.05636
2007		0,000		0,789		0.04980
2006		0		01,044		0 00000
2005	Not Applicable		 	.,, .,		0 00000
2 Total of line 1, column (d)			. , ,		2	0 16613
3 Average distribution ratio for the number of years the for	or the 5-year base period—div undation has been in existend			by	3	0.04153
4 Enter the net value of nonc	haritable-use assets for 2010	from Part X	, line 5		4	- ·
5 Multiply line 4 by line 3					5	
6 Enter 1% of net investment	t income (1% of Part I, line 27	b)			6	
7 Add lines 5 and 6 .					7	
8 Enter qualifying distribution			, ,		8	
If line 8 is equal to or great the Part VI instructions on	er than line 7, check the box i	n Part VI, Iir	e 1b, and comple	te that	part using a 1	% tax rate See

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see pa	ige 1	8 of the	inst	ructio	ons)		
1 8	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1							
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)							
ŧ	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			175			
	here ▶ ☐ and enter 1% of Part I, line 27b		-					
•	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%				1			
_	of Part I, line 12, col (b)							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			0 175			
3								
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			175			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			175			
6	Credits/Payments 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 0				ŀ			
	2010 estimated tax payments and 2009 overpayment credited to 2010 Exempt foreign organizations—tax withheld at source 6b				ľ			
	Tax paid with application for extension of time to file (Form 8868) 6c 300							
	Backup withholding erroneously withheld 6d							
7	Total credits and payments Add lines 6a through 6d	7			300			
8	Enter any penalty for underpayment of estimated tax. Check here	8			0			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			125			
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ► 125 Refunded ►	11			0			
Pa	rt VII-A Statements Regarding Activities							
1 :	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No		
	participate or intervene in any political campaign?			1a		X		
ı	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the							
	instructions for definition)?			1b		X		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials							
published or distributed by the foundation in connection with the activities								
c Did the foundation file Form 1120-POL for this year?								
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		•		l			
	(1) On the foundation \$\bigs\ 0 (2) On foundation managers \$\bigs\ \]		0					
	E Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed							
2	on foundation managers \$0 Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х		
-	If "Yes." attach a detailed description of the activities			├ -				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles							
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х		
4	a Did the foundation have unrelated business gross income of \$1,000 or more during the year? .			4a		X		
	b If "Yes," has it filed a tax return on Form 990-T for this year?			4b	N/A			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X		
	If "Yes," attach the statement required by General Instruction T							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			İ				
	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no mandatory directions				, l			
_	that conflict with the state law remain in the governing instrument?		4 3/1/	6	X			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), a	ina Pa	aπxv	7	 ^-			
0	a Enter the states to which the foundation reports or with which it is registered (see page 19 of the							
	instructions) ► IA b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney							
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation			8ь	х			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)				 ^	l		
•	or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)?						
	If "Yes," complete Part XIV	•		9		Х		
10	tion in the contract of the co							
	their names and addresses			10		Х		

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?

4b

	Adams Family Foundation of							5-5100	1130	Р.	age o
Pa	Int VII-B Statements Regarding Activitie	es fo	r Which Form	4720 May Be	Re	quired (continued	d)				
5a	During the year did the foundation pay or incur any	amou	int to								
	(1) Carry on propaganda, or otherwise attempt to	o influe	ence legislation (s	ection 4945(e))?		Yes	X	No			
	(2) Influence the outcome of any specific public	electio	n (see section 49	55), or to carry							
	on, directly or indirectly, any voter registration	n drive	?			Yes	X	No			
	(3) Provide a grant to an individual for travel, stu	idv or	other similar num	nses?		Yes	X	No			
	(4) Provide a grant to an organization other than	-			d		لکا				
	in section 509(a)(1), (2), or (3), or section 49-					Yes	X	No			
	(5) Provide for any purpose other than religious,				-,	163		140			
	educational purposes, or for the prevention o			•		Yes	X	No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the t	ransad	ctions fail to qualit	y under the exce	ption	s described in					
	Regulations section 53 4945 or in a current notice	regard	ing disaster assis	tance (see page	22 of	the instructions)?		. [5b	N/A	
	Organizations relying on a current notice regarding	disas	ter assistance chi	eck here		l	▶∐				
C	If the answer is "Yes" to question 5a(4), does the for	ounda	tion claim exempt	ion from the				.			
	tax because it maintained expenditure responsibilit	ty for t	ne grant?			· · L Yes	X	No			
	If "Yes," attach the statement required by Regulation	ons se	ction 53 4945–5(d)							
6a	Did the foundation, during the year, receive any fur	nds, dı	rectly or indirectly	, to pay		_	_	.			
	premiums on a personal benefit contract?					Yes		No			
b	Did the foundation, during the year, pay premiums.	, direct	tly or indirectly, or	a personal bene	efit co	ntract?		L	6b		X
	If "Yes" to 6b, file Form 8870							. [
7a	At any time during the tax year, was the foundation	n a par	ty to a prohibited	tax shelter transa	action	? Yes		No			
b	If "Yes," did the foundation receive any proceeds of	r have	any net income	attributable to the	tran:	saction?			7b		Χ
P	art VIII Information About Officers,	Dire	ctors, Truste	es, Foundati	on N	lanagers, Highly	/ Paid	d Emp	oloy	ees,	
	and Contractors										
1	List all officers, directors, trustees, found	ation	managers and			on (see page 22 o	f the i	nstru	ction	18).	
	(a) Name and address	h	itle, and average ours per week roted to position	(c) Compensatio (If not paid, enter -0-)		 (d) Contributions to employee benefit pla and deferred compensation 	ns			se accoi owance	
Sal	ly M McConnell	Pres	· ·	•							
115	66148th Avenue N. St. Petersburg FL 33708		7.00		0		0				0
Ker	nneth E Kirk	VP, o	dir							٠	
PC). Box 335 Osage IA 50461		5 00		o		0				0
Bru	ice I Campbell	Secy	, dır								
215	5 10th Street, Suite 1300 Des Moines IA 5030	9	4 00		0		0				0
Ro	nald E Hoel	Trea	, dir								
404	4 3rd Street NE Nora Springs IA 50458		4 00		0		0				0
2	Compensation of five highest-paid employ	yees	other than tho	se included o	n lin	e 1—see page 23	of the	instr	uctio	ons).	
	If none, enter "NONE."			<u> </u>							
(a) Name and address of each employee paid more than \$50,	000	(b) Title, and average hours per week devoted to position	(c) Comper	nsation	(d) Contribution: employee bene plans and defer compensation	efit red	1		se accor lowance	
ŊŌ	NE					50,50505	`				
								<u> </u>			
											-

Form 990-PF (2010) Adams Family Foundation of Nora Springs, Iowa	25-5100130 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pai	d Employees,
and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter	er "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	0
	_
	0
	0
	,
	0
	0
Total number of others receiving over \$50,000 for professional services	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as	Funance
the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 College Scholarships - 6 Recipients	
	30,000
2 Grants to Public Charities and Municipalities	
	6,000
3	
4	
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	<u></u>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments See page 24 of the instructions	
3	
	1 0

Total. Add lines 1 through 3

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

income Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

h

5

6

36,000

36,000

3a 3b

4

5

ап	Ondistributed income	s (see page 26 of th	(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from line 7	m Part XI,	Corpus	Years prior to 2009	2009	2010 21,599
2	Undistributed income, if any, as o	f the end of 2010				
а	Enter amount for 2009 only				0	
b	Total for prior years 20 06 , 2	.0 <u>07</u> , 20 <u>08</u>		1,355		
3	Excess distributions carryover, if a	any, to 2010				
а	From 2005	0				
b	From 2006	0				
C	From 2007 .	0				
d	From 2008 .	671				
е	From 2009	3,547				
f	Total of lines 3a through e		4,218			
4	Qualifying distributions for 2010 fr	rom Part				
	XII, line 4 ► \$	<u>36,000</u>				
а	Applied to 2009, but not more tha	n line 2a			0	
ь	Applied to undistributed income o	f prior years				
	(Election required—see page 26 c	of the instructions)		0		
C	Treated as distributions out of cor	rpus (Election			\exists	
	required—see page 26 of the inst	ructions)	0			
d	Applied to 2010 distributable amo	ount				21,599
e	Remaining amount distributed ou	t of corpus	14,401			
5	Excess distributions carryover ap	plied to 2010	0			0
	(If an amount appears in column same amount must be shown in c					
6	Enter the net total of each column indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5		18,619			
t	Prior years' undistributed income	Subtract				
	line 4b from line 2b	[1,355		
C	Enter the amount of prior years' u	indistributed				
	income for which a notice of defic	ciency has				
	been issued, or on which the sec	tion 4942(a)				
	tax has been previously assessed	d [· · · · · · · · · · · · · · · · · · ·			
C	Subtract line 6c from line 6b Tax	able				
	amount—see page 27 of the insti	ructions		1,355		
€	Undistributed income for 2009 S	ubtract line				
	4a from line 2a Taxable amount-	—see page 27 of the				
	instructions				0	
f	Undistributed income for 2010 S	ubtract				
	lines 4d and 5 from line 1. This ai	mount must				
	be distributed in 2011	,				(
7	Amounts treated as distributions					
	corpus to satisfy requirements im	•				
	section 170(b)(1)(F) or 4942(g)(3) (see page 27 of				
	the instructions)					
8	Excess distributions carryover fro					
	not applied on line 5 or line 7 (se	e page 27 of the				
_	instructions)		0			
9	Excess distributions carryover					
4-	Subtract lines 7 and 8 from line 6	Ба	18,619			
10	Analysis of line 9	-		1		
	Excess from 2006	0				
	Excess from 2007	0			!	
	Excess from 2008	671				
	Excess from 2009	3,547				
- (Excess from 2010	14.401		Ī		

_	990-PF (2010) Adams Family Foundation o			15 .10	25-510	
	A XIV Private Operating Foundations (S		·	nd Part VII-A, qu	estion 9)	N/A
1 a	If the foundation has received a ruling or determination foundation, and the ruling is effective for 2010, entitle the foundation of the ruling is effective for 2010, entitle the foundation of the ruling is effective for 2010, entitle the 2			•	NOT APPLIC	CABLE
b	Check box to indicate whether the foundation is a	private operating four	private operating foundation described in section			4942(J)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	Prior 3 years	
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	investment return from Part X for each				· · · · · · · · · · · · · · · · · · ·	
	year listed	0	0		0	0
	85% of line 2a	0	0	0	0	0
С	Qualifying distributions from Part XII, line 4 for each year listed	0	0	0	0	0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly					<u>_</u>
	for active conduct of exempt activities					
	Subtract line 2d from line 2c	l ol	0	o	o	0
3	Complete 3a, b, or c for the					
_	alternative test relied upon]	
а	"Assets" alternative test—enter					0
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)			•		0
b						
	of minimum investment return shown in					
	Part X, line 6 for each year listed	0	0	0	0	0
С	"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)					
						0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
D.	nt XV Supplementary Information (Co	mplete this part	anhy if the four	ndation had \$5	000 or more in	0
	assets at any time during the ye				ood of filore iii	
1	Information Regarding Foundation Manag					
	List any managers of the foundation who have co		% of the total contr	butions received by	the foundation	
	before the close of any tax year (but only if they have			-		
NC	NE					
	List any managers of the foundation who own 10%	6 or more of the stock	k of a corporation (or an equally large po	ortion of the	· · · · · · · · · · · · · · · · · · ·
	ownership of a partnership or other entity) of whic	h the foundation has	a 10% or greater in	terest		
NC	NE					
2	Information Regarding Contribution, Gran	nt, Gift, Loan, Sch	olarship, etc., P	rograms:		
	Check here \blacktriangleright \boxed{X} if the foundation only makes unsolicited requests for funds. If the foundation m under other conditions, complete items 2a, b, c, a	akes gifts, grants, etc				tions
	The name, address, and telephone number of the	person to whom app	olications should be	addressed		
_	W M-OW44504 40W A	EL 00700 (507	207 4004			
	Ily McConnell 11561 48th Avenue St. Petersbi The form in which applications should be submitted			nould include.		
Le	tter Request - No Prescribed Form					
(Any submission deadlines					
No						
_	Any restrictions or limitations on awards, such as factors	by geographical area	as, charitable fields,	kinds of institutions,	or other	
No	ne					

Form 990-PF (2010) Adams Family Foundation of Nora Springs, Iowa

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During t	he Year or Approved	for Future	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year Amy Rosenbaum 24053 305th Street	None		Scholarship	5,000
Nora Springs IA 50458 Matthew Kelley 4052nd Street NE	None		Scholarship	5,000
Nora Springs 1A 50458 Cole Younger 10837 Yarow Avenue	None		Scholarship	5,000
Nora Springs IA 50458 Paige Comentino 609 8th Street NW	None		Scholarship	5,000
Nora Springs IA 50458 Meganne McMurray 215 1st Street NW	None		Scholarship	5,000
Nora Springs IA 50458 Melissa McMurray 215 1st Street NW	None		Scholarship	5,000
Nora Springs IA 50458 Nora Springs Historical Society PO Box 722	None	501(c)(3) public charity	Charitable Contribution	5,000
Nora Springs IA 50458 The Frist Church of Christ Scientist 210 Massachusetts Avenue	None	Public Church	Charitable Contribution	1,000
Total			▶ 3a	36,000
b Approved for future payment				
Total	<u></u>	··	<u> </u>	5 000 PF

Part XVI-A	Analysis of Income	-Producing	Activities
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Enter gross amounts unless otherwise indicated.	Unrelated bus	siness income	Excluded by section	(⊕)	
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1 Program service revenue				0	the instructions)
a b		0		0	
0		0		0	<u>-</u> _
d		0		0	
		0		0	
e		0		0	
The sand contracts from accomment accomme		<u> </u>			<u> </u>
g Fees and contracts from government agencies 2 Membership dues and assessments					
3 Interest on savings and temporary cash investments		_	14	8,754	
4 Dividends and interest from securities			14	0,734	
5 Net rental income or (loss) from real estate		<u> </u>			
a Debt-financed property					
b Not debt-financed property .		-			
6 Net rental income or (loss) from personal property					
7 Other investment income			·		
8 Gain or (loss) from sales of assets other than inventory				0	
9 Net income or (loss) from special events .				<u></u>	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a		0		0	0
b		0	•	ő	
c		0		0	
d		0	 	0	
e		Ō		0	
12 Subtotal Add columns (b), (d), and (e)		0		8,754	0
13 Total. Add line 12, columns (b), (d), and (e)				13	8,754
(See worksheet in line 13 instructions on page 29 to verify calculated	ulations)				
Part XVI-B Relationship of Activities to the Acc	complishment	of Exempt P	urposes		
Line No. Explain below how each activity for which income					
the accomplishment of the foundation's exempt	ourposes (other the	an by providing fu	nds for such purp	oses) (See	
page 29 of the instructions) Not Applicable					
Not Applicable	· · · · · · · · · · · · · · · · · · ·	 			·····
					
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Fòrm 990-PF (2010) Adams Family Foundation of Nora Springs, Iowa 25-5100130 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

	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?										No
а	Transf	ers from the reporting	foundation to	a noncharitable ex	empt organiza	tion of					
	(1) Ca								1a(1)		Х
	(2) Ot	her assets .		• •				, .	1a(2)		X
b	Other t	transactions [.]									
	(1) Sa	ales of assets to a non	charitable exe	empt organization					1b(1)		X
	(2) Pu	irchases of assets froi	m a noncharita	able exempt organi	ızatıon				1b(2)		X
	(3) Re	ental of facilities, equip	oment, or othe	r assets					1b(3)		X
		eimbursement arrange							1b(4)		X
	· · ·								1b(5)		Х
		erformance of services		nip or fundraising s	olicitations				1b(6)		X
		ig of facilities, equipme				es .			1c		X
		answer to any of the a	_				n (b) should alw	avs show the	fair mar	ket	
	value d	of the goods, other as in any transaction or s	sets or servic	es given by the rec	orting foundati	ion. If th	e foundation re	ceived less th	an fair n	narkei	t d
(a) l	ine no	(b) Amount involved	(c) Name (of noncharitable exempt	organization	(d) Desc	cription of transfers,	transactions, and	sharing ar	rangem	ents
		C	+-								
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			<u>- </u>		<u> </u>	<u> </u>		<u> </u>			
	descri	foundation directly or bed in section 501(c) s," complete the follow	of the Code (c					itions	Yes X] No	
		(a) Name of organization	n	(b) Type	of organization		(c)	Description of rela	ationship		
					·			•		-	
			•					,			
Sig	gn be	ally M. Signature of officer or truste	mplete Declaratio	·	taxpayer or fiducia	ry) is base			has any kr	•	
		Print/Type preparer's r		Preparer's signature			Date	T	PTIN		
Pa	id	init type preparers t		Sparsing signature	////		23.0	Check I if			
	epare	Bruce Campbel	li	Muco X.	Coll		10/11/2011	self-employed			
	•	Firm's name - Devis Brown Lew Firm									
US	e On	V		e 1300, Des Moine	s, IA 50309			Phone no (5	15) 288	-2500)
								• • • • • • • • • • • • • • • • • • • 	-,		

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2010

Employer identification number

Adams Family Foundation Organization type (check		25-5100130
Organization type (check	one).	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private trust trust treated as a private trust trust treated as a private trust trust trust treated as a private trust trust trust trust trust trust trust trus	ate foundation
	501(c)(3) taxable private foundation	
Note. Only a section 501(constructions General Rule	c)(7), (8), or (10) organization can check boxes for both the Gen	ieral Rule and a Special Rule. See
X For an organization	n filing Form 990, 990-EZ, or 990-PF that received, during the y	year, \$5,000 or more (in money or
propeπy) from any	one contributor. Complete Parts I and II	
Special Rules		
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 and 170(b)(1)(A)(vi), and received from any one contributor, du) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form	uring the year, a contribution of the greater
the year, aggregat	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that rete contributions of more than \$1,000 for use exclusively for religions, or the prevention of cruelty to children or animals. Complete	gious, charitable, scientific, literary, or
the year, contribut aggregate to more year for an <i>exclusi</i>	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that religions for use <i>exclusively</i> for religious, charitable, etc., purposes, than \$1,000. If this box is checked, enter here the total contributely religious, charitable, etc., purpose. Do not complete any of anization because it received nonexclusively religious, charitable	, but these contributions did not outions that were received during the of the parts unless the General Rule le, etc., contributions of \$5,000 or more
Caution. An organization f	that is not covered by the General Rule and/or the Special Rule	es does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

	Page_	<u> 1</u>	_ of _	<u> 1</u>	of Part I
Em	plover ic	lenti	ficat	ion r	number

Schedule B (I	Form 990, 990-EZ, or 990-PF) (2010)		Page 1 of 1 of Part I
Name of or		E	mployer identification number
Adams Fa	mily Foundation of Nora Springs, Iowa		25-5100130
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	John R Adams Estate %Sally McConnell - Exec 11561 48th Avenue N St Petersburg FL 33708 Foreign State or Province Foreign Country	\$ 69,765	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Foreign State or Province Foreign Country	\$ <u>o</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Foreign State or Province Foreign Country	\$0	Person Payroli Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	Foreign State or Province Foreign Country	\$ 0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization

(a) No.

from

Part I

(b)

Description of noncash property given

Employer identification number

Adams Family Foundation of Nora Springs, Iowa 25-5100130 Part II Noncash Property (see instructions) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I

(d)

Date received

(c)

FMV (or estimate)

(see instructions)

lame	of	organ	izatio	n	 	

Employer identification number

Adams Family Foundation of Nora Springs, Iowa

Part III Exclusively religious, charitable, e 25-5100130

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations
aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry
For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,
contributions of \$1,000 or less for the year (Enter this information once See instructions) ▶ \$

	contributions of \$1,000 or less for the year	ar (Enter this in	nformation once See ins	structions) > \$
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
	<u> </u>	(e) Tr	ransfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee
	For Prov Country			
(a) No.				
from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
rart i				
		L		
		(e) 11	ransfer of gift	
	Transferee's name, address, and	7ID + 4	Relationsh	ip of transferor to transferee
	Transferee 9 name, address, and		T C T C T C T C T C T C T C T C T C T C	ip of transfer to transfer to
(. \ N.	For Prov Country	 		
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee
(a) No.	For Prov Country		L	
from Part I	(b) Purpose of gift	(c)) Use of gift	(d) Description of how gift is held
				,
		(e) T	ransfer of gift	1
	Transferee's name, address, and	ZIP + 4	Relationsh	nip of transferor to transferee
	For Power			

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

State
33708 50461 50309 50458
50461 50309 50458
0309
0458

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	0	0		
	Compensation	Benefits	Expense Account	Explanation
-				
2				
3				
4				
2				
9				
7				
8				
6				
10				

Part 1 Line 1 Contributions

The Foundation received a distribution of \$69,765.43 on October 26, 2010 from the John R. Adams Investment Retirement Account (IRA). Mr. Adams died on December 24, 2009 and the Foundation was the beneficiary designated on the IRA. Mr. Adams was the only substantial contributor in the history of the Foundation.

Part 1 Line 16(a) Legal Fees

Fees of \$103.77 were paid to the Davis, Brown, Koehn, Shors & Roberts, P.C. Law Firm in January of 2010.

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

					_		ı		
-	-	Check "X"				•	Foreign		Average
	Name	if Business	Street	City	State	Zip Code	Country	Title	Hours
-	Sally M McConnell		298 8th Avenue N	St Petersburg	FL	33715		Pres , dır	7
7	Kenneth E Kirk		P.O Box 335	Osage	≰	IA 50461		VP, dr	5
က	Bruce I. Campbell		215 10th Street, Suite 1300	Des Moines	⋖	50309		Secy, dır	4
4	Ronald E Hoel		404 3rd Street NE	Nora Springs	≰	50458		Trea, dır	4
2									
9									
7									
æ									
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Springs,
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Foundation of
Adams Family

Part				
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	Compensation	Benefits	Expense Account	Explanation
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